

#645

1 THE STATE of OHIO, :
2 COUNTY of CUYAHOGA. : SS:

3 -----
4 IN THE COURT OF COMMON PLEAS
5 -----

6 MONICA DIXON, et cetera,
7 plaintiffs,

8 vs. : Case No. 324550

9 UNIVERSITY HOSPITALS OF
10 CLEVELAND, et al.,
11 defendants.
12 -----

13 Deposition of TODD RAMBASEK, M.D., a
14 witness herein, called by the plaintiffs for the
15 purpose of cross-examination pursuant to the Ohio
16 Rules of Civil Procedure, taken before Constance
17 Campbell, a Notary Public within and for the State
18 of Ohio, at University Hospitals Law Department,
19 10524 Euclid Avenue, Cleveland, Ohio, on WEDNESDAY,
20 SEPTEMBER 23RD, 1998, commencing at 9:04 a.m.
21 pursuant to agreement of counsel.

1 APPEARANCES:

2 ON BEHALF OF THE PLAINTIFFS:

3
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10
11 ON BEHALF OF THE DEFENDANTS:

12
13 Kevin M. Norchi, Esq.
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I N D E XWITNESS:TODD RAMBASEK, M.D.PAGE

Cross-examination by Mr. Cullers

4

(NO EXHIBITS MARKED)

(FOR COMPLETE INDEX, SEE APPENDIX)

(IF ASCII DISK ORDERED, SEE BACK COVER)

TODD RAMBASEK, M.D.

of lawful age, a witness herein, called by the plaintiffs for the purpose of cross-examination pursuant to the Ohio Rules of Civil Procedure, being first duly sworn, as hereinafter certified, was examined and testified as follows:

CROSS-EXAMINATION

BY MR. CULLERS:

Q. State your full professional address, please.

A. Todd Rambasek.

Q. Your professional address?

A. My work address or home address?

Q. Work address?

A. 10900 Euclid Avenue.

Q. Your home address?

A. 907 bond court.

Q. In what town?

A. Cleveland Heights, Ohio 44121.

Q. Are you a physician?

A. Yes.

Q. What is your occupation?

A. I'm an intern in general internal medicine.

Q. Your an employee of University Hospitals?

1 A. I am.

2 Q. When did you graduate from medical school?

3 A. May, 1998.

4 Q. I take it you went to school here?

5 A. I did.

6 Q. Went to Case?

7 A. Yes.

8 Q. Where did you go to college?

9 A. University of Notre Dame.

10 Q. When did you graduate from college?

11 A. 1994.

12 Q. Are you a Clevelander?

13 A. I was born here, yes.

14 Q. Did you live here most of your life?

15 A. Yes, I did.

16 Q. In March of 1995, what was your relationship
17 with University Hospitals?

18 A. I was a student at the medical school, that
19 would be the extent of it.

20 Q. I know you had some role in either providing
21 care or assisting in providing of care to patients
22 at some of the clinics here at UH; is that true?

23 A. I observed the care at that time. At the
24 time in question I was observing the care rather
25 than providing the care.

1 Q. You were a student?

2 A. Yes.

3 Q. Was that part of your clinical education?

4 A. Yes, that is.

5 Q. What clinics did you observe care in?

6 A. During what period of time, my entire four

7 years of medical school?

8 Q. During the period around March of 1995

9 A. You have to give me -- I started medical

10 school in August of '94 or March of '95, would have

11 been at the time of delivery so I would have spent

12 some time in the obstetrical clinic and some time

13 in the pediatric clinic at Rainbow shortly

14 thereafter. Some other outpatient clinics

15 unrelated to Monica's care.

16 Q. Do you remember Monica Dixon?

17 A. I remember her well.

18 Q. Do you remember Michael Dixon?

19 A. I remember him.

20 Q. In March of 1995 how many patients were you

21 involved with at the women's clinic and/or Rainbow

22 Babies and Children's?

23 A. One.

24 Q. Just one?

25 A. One.

1 Q. She was the only patient that you saw?

2 A. Yes.

3 Q. It's my understanding that your involvement
4 with her began during her prenatal care?

5 A. Yes, it did.

6 Q. Can you explain how that relationship with
7 the patient is instituted?

8 In other words, as part of one of
9 your courses are you sent to a clinic or do you
10 choose to go there; how does that work?

11 A. There are in the first two years of Case
12 Western's training program, they have designed what
13 they hope to be an extended clinical experience
14 with one patient. 80 percent of Case Western's
15 students choose that to be a pregnant woman,
16 observing the delivery of the baby. A few students
17 choose geriatric experiences, they are paired up
18 with a geriatric patient, follow him for a year.

19 I was paired up with Monica to
20 follow her for a year, sort of develop a
21 relationship with her, I think that would describe
22 it.

23 Q. Then you continued to follow Michael I saw in
24 the record **up** until sometime in April of 1996?

25 A. The goal is to follow the pregnant woman then

1 the baby for the first year of its life through its
2 outpatient visits.

3 Q. When I was first asking you about your role
4 with these patients, or with this patient I should
5 say, you said you observed the care?

6 A. Yes.

7 Q. Is that what your involvement was limited to?

8 A. Predominantly.

9 Q. Is there anything else that you did in
10 connection with the care and treatment and/or
11 diagnosis of the patient?

12 A. Some counseling would probably be the extent
13 of a medical student's involvement in the first or
14 second year of medical school.

15 Q. I know you've taken some fairly extensive
16 notes that are in the Rainbow Babies and Children's
17 pediatric clinic chart?

18 A. Yes.

19 Q. I'm wondering if the notes that you made are
20 in any way relied upon by the pediatricians that
21 were rendering care to Michael Dixon?

22 MR. NORCHI: Objection. Go
23 ahead, you can answer the question if you know.

24 A. They may refer to them, they don't rely on
25 them for diagnostic or treatment purposes. If I

1 write something in the chart that was a suggested
2 treatment, a pediatrician would never act on that
3 without agreeing with it independently.

4 Q. What about the history portion of the chart
5 that you filled out, were those portions of the
6 chart ever relied upon by any physician in
7 rendering treatment and/or diagnosis?

8 A. Those may have been. Depending on the piece
9 of information that was obtained, certain things a
10 medical student would be trusted to obtain and
11 relied upon, other things would be considered more
12 technical matters, an attending would obtain the
13 information for themselves.

14 Q. Is there some type of a privilege you have to
15 obtain in order to be involved with patients in the
16 way that you were back in March of 1995?

17 A. Could you clarify the question a little bit?

18 Q. Sure. In other words obviously for a
19 physician to treat and diagnose a patient they have
20 to have a license. I'm wondering if there is some
21 type of certification requirement for you that you
22 had to obtain in order to participate in these
23 clinics?

24 A. Only entering the medical school.

25 Q. Since you remember Monica Dixon, I would like

1 to take you back to the time when you first became
2 involved with her during her prenatal care; do you
3 remember the first time you met her?

4 A. Um-hum.

5 Q. Can you describe how that came to be?

6 A. I had an early afternoon appointment at the
7 OB clinic to meet Monica at that time. That
8 appointment would have been about maybe five or six
9 months before her delivery. She had probably
10 already had one or two obstetrical visits at that
11 time.

12 I met her shortly before her
13 appointment, was introduced to her, then took a
14 history from her at that time. Then went to her
15 first -- went to our first obstetrical appointment
16 together with her. That was the start of the
17 program.

18 Q. When you took a history from her, do you know
19 if that was placed in the chart at the OB/GYN
20 clinic?

21 A. I don't know where that history is right now,
22 I don't know -- it may be in there. I don't
23 remember if that specific conversation with her is
24 recorded there.

25 Q. Before today did you review the records of

1 the OB/GYN clinic?

2 A. No. The records that I had looked at were
3 only the pediatric ones.

4 Q. The pediatric records meaning from Rainbow
5 Babies and Children's clinic?

6 A. Yes.

7 Q. Did you look at the chart regarding Monica's
8 labor and delivery before today?

9 A. You mean did I look at it at the time she was
10 in the hospital or did I look at it after I was
11 contacted about this deposition?

12 Q. After you had been contacted about this
13 deposition?

14 A. Mr. Norchi mailed me some aspects of the
15 chart, some of them contained obstetrical things,
16 it is my understanding it was not the full entirety
17 of the obstetrical chart I was given.

18 Q. Do you recall what specific portions of the
19 chart you reviewed?

20 A. I remember reviewing the history and physical
21 for Michael Dixon at his first pediatric visit,
22 which reviewed the details of the birth and
23 delivery.

24 Q. Is that something that is contained in the
25 records of the Rainbow Babies and Children's chart

1 that you reviewed before today also?

2 A. Yes, some of that is.

3 Q. Is that what we're showing you dated 3-29-95?

4 A. Yes, that would have been the first pediatric
5 visit, at which time we do a history and physical
6 on the baby, history including significant portions
7 of the delivery information.

8 Q. I'm going to ask some details about that in a
9 minute.

10 What I really want to find out
11 right now is if you reviewed the chart involving
12 the admission of Monica Dixon which covered her
13 labor and delivery before today?

14 A. No, I don't remember reviewing that chart.

15 Q. You were present during her labor and
16 delivery; is that true?

17 A. It is.

18 Q. We will get to that in a minute too. I want
19 to go back to her prenatal care. You described for
20 me when you first met Monica Dixon, I want to take
21 you from that point forward.

22 Can you remember anything about the
23 course of her prenatal care that was significant in
24 your mind that you recall today?

25 A. Yes.

1 Q. Can you tell me what you remember about it?

2 A. Everything that I remember about her prenatal
3 care or everything that was -- everything I thought
4 was different from normal?

5 Q. Let's start were there any complications
6 associated with her prenatal care?

7 A. I remember that she was given the standard
8 glucose tolerance test that all mothers are given.
9 I remember that the reading was borderline.

10 I remember that there was a
11 follow-up test which was given, which was to the
12 best of my knowledge also borderline. I remember
13 that she was considered to have some borderline
14 glucose intolerance, was prescribed diet control
15 for that, meaning just low carbohydrates, low sugar
16 diet throughout her pregnancy.

17 There was the suspicion she may
18 have had a urinary tract infection during her
19 pregnancy.

20 Q. Who made the determination that she needed to
21 have the glucose tolerance test performed?

22 A. The first one is a routine screening test all
23 pregnant women are given.

24 Q. I'm not talking about the screening, I'm
25 talking about the three hour glucose tolerance

1 test, who made the determination she needed to have
2 that done?

3 A. I don't know. That would have been whatever
4 physician reviewed the results of the screening
5 test.

6 Q. At the time you were involved in Monica's
7 care around the time she had the three hour glucose
8 tolerance test, were you aware of what the values
9 had to be in order for the test to meet the
10 criteria for the diagnosis of gestational diabetes?

11 A. No.

12 Q. You were not aware of it at that time?

13 A. No. In fact I'm probably not aware of it
14 now.

15 Q. Do you know who made the determination she
16 was borderline?

17 A. No.

18 Q. You don't know?

19 A. No.

20 Q. You specifically recall that being the case
21 though?

22 A. Only based on the fact she was given dietary
23 recommendations above and beyond what an average
24 woman would be given. I don't remember -- I
25 remember just because she was given dietary

1 recommendations, that meant she was maybe a little
2 bit different. I don't remember she was
3 specifically labeled as a gestational diabetic.

4 Q. Do you recall when her diet was instituted,
5 when meaning at what point during her pregnancy?

6 A. No, I don't specifically recall.

7 Q. Do you remember if it was in the second
8 trimester or third trimester?

9 A. No, all I remember is shortly after the three
10 hour glucose test.

11 Q. You mentioned earlier when I was asking you
12 about her prenatal care that following the three
13 hour glucose tolerance test she had a follow-up
14 test, is that --

15 A. No, the three hour test was the follow-up
16 test to the screening test.

17 Q. I see. Do you recall if there were any
18 follow-up tests after the three hour glucose
19 tolerance test?

20 A. I do not believe that there were.

21 Q. You said something, you have said that you
22 believe that her blood sugars were slightly
23 elevated or something to that effect?

24 A. Yes.

25 Q. What causes you to reach that conclusion, is

1 it simply the fact that she was placed on the
2 diet?

3 A. I'm sorry, could you repeat the question.

4 Q. I guess I'm trying to figure out what causes
5 you to reach the conclusion that Monica was
6 borderline diabetic or had slightly elevated blood
7 sugars?

8 MR. NORCHI: Objection. You
9 can answer, if you can.

10 A. Only the fact she was given some dietary
11 recommendations.

12 Q. Do you know if the diet had any effect on her
13 blood sugar levels?

14 A. I don't know if Monica followed the diet, so
15 I don't know.

16 Q. When you say you don't know if she followed
17 it, you don't know she followed it or have reason
18 to believe she may not have followed it?

19 A. Means I don't know. It could be either way.
20 She may have followed it, she may not have.

21 Q. Do you recall that Monica attended all of her
22 scheduled prenatal care visits?

23 A. I remember that for the most part her
24 attendance was very good. She may have missed one
25 or two.

1 Q. Did she appear to be a compliant patient?

2 A. Are you talking about up until the time of
3 delivery, after the delivery or my whole --

4 Q. Right know I'm just focusing on the period of
5 time during her prenatal care?

6 A. I think in general she was pretty compliant.
7 There was one instance where we had made some
8 recommendations about -- no, I'm sorry, that was
9 postpartum. My recollection of her is as being
10 very complaint prior to delivery.

11 Q. Was there some period where you believe she
12 was noncompliant after delivery?

13 A. There was some recommendations made regarding
14 where the baby would be best off sleeping, she did
15 not have the greatest motivation to follow. That
16 was regarding sleeping in the crib when she was
17 having the baby sleep in bed with her.

18 There was some question whether she
19 regularly attended the neurology appointments that
20 were scheduled for her. Since I did not attend
21 those appointments, I don't have a clear
22 recollection of what percentage of them she went
23 to.

24 Q. What was the source of your information
25 regarding her failure to attend neurologic

1 appointments?

2 A. I just remember there being some question how
3 many she went to in the pediatric clinic. I don't
4 remember specifically. I don't remember a specific
5 discussion with an attending who was frustrated
6 with her for not going. I don't remember anything
7 like that.

8 Q. Was she generally compliant after the baby
9 was born?

10 A. In our clinic, yes, generally.

11 Q. I'm trying to figure out if you feel because
12 she didn't attend certain appointments in
13 neurology, that that somehow rendered her
14 noncomplaint in your mind?

15 A. I could not say that about Monica. All I can
16 really make comment on is the pediatric appointment
17 since I was present at those. She was compliant
18 about coming to those.

19 Q. I understand that you were present during her
20 delivery?

21 A. Yes.

22 Q. Were you present at any point after midnight
23 on March 14, 1995?

24 A. Yes.

25 Q. Were you present the entire time?

1 A. I was present from shortly after when Monica
2 was admitted to the hospital, until maybe an hour
3 or two after the delivery, except for maybe two and
4 a half hours where I went to sleep that night.

5 Q. Were you present with her in the room?

6 A. Yes.

7 Q. The whole time?

8 A. Except when I was asleep.

9 Q. Do you remember the artificial rupture of her
10 membranes?

11 A. No, I don't specifically remember that.

12 Q. Do you remember when she was given an
13 epidural?

14 A. I do remember that.

15 Q. Do you remember anything in particular about
16 that?

17 A. Yes.

18 Q. What do you recall about her getting the
19 epidural?

20 A. I remember that she was in bed, in
21 significant discomfort with her contractions, that
22 an epidural was suggested to her, she accepted.

23 I remember sitting her up in bed,
24 having her hunch over a pillow to make placement of
25 the catheter easier. I remember not passing the

1 catheter on the first time. Sometimes it's hard to
2 find the intervertebral space.

3 I remember that after a few
4 unsuccessful attempts at that, because it was
5 uncomfortable for her to have a needle there, they
6 gave her a break, she went through some more
7 contractions, more discomfort, so there was another
8 attempt made to place an epidural catheter.

9 Q. Do you remember approximately what time that
10 event occurred?

11 A. Yes, I remember approximately, not exactly.
12 I would say approximately the first attempt at
13 passing the epidural was I would say 1:00 a.m. I
14 will guess -- I won't guess, to the best of my
15 memory say the second attempt was about 3:00 a.m.

16 MR. NORCHI: Place something
17 on the record so it's clear that Dr. Rambasek isn't
18 the person who was attempting to place the
19 epidural, for the record.

20 THE WITNESS: That's true.

21 Q. In fact we can make it clear from this point
22 forward it's my understanding you were there to
23 observe?

24 A. Correct.

25 Q. You were not assisting in any way in the

1 treatment or diagnosis of the patient's condition?

2 A. That is correct.

3 MR. NORCHI: Thank you.

4 Q. Around that time, 1:00 to 2:00 or 1:00 to
5 3:00, do you recall any discussions that were being
6 had among the physicians who were responsible for
7 monitoring her care, either residents or attending
8 physicians?

9 A. None clearly come to mind right now.

10 Q. After that point, after the second epidural,
11 did that appear to have some affect on her?

12 A. It gave her significant relief.

13 Q. Do you remember anything she was saying
14 around that time to you about her pain or her
15 contractions or anything of that nature?

16 A. Only the typical things a woman would say
17 like it really hurts, oh my gosh this is so bad.

18 Q. Do you remember the placement of the interna
19 monitors?

20 A. No. I remember readings being taken from the
21 pH monitor, I don't remember specifically the
22 placement.

23 MR. NORCHI: He didn't say
24 the pH monitors.

25 Q. The placement of internal monitors to measure

1 strength of her contractions?

2 A. No, I don't remember that.

3 Q. You do remember that there were some scalp
4 readings that were taken?

5 A. Yes.

6 Q. Do you recall those being done?

7 A. Yes.

8 Q. Do you remember all of them?

9 A. No.

10 Q. Do you know how many there were that were
11 done?

12 A. No.

13 Q. Do you remember who the physicians were who
14 obtained the samples?

15 A. I do not.

16 Q. Do you remember the procedure they followed
17 in doing it? I'm not talking specifically, just
18 generally what it looked like they were doing?

19 MR. NORCHI: I'm going to
20 object. Do you mean specific to this case though?

21 Q. Specific to this case. In other words, I
22 don't want you to describe exactly what was going
23 on for me if you don't know. Do you remember
24 watching them, seeing what instruments that they
25 used generally, how they went about doing it in

1 this particular case?

2 A. No.

3 Q. What is it that caused you to remember that
4 pH gases were taken or that scalp tests were done?

5 A. I remember the residents discussing the
6 values.

7 Q. What do you recall about those discussions?

8 A. I recall a small amount of concern over the
9 fact that the values were a touch lower than
10 average.

11 Q. They were just talking about that fact that
12 they were a touch below average, that's the
13 substance of what they were saying?

14 A. Yes.

15 MR. NORCHI: Substance of
16 what, results?

17 Q. Substance of what you recall them saying?

18 A. Yes.

19 Q. Do you recall them saying anything else about
20 the pH values?

21 A' No.

22 Q. Did you observe their behavior when they were
23 talking about the pH values, their demeanor?

24 A. My memory is not clear enough to recall
25 demeanor.

1 Q. From the point after the second epidural was
2 attempted and successfully placed, do you recall
3 the events of the night up to the point where the
4 first pH is obtained or the first scalp reading is
5 obtained?

6 A. Are you asking me if I recall the events
7 between the placement of the catheter and obtaining
8 the first scalp pH?

9 Q. Between the second epidural and the time of
10 the pH test that you recall?

11 A. I don't recall a lot happening in that
12 interval. I recall a number of contractions going
13 on, her sort of dealing with the discomfort. I
14 remember some discussion with family members. I
15 remember some family members departing. There were
16 a lot of physicians in the room at that time.

17 Q. Do you recall what family members were there?

18 A. I remember that her grandmother was there. I
19 remember that she had a friend named Angie there.
20 I remember later in the evening her boyfriend
21 showed up.

22 Q. Did you have any discussion with any of these
23 people?

24 A. Yes.

25 Q. Do you recall the substance of those

1 discussions today?

2 A. I recall some of the family members concerned
3 over her discomfort. I remember her grandmother
4 sort of encouraging her to go through with the
5 second epidural. That is the most of what I
6 recall.

7 Q. Do you recall any of the events that occurred
8 closer in time to the delivery, say between the
9 hours of 6:30 a.m. and nine o'clock a.m.?

10 A. I went to sleep around -- I caught about two
11 and a half hours of sleep that night. As I
12 mentioned that would have occurred between about --
13 I would have woken up about 8:45, anything between
14 6:15 and 8:45 I was not present for.

15 Q. After 8:45 do you remember any event?

16 A. Yes.

17 Q. Tell me what events you recall from 8:45
18 forward?

19 A. I was sleeping on a couch down the hall, I
20 remember waking up because a nurse came to wake me
21 up to let me know that the delivery or labor was
22 progressing.

23 I remember entering the room and
24 that Monica was pushing more significantly, much
25 more significantly than when I had went to sleep.

1 I don't remember which physicians or nurses were in
2 the room at that time. I do remember they were
3 different than the physicians and nurses that were
4 there when I went to sleep, since there was a shift
5 change. I didn't really know their names.

6 I remember the baby crowning.

7 Q. What did that look like?

8 A. No different from any other crowning, just a
9 little bit of scalp, a little bit of hair in the
10 introitus.

11 Q. Do you remember hearing any discussions about
12 an operative delivery that would be attempted?

13 A. No. Unfortunately for me I guess because I
14 was so low on the medical totem pole so to speak at
15 the time I wouldn't have been very involved in
16 those discussions.

17 Q. Did you hear any of those discussions?

18 A. I may have but I can't recall them in detail
19 today.

20 Q. Were you able to be in a position where you
21 observed the use of the Mighty Vac?

22 A. I was not in a good position to observe it
23 because -- I should explain, I should step back,
24 tell the story in order.

25 Q. Okay.

1 A. The baby crowned, I remember there being a
2 little bit of concern that the baby may not have
3 been progressing rapidly enough. I remember the
4 placement of the vacuum, I don't remember who was
5 holding it, I don't remember clearly watching the
6 person pull it.

7 I remember that the baby's head was
8 delivered, I remember there being a reduction of
9 the nuchal cord.

10 I remember that the baby did not
11 progress quite as rapidly at that point as would
12 have been ideal. I remember being asked to step
13 back.

14 I remember two people, I don't
15 remember whether they were nurses or residents,
16 holding -- each one holding one of her knees which
17 I later learned was a McRoberts maneuver. I
18 remember someone, presumably a nurse, stepping up
19 to apply either suprapubic or fundic pressure, I
20 don't remember specifically which.

21 I remember one physician at the
22 head of the bed guiding the head and again I don't
23 remember because there was a circle of people
24 surrounding the mother, each doing their job, me on
25 the outside of that circle, my vantage point was

1 not ideal.

2 I remember there being at that same
3 time that two people held the knees, one person was
4 applying suprapubic pressure. I remember that
5 maneuver, that arrangement of people working for
6 maybe 30 seconds to deliver the baby.

7 I remember the baby being
8 delivered. By this time the pediatrician had
9 arrived, ready to take care of the baby.

10 I remember the baby coming out. I
11 remember the baby not crying as I had expected the
12 baby would. I remember the baby being handed to
13 the pediatrician, placed on the small little table
14 under the light. I remember them bagging Michael.

15 I don't clearly remember watching
16 intubation, although I know it was done. I
17 remember after the intubation Michael was crying,
18 much more active.

19 Q. I'm going to back up, ask you about some
20 specifics.

21 A. Sure.

22 Q. First you indicated that you heard some
23 discussion about not progressing as fast as would
24 be expected at around the time that someone was
25 going to place the vacuum; do you recall words to

1 that effect you used?

2 A. I do recall those words.

3 Q. Do you recall anymore specifically what was
4 said about the fact that the baby wasn't
5 progressing or that the mother wasn't progressing,
6 whoever wasn't progressing; do you remember anymore
7 specifics about what was said about that?

8 A. I don't. As I stated before, part of it
9 being I was not a member of the treating team,
10 technically part of it, being I was a little bit
11 timid, as a first year medical student I didn't
12 strongly insert myself into the conversation. I
13 wasn't much of a participant in them. I don't
14 remember a lot of what was said.

15 Q. You said you were asleep from approximately
16 6:30 to 8:45, something like that?

17 A. Roughly.

18 MR. NORCHI: I think he said
19 6:15.

20 A. I did say 6:15.

21 Q. 6:15 to 8:45 roughly?

22 A. Right.

23 Q. You said that you recall the placement of the
24 vacuum but you don't recall who did it?

25 A. Correct.

1 Q. What is it about the placement of the vacuum
2 you recall?

3 A. All I remember is it was the first time I had
4 ever observed a delivery, therefore the first time
5 I had observed a vacuum being used or seeing one.
6 What I remember is the cup on the end of the
7 vacuum, what it looked like, how it was affixed to
8 the baby's head.

9 Q. You watched that being done?

10 A. Yes.

11 Q. You don't know who did it?

12 A. I don't.

13 Q. Do you remember observing anyone pulling on
14 the vacuum?

15 A. No.

16 Q. Or using the vacuum to pull on the baby?

17 A. I don't.

18 Q. You specifically indicated you recall that
19 the head was delivered and I think that is what you
20 said, head delivered, you recall that?

21 A. Yes, I did use that phrase.

22 Q. Do you recall if at the time the head was
23 delivered anyone had their hands on the baby's head
24 or if the vacuum was still attached to the baby's
25 head?

1 A. All I remember is that there was an
2 obstetrician, I don't know whether it was a
3 resident or attending, standing in the position to
4 catch the baby, with the hands on the head. I
5 don't remember observing how those hands were on
6 the head, whether they were grasping, placed on,
7 pulling or guiding. As I stated before it was just
8 a product of the fact I was outside of the circle
9 of people.

10 Q. When the obstetrician's hands were somehow in
11 contact with the baby's head, at that time was the
12 vacuum still attached to the baby's head?

13 A. I don't know.

14 Q. Is it clear in your mind that the head had
15 been delivered at the time that you observed the
16 obstetrician's hands on the baby's head?

17 A. I'm sorry, could you rephrase that question?

18 Q. Were the obstetrician's hands in contact with
19 the baby's head before the baby's head was
20 completely delivered or were the obstetrician's
21 hands on the baby's head at a point after the
22 baby's head was completely delivered?

23 A. I don't remember the exact moment the hands
24 were placed on the head.

25 Q. Do you remember if the hands were in contact

1 with the baby's head at any point after the baby's
2 head was completely born?

3 A. Yes.

4 Q. They were?

5 A. You are asking me if the hands were placed on
6 the head after the head was delivered or after the
7 entire baby was delivered?

8 Q. I'm making the distinction of delivery of the
9 head and the delivery of the remainder of the
10 baby.

11 A. Yes.

12 Q. I'm trying to find out not whether the
13 obstetrician's hands were place on the baby's head,
14 if the obstetrician's hands were in contact with
15 the baby's head any time after the baby's head was
16 delivered but before the remainder of the baby's
17 body was delivered?

18 A. It is my belief, not my crystal clear
19 recollection, it was. That belief is based on the
20 assumption there was an obstetrician standing in
21 between Monica's legs at that time during the
22 delivery because I can't -- because that person is
23 standing in between her legs during an important
24 moment of delivery, if I can't see their hands
25 because they are doing something, the only part of

1 the baby that is in this world is the head, I'm
2 left to believe their hands are on the head. I
3 cannot picture that person's hands clearly, how
4 they were placed.

5 Q. Do you feel comfortable testifying that you
6 recall that the obstetrician's hands were somehow
7 in contact with the baby's head after the baby's
8 head was born?

9 MR. NORCHI: Objection. Go
10 ahead and answer the question.

11 A. I believe I just did answer the question by
12 saying that I can't clearly recall that. I can
13 recall a person standing there working in between
14 Monica's legs.

15 Q. Did you see the baby's head come out?

16 A. In between shoulders, yes.

17 Q. In between you mean other people's shoulders?

18 A. Yes. You have to put yourself in my
19 perspective as a medical student.

20 MR. NORCHI: He's in the
21 bleacher section.

22 Q. The bleacher section trying to watch over and
23 around other people?

24 A. That's what it's like to be a medical
25 student.

1 Q. You saw she was crowning, you saw some
2 portion of the baby's hair in introitus?

3 A. That is correct.

4 Q. Did you see the baby's head come out?

5 A. Yes.

6 Q. Do you know what the turtle sign is?

7 A. No.

8 Q. Did you see the baby's head turn after it
9 came out, after the baby's head came out did it
10 rotate in anyway?

11 A. I did not see that.

12 Q. Did you see the baby's head come out, pull
13 back at all like a turtle sticking its head out,
14 coming back?

15 A. I did not see that or I do not remember
16 that.

17 Q. After the baby's head came out, you saw
18 somebody working there between the mother's legs,
19 some period of time elapses, then you see people,
20 two different people holding the mother's legs **up**
21 against her chest?

22 A. Pulling them back, maybe not all the way to
23 her chest.

24 Q. Pulling her legs back?

25 A. Yes.

1 Q. Do you remember if anything was done with the
2 bed, was the bed put down or lowered in any way
3 when that position was instituted?

4 A. I remember the end of the bed was dropped off
5 as it often is in a delivery.

6 Q. Is there any way you can tell me how much
7 time elapsed between the time you saw the baby's
8 head be born and the time that the bed was dropped
9 or lowered?

10 A. My recollection of the event is that the head
11 was born, soon thereafter, meaning 5 to 10 seconds,
12 the end of the bed was taken off, the McRoberts
13 maneuver and suprapubic pressure was applied, the
14 baby was delivered about 30 seconds later.

15 Q. You said that you later learned that the
16 position that was instituted with the patient was a
17 McRoberts position?

18 A. Yes.

19 Q. You said there was one person on each leg?

20 A. Yes.

21 Q. There was someone asserting either suprapubic
22 pressure or fundal pressure, you don't remember
23 which?

24 A. That's correct.

25 Q. Do you remember the person who was asserting

1 the downward pressure was an obstetrician or nurse?

2 A. I do not remember that person's face or
3 gender or position.

4 Q. Do you know the difference between fundal
5 pressure and suprapubic pressure?

6 A. I know the difference between the pubis and
7 fundus. I'm left to presume that suprapubic
8 pressure is a pressure there, that fundus pressure
9 is pushing there. Having never done it, I'm not
10 that familiar with it.

11 Q. As you sit here today in your mind's eye can
12 you remember or see where the person's hands were
13 who was applying the pressure?

14 A. I cannot. All I remember is they were
15 somewhere on the abdomen.

16 Q. You used words to describe the fact that
17 after the baby's head was born the remainder of the
18 baby's body did not come forth, I can't remember
19 what you said, something to the effect it didn't
20 come out as rapidly or quickly as one would expect,
21 words to that effect?

22 A. I used words to that effect,

23 Q. Do you recall at any point anyone in the room
24 working on this patient, whether it was an
25 obstetrician, nurse or midwife, saying any words to

1 the effect that the shoulder was impacted or that
2 the shoulder was stuck?

3 A. I don't recall those phrases or those words.

4 Q. Do you recall anyone using the word dystocia?

5 A. Not in the delivery room at that time.

6 Q. You never heard anyone say shoulder dystocia
7 to anyone at all?

8 A. Not during the delivery.

9 Q. Did you hear those words used later?

10 A. Yes.

11 Q. When was that?

12 A. **As** a third year medical student on rotation
13 and care of patients completely unrelated to this.
14 I may have heard the phrase used in the pediatric
15 clinic later by the pediatrician.

16 Q. I'm talking about in connection with the
17 treatment of Monica Dixon and in connection with
18 the delivery of Michael Dixon, did you ever hear
19 the words shoulder dystocia used?

20 A. I believe I heard them used by a pediatrician
21 in the Rainbow Babies clinic, in the description
22 where he refers to an Erb's palsy. I don't
23 remember a specific discussion with an obstetrician
24 using that word. They may have, I may not remember
25 it.

1 Q. During the delivery, you're clear in your
2 memory, you don't recall anyone saying at the time
3 of the delivery dystocia or shoulder dystocia?

4 A. Are you asking me I'm clear that I don't
5 remember?

6 Q. Right.

7 A. I am clear I don't remember.

8 Q. You also are clear that you do not recall
9 words used to describe the shoulder either being
10 stuck or impacted?

11 A. I'm clear that I don't remember those words
12 being used.

13 Q. Do you remember any phrases being used to
14 describe the fact that the baby's shoulder did not
15 come forth immediately after the baby's head did?

16 A. No, I don't remember that.

17 Q. You said approximately 30 seconds elapsed,
18 passed between the time the McRoberts position was
19 initiated and the remainder of the baby came forth?

20 A. Yes, I did.

21 Q. Do you recall any other maneuvers that may
22 have been done or that were done that you saw with
23 respect to moving the baby's body at the time the
24 McRoberts position was initiated?

25 A. All I remember was the reduction of the

1 cord. Reduction of the nuchal cord.

2 Q. After the baby came out?

3 A. After the head came out.

4 Q. What do you remember about that?

5 A. All I remember is the motion of someone's arm

6 doing that.

7 Q. Do you remember who did it?

8 A. No, I don't remember whether it was once or

9 twice reduced.

10 Q. At around that time when the nuchal cord was

11 being reduced, did you hear anyone use the word

12 "difficulty" in describing the process they were

13 going through in delivering the baby?

14 A. I don't remember that word being used.

15 Q. Do you remember any words that are synonymous

16 to difficulty or difficult being used to describe

17 any of the procedures or events that were occurring

18 when the baby was being born?

19 A. No. The only words I remember are someone

20 saying get up there and apply suprapubic pressure,

21 please step back out of the way, those are about

22 the only words I recall being said at that time. I

23 think you have to remember no one is talking to

24 me. Everyone is talking to each other.

25 Q. I understand that. I'm trying to see what

1 you recall seeing or observing.

2 A. Sure.

3 Q. At this point from the time that you arrived
4 at the hospital around midnight or whenever it was,
5 **up** until the point of the baby's body actually
6 being born, did you ever hear any of the involved
7 obstetricians or nurses indicate that a C-section
8 may be needed?

9 A. I don't remember a discussion of that
10 effect.

11 Q. Do you remember hearing the word C-section
12 being used by any of the either obstetricians or
13 nurses at any point when you were present with
14 Monica?

15 A. No. It was my impression all along that
16 every member of the treating team expected that
17 this baby would be a vaginal delivery. That's all
18 I remember.

19 Q. After the baby's body was born, you observed
20 that he was handed to the pediatricians?

21 A. Um-hum.

22 Q. You have to say yes.

23 A. Yes.

24 Q. Did you get a good look at the baby's body?

25 A. Before it was handed to the pediatricians?

1 Q. Yes.

2 A. I got a decent look at the baby's body.

3 Q. Do you recall anything in particular about
4 the baby's body that stands out in your memory?

5 A. Wasn't wiggling a lot, wasn't moving lot.

6 Q. You said he wasn't crying earlier?

7 A. Yes, I did say that he wasn't crying a lot.

8 Q. Do you remember anything about how his arms
9 appeared?

10 A. I do not at that time.

11 Q. Did you at any time notice anything about his
12 arms, how they appeared?

13 A. I can't actually remember the first moment I
14 was aware that his arm was not moving normally.

15 In fact, I can't remember whether I
16 was told his arm didn't move normally or whether I
17 observed it myself. I do remember that by the time
18 of the first clinic appointment I had a good chance
19 to look at it, say that gee, that arm doesn't
20 move. Whether I observed its movement after the
21 delivery or three hours later when a resident told
22 me to *go* back and look at it, I don't remember.

23 Q. You don't remember his arm appearing to be
24 hanging behind his back at the time of his birth?

25 A. Um-hum.

1 Q. You don't recall that?

2 A. When there is a baby who is --

3 MR. NORCHI: You have to
4 answer the question audibly.

5 A. I don't recall seeing his arm hanging that
6 way. The baby is efficiently handed from the
7 obstetrician to the pediatrician, you get like a
8 one second look during that time, I don't remember
9 observing that.

10 Then when the baby is being cared
11 for by the pediatricians, he's lying there, at that
12 point the primary consideration is his airway.
13 That was where all the attention was focused. That
14 is where my attention was focused, not a limb, the
15 face, his nose, the bagging on his face, things
16 like that.

17 Q. At any point while you were observing the
18 events at 8:45 and later, do you recall any
19 discussion about the monitoring strips?

20 A. No.

21 Q. At any point after the baby was born, but
22 before the pediatrician had taken the baby away,
23 did you hear anything Monica Dixon said?

24 A. I'm sorry, did I hear anything Monica said
25 between the birth and the time the baby was taken

1 out of the room?

2 Q. Yes.

3 A. Nothing other than something to the effect
4 what a relief it was to have the labor process
5 over.

6 Q. Did you observe the placement of the
7 episiotomy?

8 A. No, I did not. I may have been asleep at
9 that time.

10 Q. What I want to do now is refer you to your
11 notes from the pediatric practice clinic. I want
12 to start with 3-29-95. I understand that there is
13 a copy available for you to review.

14 I want to refer you to the first
15 page which is dated 3-29-95; do you have a copy in
16 front of you?

17 A. I do.

18 Q. It appears that these are your handwritten
19 notes?

20 A. This is my handwriting.

21 Q. This appears to be Michael's first visit
22 after his birth?

23 A. I believe that it is.

24 Q. What was your role at the pediatric practice
25 clinic here, just to observe?

1 A. I would have been able to take a history from
2 the mother, possibly do a quick physical exam on
3 the baby, meet with Dr. Heggie, present my findings
4 from the history and physical to him, then to have
5 him go and see with me the baby, basically we do
6 most of what I did to check it.

7 Q. What is Dr. Heggie's first name?

8 A. I believe Alfred Heggie.

9 Q. On the portion of your note where it says
10 informant it indicates patient's mother; do you see
11 that?

12 A. Yes, I do.

13 Q. What do you mean informant?

14 A. The person who the history is being taken
15 from.

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1 contained in the subjective portion of the note was
2 taken from the mother's chart?

3 A. Yes.

4 Q. How did you go about doing that?

5 A. I don't remember that process. I don't
6 remember the process of having the chart and
7 putting it down here or whether most of this stuff
8 was in my recent memory, I was able to do it that
9 way.

10 Q. That was my next question. Did you rely on
11 your memory in preparing your notes as well?

12 A. Most likely the information here is a
13 combination of memory and notes. Some of them
14 being the obstetrical notes or pediatric notes. I
15 can't say which pieces of information necessarily
16 came from where.

17 Q. Would it be true that the notes -- would it
18 be true that your entire notes from 3-29-95 are
19 based upon a combination of your memory of events
20 and your review of charts?

21 A. Yes.

22 Q. Is some of the information that is contained
23 in this subjective portion of the note also based
24 upon statements that Monica Dixon made to you; do
25 you recall?

1 A. Some of this subjective information should be
2 based upon statements she made to me.

3 Q. I notice that there are some fairly
4 specific -- there is some specific medical
5 terminology that is used to describe certain facts
6 about Monica Dixon's history in the subjective
7 portion of the note. I assume she didn't tell you
8 those?

9 A. This is probably a small charting error on my
10 part because as medical students are taught
11 subjective history is supposed to be only what you
12 hear from the patient. Since I included aspects
13 here that I recorded the factual information from
14 the chart, I was probably writing a little bit of a
15 a disorganized history and physical as a first year
16 medical student.

17 Q. It's fairly clear that certain portions of
18 the information in the subjective history was from
19 the chart you reviewed regarding Monica Dixon's
20 prior chart and also from your memory?

21 A. Yes.

22 Q. I was trying to straighten out if these
23 things were things she told you, I was confused by
24 that. I think you got me clear on that.

25 I would like you to go down to what

appears to be the second full paragraph, pregnancy
was unremarkable except for the suspicion of
gestational diabetes?

A. Uh-hum.

Q. I need you to say yes.

A. Yes.

Q. Is that something that you record based upon
your memory of your involvement in her prenatal
care?

A. Yes.

Q. Do you recall as you sit here whether or not
you had the prenatal chart, care chart with you at
the time you prepared this note on 3-29-95?

A. I don't remember what documents I may have
been copying from.

Q. Says at the bottom about Monica's weight
gain?

A. Yes.

Q. Do you recall she started her pregnancy at
189 pounds; do you recall that?

A. Do I recall that independently?

Q. Yes.

A. I recall that she was obese at the start of
her pregnancy, I don't recall that number.

Q. Is there any reason for you to believe the

1 information you put down here is inaccurate?

2 A. No.

3 Q. Let me ask you about that for a minute. This
4 was your only patient?

5 A. Yes.

6 Q. Was it important for you to be accurate when
7 you were recording the information about the
8 patient's history?

9 A. Yes.

10 Q. Was it your understanding at the time you
11 were preparing the note on 3-29-95 that the
12 information that you placed in the chart would be
13 relied upon by Dr. Heggie in doing his job, in
14 diagnosing and treating the patient?

15 MR. NORCHI: Objection,
16 asked and answered. Go ahead, you can answer
17 again.

18 A. You are asking me how much I believe this
19 chart would be relied upon by doctors?

20 Q. Yes.

21 A. At that time I would not have known how much
22 of it they would rely on.

23 Q. It was certainly your intention to be as
24 accurate as possible?

25 A. Yes, it was.

1 Q. It's indicated here at the bottom in the part
2 about the reference to Monica Dixon's weight gain
3 so she was encouraged she watch her diet?

4 A. Yes.

5 Q. Do you recall the decision making process
6 about the recommendation for her to go on the diet;
7 do you know anything about that?

8 A. I know that as I stated before, some of her
9 glucose tolerance tests were somewhat borderline.
10 Because of that reason, the decision was made to go
11 on the diet.

12 As I stated, I don't remember a
13 specific conversation in which a physician made
14 that statement. I do remember that this statement
15 was made by someone.

16 Q. Do you recall if a diet was recommended
17 independently for the reason she had excessive
18 weight gain?

19 A. I don't believe that a diet was recommended
20 for that reason.

21 Q. You think the diet was recommended only for
22 the purpose of instituting some control on her
23 blood sugar levels?

24 A. That was my understanding of the situation.

25 Q. Do you recall any of the physicians involved

1 in her prenatal care indicating they thought she
2 was obese at the beginning of her pregnancy?

3 A. No.

4 Q. Sou felt that way?

5 A. Yes.

6 Q. Did any of the physicians involved in her
7 prenatal care indicate she had a high weight gain
8 trend?

9 MR. NORCHI: During the
10 pregnancy?

11 Q. Yes, during the course of her pregnancy?

12 A. I gained the impression her weight gain was
13 above average.

14 Q. Did you hear discussion during her prenatal
15 care about the fact she had a high weight gain
16 trend?

17 A. I don't recall a specific discussion with a
18 specific person. I do remember throughout the
19 obstetrical clinic visits again the impression this
20 was an above average weight gain.

21 Q. Let's go to the next page. There is a
22 section here in your notes which is labeled labor
23 and delivery; do you see that?

24 A. Yes.

25 Q. That's a different section than the

1 subjective section we were talking about earlier?

2 A. Yes.

3 Q. I'm trying to figure out if the words labor
4 and delivery are written larger and to the left in
5 order to indicate that this is a new section of
6 your note?

7 A. That appears to have been my intent.

8 Q. I know there is the information which is
9 fairly detailed about her labor and delivery that
10 begins with the words on Friday 3-10 at
11 eight o'clock a.m.; do you see that?

12 A. Yes, I do.

13 Q. Then you describe in some detail the course
14 of her labor and delivery, true?

15 A. Yes.

16 Q. Do you recall if this information also was
17 based upon your review of charts and your memory?

18 A. This would have also been based on a
19 combination of charts and my memory.

20 Q. Do you believe that any of the information
21 contained in the section, the labor and delivery
22 section of the note, was based upon statements that
23 Monica Dixon made to you?

24 A. You are asking me if anything I wrote on this
25 page is something I got from her verbally?

1 Q. Right.

2 A. Give me 10 seconds to look at it.

3 I believe that the only piece of
4 information on this page that was verbally obtained
5 from Monica was the time 8:00 a.m. on the second
6 line.

7 **a.** Everything else you obtained from either your
8 review of the charts or from your memory?

9 A. That is correct.

10 Q. Let me go to the second paragraph where it
11 says she continued to contract through the weekend;
12 do you see that?

13 A. Yes.

14 Q. As you sit here today, do you have the
15 ability to recall whether the source of the
16 information about that fact came from your memory
17 or from your review of the chart?

18 A. You are saying where did I get the piece of
19 information she contracted throughout the weekend?

20 Q. Yes.

21 A. That would have most likely come from the
22 fact as mentioned previously she was in the
23 hospital twice. First once, then sent home, then a
24 second time. The first time she came in there was
25 a resident taking care of her, he was taking a

1 history from her about what the pattern and timing
2 of her contractions had been. During that
3 discussion is when I would have gained information
4 that she had been contracting throughout the
5 weekend. That would be most likely from my
6 memory.

7 Q. By the way, do you recall ever reviewing the
8 OB admit note for her admission on 3-14?

9 A. I don't recall seeing that, no.

10 Q. Were you present at any point while the
11 information was being obtained for that particular
12 document; do you recall?

13 A. I don't know. She was in the hospital for
14 maybe an hour before I got there, a lot of that
15 information may have been obtained prior to me
16 getting there.

17 Q. Let's get back on the note 3-29-95.

18 You indicate some informati n about
19 the epidural. Can you tell me whether or not
20 that's something based upon your memory or upon
21 your review of charts?

22 A. That was based upon my memory.

23 Q. You've indicated Dr. Griffith ruptured her
24 membrane at 5:30 a.m.?

25 A. Yes.

1 Q. Because there was a specific time that is
2 indicated, is it likely that was taken from the
3 chart?

4 A. The time does not indicate to me whether I
5 observed or whether it was taken from the chart.

6 Q. Let's go down to the part where it says
7 delivery was vaginal; do you see that?

8 A. Yes.

9 Q. It says it was a stressful delivery,
10 C-section was considered?

11 A. Yes.

12 Q. Do you recall why you wrote that information?

13 A. I do not recall why I wrote that
14 information. It may have indicated that I heard a
15 physician, obstetrician discussing that around the
16 time of the birth. I do not right now recall that
17 discussion.

18 Q. I would like to again ask you, I'm not trying
19 to be repetitive here.

20 A. I understand.

21 Q. Is the information it was such a stressful
22 delivery so C-section was considered likely to have
23 been based on either your memory or a review of the
24 chart?

25 A. It's likely it came from one of those two

1 sources, yes.

2 Q. Can you tell me if it's more likely to have
3 been something that you remembered or something
4 that you reviewed from the chart?

5 A. It's more likely that it was from my memory.

6 Q. This would not have been a conclusion **you**
7 formed in your own mind, would it?

8 A. I would not have at that time been able to
9 judge who should *go* to section, who should not. It
10 is not likely I would have arrived at that
11 conclusion myself.

12 Q. It would have had to have been something you
13 heard or observed somewhere?

14 A. I would consider that most likely. **As** I
15 stated, I don't remember specifically where I got
16 the information.

17 Q. Do you recall that that information would
18 have been obtained from a statement that Monica
19 Dixon made to you?

20 A. I don't recall that information would have
21 come from her.

22 Q. Then there is additional information that
23 says delivery was vacuum assisted, second degree
24 episiotomy, et cetera; do you see that?

25 A. Yes, I do.

Q. That is something that either you remembered
on 3-29-95 or you obtained by reviewing the chart?

A. You are speaking specifically of the phrase
"delivery was vacuum assisted"?

Q. Yes.

A. I think as I previously stated I did for a
short period of time see the vacuum. That would
have come from memory.

Q. The part about the second degree episiotomy,
do you know whether that was placed in the chart
based on your memory or review of other charts?

A. I don't know which source that came from. As
I said, I don't remember watching the episiotomy
cut.

Q. There is part of this where part of this is
interlineated.

A. Yes.

Q. Initials, that's Dr. Heggie's initials?

A. Dr. Heggie would have reviewed all my notes
after I wrote them. If there was something he felt
was not medically correct or should not go in the
chart, he would cross out my handwriting, rewrite
in his writing and initial to show who made the
change.

Q. His purpose was he is indicating you had

1 written some type of inaccuracy?

2 A. Yes.

3 Q. To make sure he felt it was correct?

4 MR. NORCHI: Objection.

5 Q. He wasn't somehow trying to verify the fact
6 these events were true, he was just trying to make
7 sure that the things were written in the
8 appropriate format?

9 MR. NORCHI: One second,
10 objection. You are deposing Dr. Heggie on Friday,
11 you can ask him what he's thinking. You can go
12 ahead.

13 Q. I don't want to ask what Dr. Heggie is
14 thinking. I'm more interested in finding out how
15 you interacted with Dr. Heggie, at least from the
16 perspective in this instance of him reviewing your
17 notes and making changes.

18 A. What specifically do you want to know about
19 his review process?

20 Q. I guess you've partially answered it. You
21 prepared those notes, he would review what you did?

22 A. Yes.

23 Q. You would do an examination, he would also
24 examine?

25 A. Yes.

1 Q. I assume after you completed an examination
2 he would look at your reporting of the findings,
3 compare that with his own?

4 A. His own examination?

5 Q. Yes.

6 A. Yes.

7 Q. Would you have a discussion about it with
8 him?

9 A. Usually that --

10 Q. Was part of the learning process?

11 A. That is how medical students learn.

12 Q. When he was going back over the notes and
13 reading them were you present with him when he made
14 any changes?

15 A. I don't know whether I was present or not for
16 this specific review.

17 Q. Let's go down to the bottom of the page says
18 the only abnormality noted; do you see that line?

19 A. I do.

20 Q. Read it, will you?

21 A. The only abnormality noted on the newborn
22 exam was a palsy of the left brachial plexus
23 apparently due to the traumatic nature of the
24 delivery. Left arm was in an anterior position.

25 Q. Do you recall if that was information based

1 upon your review of the chart or based upon your
2 memory of events that occurred during labor and
3 delivery?

4 A. Are you saying do I recall which of those two
5 sources I got it from?

6 Q. Yes.

7 A. I believe it was from my memory.

8 Q. Is this a conclusion you drew based upon your
9 review of the chart?

10 A. The fact that the delivery was traumatic?

11 Q. Yes.

12 A. No.

13 Q. It was not a conclusion you drew based on
14 review of the chart, it is a conclusion you drew
15 base upon your observation of the delivery?

16 A. I believe so.

17 Q. Are you certain of that?

18 A. No, I'm not certain of that.

19 Q. Is it likely that you overheard one of the
20 obstetricians indicate that the nature of the
21 delivery was traumatic, that formed the basis of
22 your information?

23 A. It is not likely that was the case.

24 Q. Why do you say that?

25 A. Because I believe it's most likely that I

1 presume that given the fact that there was
2 subsequent neurologic damage, that I presume that
3 meant delivery had been traumatic.

4 MR. NORCHI: Move to strike
5 this portion of his records since it's probably
6 diagnostic of the condition, he's only a medical
7 student.

8 Q. Let me inquire about that for a minute.

9 Earlier when I was asking you about
10 other information contained in your note of 3-29-95
11 you indicated that your job is to observe and not
12 to render conclusions; do you recall that?

13 A. I do recall saying that.

14 Q. In particular I was asking you whether a
15 statement it was a stressful delivery, C-section
16 was considered, if that was something you
17 concluded, you stated it wasn't; do you recall
18 that?

19 A. Yes, I said the fact that the C-section was
20 considered was probably not the conclusion I
21 reached. The fact it was a traumatic delivery was
22 my conclusion I reached.

23 It was my not job to reach
24 conclusions, which means I was going beyond my
25 duties as a medical student in writing the word

1 traumatic.

2 Q. On the part where I asked you a question
3 about the C-section being considered, I had thought
4 that you indicated to me that the entire sentence
5 "It was a stressful delivery so a C-section was
6 considered," was based upon your memory of events
7 that occurred?

8 A. No, I was going to part that into two
9 separate ideas, I did not. What I mean is the word
10 C-section probably came from something overheard.
11 The word stressful is probably something I placed
12 in there.

13 Q. That was a conclusion or subjective
14 determination you made about what you perceived to
15 be the nature of the delivery?

16 A. Yes.

17 Q. The words "so C-section was considered," that
18 is something that you likely overheard someone
19 indicate?

20 A. That I would not have written on my own.

21 I think to put it into perspective
22 this is the first delivery I ever witnessed in my
23 life. The first delivery you witness is stressful
24 to anyone, no matter who you are. Not necessarily
25 stressful to the obstetrician who's seen 100

1 births. To me it was traumatic and stressful
2 because it was the first one I observed. That
3 doesn't mean on the scale of births it was
4 traumatic and stressful.

5 Q. I understand.

6 I guess what I'm concerned with is
7 the information "so C-section was considered," that
8 is something that is a fact or a conclusion of
9 someone else that you overheard?

10 MR. NORCHI: Objection. Go
11 ahead.

12 A. That would be my best assessment of where the
13 information came from.

14 Q. Since you parts that into two different
15 ideas, I want to ask about a particularity of that
16 sentence, okay?

17 A. Yes.

18 Q. First of all the word that you use, the
19 adjective "**stressful**," that is something you added
20 based upon perhaps your inexperience maybe in
21 observing a delivery; that is what you said?

22 A. That's my belief of where the word stressful
23 came from.

24 Q. Then the words "C-section was considered,"
25 you believe that that is something you overheard

1 either the obstetrician or resident saying, right?

2 A. Yes. You have to put it in perspective again
3 that I'm looking at this document I wrote four
4 years ago, I have to say as a first year medical
5 student what was likely to have thought of on my
6 own, what I was likely to have heard, I'm making
7 the judgment as best I can as to when I was a first
8 year medical student that I probably would have not
9 written the word C-section without having heard
10 it. I probably I would have written the word
11 stressful in my conclusions. It's possible that is
12 not the case.

13 Q. I want to ask you about a couple of other
14 things with respect to this sentence, okay.

15 The word C-section, I understand
16 that you would not have written that had you not
17 heard it most likely according to what you are
18 telling me, right?

19 A. That's my belief.

20 Q. What about the idea that "C-section was
21 considered," that is something that is beyond
22 simply hearing the word C-section?

23 A. Yes.

24 Q. I need to know if "C-section was considered,"
25 that idea is something that you observed or

1 overheard the obstetricians saying?

2 A. I don't specifically remember an obstetrician
3 considering a C-section, I'm only inferring from
4 the fact I wrote it I probably did.

5 Q. That is fine.

6 The other idea I want to ask you
7 about is conclusory in that the first part of the
8 sentence says, "It was a stressful delivery so
9 C-section was considered." I need to know if that
10 is a conclusion that you made, or if it's something
11 you observed or overheard the conclusion the
12 C-section was considered because it was a stressful
13 delivery, is that your idea or that's an idea you
14 overheard?

15 A. I'm sorry, I don't clearly understand that
16 question.

17 Q. There are two parts to the sentence. "It was
18 a stressful delivery so C-section was considered,"
19 it seems to indicate C-section was considered
20 because it was a stressful delivery, that s the
21 idea that this sentence seems to impart.

22 What I need to know is, if the
23 conclusion a C-section was considered because it
24 was a stressful delivery is something that you made
25 on your own or something you observed or

1 overheard?

2 MR. NORCHI: Objection,
3 asked and answered. Go ahead, answer it again.
4 He's talking about the whole phrase as a whole.

5 A. I want you to repeat the question. It was a
6 complicated question.

7 Q. It was a complicated question.

8 I'm talking about an aspect of this
9 sentence that implies a conclusion. The conclusion
10 that's implied is that a C-section was considered;
11 do you follow me?

12 A. Um-hum.

13 Q. My reading of this sentence seems to imply
14 that C-section was considered because it was a
15 stressful delivery, that seems to be what it
16 implies; would you agree with that?

17 A. Um-hum.

18 MR. NORCHI: You have to
19 answer audibly.

20 A. Yes, it does seem to say that.

21 Q. Is that conclusion that C-section was
22 considered because it was a stressful delivery, is
23 that a conclusion that you reached, or is it a
24 conclusion that someone else reached that you
25 became aware of because you overheard it or were

1 present when it was discussed?

2 A. I don't know whether the conclusion came from
3 me or from an obstetrician. I only said the word
4 C-section most likely came from an obstetrician. I
5 don't know why anyone would have said the word, I
6 don't know what aspect of the delivery or history
7 would have led an obstetrician to use that word.
8 As I said, I don't know specifically, know that I
9 ever heard anyone say that word.

10 THE WITNESS: Can we take a
11 break for a minute?

12 MR. CULLERS: Sure.

13 -----

14 (Recess had.)

15 -----

16 BY MR. CULLERS:

17 Q. What I would like to do is return to your
18 notes then. Go to what appears to be the last page
19 of your 3-29 notes, second to the last page, it's
20 number one in the document I have, I don't know if
21 you have the same numbering?

22 A. Yes.

23 Q. Is that the page where it has some
24 information about the objective size of the child?

25 A. Yes.

1 Q. Talks about his length, weight and head
2 circumference?

3 A. Yes.

4 Q. This is a physical examination that you did?

5 A. You mean obtaining those numbers?

6 Q. Yes.

7 A. Yes, it is.

8 Q. When it says 95 percentile, that's an
9 exclamation point?

10 A. Yes, it is.

11 Q. Why did you put an exclamation point in
12 there?

13 A. Because I thought he was big.

14 Q. Do you remember anything about how this baby
15 appeared with respect to his size?

16 A. I don't remember specific things out of the
17 ordinary.

18 Q. Do you remember his shoulders or his abdomen,
19 his head?

20 A. I don't remember specific proportions of his
21 body being out of the ordinary.

22 Q. Down in the portion of the note where it says
23 head.

24 A. Yes.

25 Q. This is information I assume you obtained by

1 examination of the baby's head?

2 A. Yes.

3 Q. Says there was one fat necrosis --

4 A. There was one fat necrosis lesion on the
5 upper left temporal region.

6 Q. I take it that's the upper left side of his
7 head, isn't it?

8 A. Temporal region is right here.

9 Q. What is a fat necrosis?

10 A. The baby came in --

11 Q. What is your understanding of fat necrosis at
12 that time that you wrote this, what was your
13 understanding of it?

14 A. I never heard of fat necrosis the day before
15 I wrote that note.

16 I came in, saw the baby. There was
17 a brownish subcutaneous nodular lesion. I don't
18 remember whether Dr. Heggie or I first noticed it.
19 I **know** he described it to me, explained to me
20 saying it was a fat necrosis lesion. He did not
21 say to me specifically where those come from or why
22 they occur.

23 Q. You just simply observed it, you learned what
24 it was, you noted it was present?

25 A. Regurgitated the phrase he used to describe

1 it.

2 Q. I would like you to go to the next page of
3 the assessment, diagnosis portion.

4 A. Yes.

5 Q. You indicate large for gestational age
6 infant?

7 A. Yes.

8 Q. Number two you say left Erb's palsy?

9 A. Yes.

10 Q. I would like you to go back to the first
11 page, hold your finger there, go back to the first
12 page, actually looks like some type of intake
13 sheet. The very first page of the packet of the
14 record, actually the second page, intake sheet.

15 A. Um-hum.

16 Q. In family history you indicate Monica had
17 gestational diabetes, true?

18 A. Yes.

19 Q. Is there a reason why **you** said she had
20 gestational diabetes as opposed to elevated blood
21 sugars that were borderline diabetic, is there a
22 reason why you said gestational diabetes?

23 A. Are you asking why I wrote that?

24 Q. Yes.

25 A. I was probably being inaccurate.

1 Q. It says hypoglycemia, do you see that?

2 A. Yes.

3 Q. Where did you receive information that the

4 baby was hypoglycemic?

5 A. I believe I overheard that in the delivery

6 room.

7 Q. During the delivery did you hear anything

8 described about the baby's appearance by any of the

9 doctors?

10 A. No.

11 Q. Do you recall anything else being said about

12 hypoglycemia?

13 A. I recall it being explained to me why it

14 tends to happen in that situation.

15 Q. When was that explained to you?

16 A. In the delivery room.

17 Q. Who explained it?

18 A. I don't remember whether it was a nurse or

19 resident.

20 Q. What was said?

21 A. It was said that often mothers who have high

22 insulin levels give birth to babies with low

23 glucose levels.

24 Q. Was anything else said about glucose levels

25 or carbohydrate intolerance at that time?

1 A. Not that I remember..

2 Q. After hypoglycemia it has Erb's palsy
3 received during delivery?

4 A. Yes.

5 Q. That's your writing?

6 A. Yes.

7 Q. That's something you concluded or you heard
8 someone else indicate?

9 A. I don't know.

10 Q. Did you ever hear someone indicate that they
11 believed that the Erb's palsy was received during
12 delivery?

13 A. I believe that I had that discussion with
14 Dr. Heggie, that he explained to me that is the
15 mechanism that is commonly the mechanism of the
16 injury.

17 Q. Did he say to you he believed that in fact
18 this baby's Erb's palsy was received during
19 delivery?

20 MR. NORCHI: Objection. Go
21 ahead.

22 A. Did Dr. Heggie say to me the baby got it in
23 delivery?

24 Q. Yes.

25 A. I think what Dr. Heggie said to me was babies

1 commonly get this from traction during delivery. I
2 don't think he said that was necessarily the case.
3 Most of the time this is an explanation given for
4 why it happens.

5 Q. Did he specify it was from traction during
6 delivery?

7 MR. NORCHI: Objection. Go
8 ahead.

9 A. You are saying Dr. Heggie told -- I have
10 learned in medical school that Erb's palsy, that
11 many different brachial palsy come from traction.
12 I can think of some books I read that in, I may
13 have heard it also from Dr. Heggie, probably
14 something I have heard numerous times throughout
15 medical school.

16 The specific conversation with
17 Dr. Heggie is not critical in my mind. I do
18 remember having a discussion with him about Erb's
19 palsy.

20 Q. Do you remember him indicating that it is
21 common that Erb's palsy can result from traction
22 that occurs during delivery?

23 MR. NORCHI: Objection. Go
24 ahead.

25 A. I remember getting that impression from him.

1 Q. You do?

2 A. Yes.

3 Q. I want to ask some questions about page 3, go
4 back to where we were before where I asked you to
5 hold your finger on the record, where it says,
6 parent education.

7 A. Yes.

8 Q. There is pretty detailed information in here
9 about your recommendations to this mother.

10 A. Yes.

11 Q. Is there a reason why you say all these
12 things, is it part of what you are instructed to do
13 or is this something you chose to do?

14 A. It's general procedure for a mother with a
15 newborn baby to recommend the things that are in
16 here. It's basically part of a list that
17 pediatricians are supposed to go over at this
18 visit.

19 Q. Please go to page 4. This is a note that
20 appears to be written by Dr. Heggie; is that true?

21 A. I believe it is written by him.

22 Q. I want to ask you if you ever had a
23 conversation about something that's written here.
24 It says here, "Multiple areas of fat necrosis
25 probably secondary to traumatic delivery,"

1 A. Yes.

2 Q. Did you ever have a discussion with
3 Dr. Heggie about whether the multiple areas of fat
4 necrosis were secondary to traumatic delivery?

5 A. I remember having a discussion with
6 Dr. Heggie about fat necrosis. I remember him
7 saying newborns often have it. I remember him
8 saying it's not particularly concerning. I
9 remember getting the impression it is one of the
10 things on the physical exam we make note of, not
11 worry about. I don't remember him specifically
12 describing the mechanics, how they occur,
13 specifically saying to me that a fat necrosis is
14 indicative of a traumatic delivery.

15 Q. Do you recall him indicating anything to the
16 effect that this fat necrosis observed on this baby
17 was probably secondary to traumatic delivery?

18 A. I do not.

19 Q. It says in here under extremity "flail L
20 arm;" do you see that?

21 A. Yes.

22 Q. Did you have any discussion with Dr. Heggie
23 about flail left arm?

24 A. That word is flail. Yes, I did have a
25 discussion about the arm with him.

1 Q. What do you recall about that discussion?

2 A. I remember discussing that this sort of thing
3 happens once in while in delivery.

4 Q. What sort of thing?

5 A. An Erb's palsy.

6 Q. Do you know what the descriptive term flail
7 refers to with respect to this baby's left arm?

8 A. I believe that the word flail means sort of
9 without a lot of tone.

10 Q. Did you see the baby's arm exhibiting that
11 characteristic that you just described?

12 A. Yes, in this first appointment I clearly
13 observed it.

14 Q. What did it look like?

15 A. It was the wrist was flexed, the shoulder was
16 internally rotated, the elbow was extended in sort
17 of this position with a little bit of ability to
18 wiggle the fingers.

19 Q. Was he able to move, bend his arm?

20 A. At the first visit, very minimally if any.

21 Q. Was it hanging straight down, is that
22 essentially what it looked like?

23 A. Yes.

24 Q. Did **you** observe any of the records that you
25 ~~reviewed either at the time that you were involved~~

1 with Michael Dixon or in preparation for today
2 where it was indicated that his arm was pinned to
3 his shirt, do you remember that?

4 A. I do remember instructing her to pin the arm
5 to the shift. I do remember the explanation being
6 at that time so he wouldn't sort of roll over on it
7 in his sleep and hurt it more or roll onto it in a
8 bad position.

9 Q. At the time of the baby's delivery do you
10 recall Monica asking about the baby's arm?

11 A. At the time of the delivery?

12 Q. Yes.

13 A. I don't remember her asking about the arm at
14 the delivery.

15 Q. Did she say to you that she was concerned
16 about her observation of the baby's arm during the
17 delivery?

18 A. During the delivery?

19 Q. After the delivery but while the baby was
20 still in the room, before being taken away by the
21 pediatrician?

22 A. I don't remember her saying that.

23 Q. Did she at any point indicate to you that
24 immediately after the delivery she had observed
25 something she considered to be usual about the

1 baby's left arm?

2 A. I have no real recollection of Monica
3 expressing concern over the arm prior to the
4 first pediatric visit.

5 Q. I would like you to go to your next note
6 which is 5-17. This is when Michael came back for
7 a well child care visit?

8 A. Yes.

9 Q. You obtained a history again?

10 A. Yes.

11 Q. You again observed the fat necrosis lesion
12 which is on page 6?

13 A. Yes.

14 Q. Is this different, this one says left side of
15 the head anterior fontanel?

16 A. The description there is of a different
17 lesion. It's not -- the chart does not indicate
18 that it's temporal area or same region, I believe
19 it's a different one, although I don't distinctly
20 remember those two lesions.

21 Q. Could you go to what is page 13 of the group
22 of records that you have in the neurological
23 portion of the notes indicates no Moro reflexes
24 present?

25 A. Yes.

1 Q. How is that done?

2 A. **Moro** reflex is one of what is called
3 primitive reflexes that infants display up until a
4 certain age. I think in this case 12 months.

5 If you take a baby, elevate its
6 thorax and head about 6 inches off the crib, maybe
7 3 inches, let it fall back down to the table, a
8 startle response of both arms extending, that is
9 called **Moro** reflex. If it's normal and present, it
10 will not be present by a certain age.

11 Q. Was that an abnormal finding here?

12 A. No.

13 Q. Page 14. Assessment and diagnosis section
14 you indicate under number two left congenital
15 brachial plexus palsy; do you see that?

16 A. Yes.

17 Q. **Who** formed the conclusion this was
18 congenital, if anyone?

19 A. That is Dr. Heggie's writing.

20 Q. That is Dr. Heggie's writing, never mind.

21 Did you ever have any discussion
22 with Dr. Heggie about his writing that the left
23 brachial plexus palsy was congenital?

24 A. What do you mean by the word "congenital"?

25 **a.** I don't know, it says congenital here.

1 A. My understanding of the word congenital it
2 means --

3 MR. NORCHI: Did you have a
4 discussion with Dr. Heggie about the congenital
5 left brachial plexus, did you have any discussion
6 or not?

7 THE WITNESS: Yes, we talked
8 about the arm.

9 MR. NORCHI: He's asking
10 congenital.

11 THE WITNESS: Did I ask what
12 the word congenital means?

13 MR. NORCHI: In relation to
14 this child.

15 I'm sorry, Romney.

16 Q. In relation to this child's brachial plexus?

17 A. No.

18 Q. Page 16, if you would, please. The bottom of
19 the page says Michael's grasp in right arm has
20 improved very much; do you see that?

21 A. Yes.

22 Q. What was wrong with his right arm, if
23 anything, prior to that day 9-20-95?

24 A. That doesn't indicate that anything was wrong
25 with his right arm.

1 Q. Says Michael's grasp in right arm has
2 improved very much.

3 A. Right.

4 Q. Does that imply something was abnormal about
5 the grasp in his right arm prior to **9-20, 1995?**

6 A. It does not.

7 Q. Is there any reason why you would have
8 indicated grasp in right arm had improved?

9 A. That's one of the fundamental milestones we
10 observe in child development.

11 Q. That doesn't imply anything was wrong prior
12 to writing that note?

13 A. No, you observe the motor capability at each
14 visit.

15 Q. You indicate he regained a significant
16 portion of function lost at birth due to a brachial
17 plexus injury?

18 A. Yes.

19 Q. You wrote that?

20 A. Yes.

21 Q. Is there **a** particular reason why you referred
22 to his condition as an injury?

23 A. I referred to it as an injury, that was my
24 understanding at the time of how it was obtained.

25 Q. What was the basis of that understanding?

1 A. **As** I mentioned before it would be a
2 combination of discussion with the attendings and
3 my own reading.

4 Q. Which attendings?

5 A. Dr. Heggie.

6 Q. No others?

7 A. I had other instructors that I would discuss
8 these things with. I probably did at the time.

9 **a.** What about the physician's responsible for
10 the delivery?

11 A. I did not talk about it with him.

12 Q. Since the birth of Michael Dixon have you
13 ever had any discussions with any of the residents
14 or attendings who were involved in the management
15 of labor and delivery?

16 A. Not one.

17 Q. Never?

18 A. Never.

19 Q. Did you ever investigate the cause of
20 brachial plexus injuries in connection with your
21 studies after Michael Dixon was born?

22 MR. NORCHI: Objection. Go
23 ahead.

24 A. Did I ever read about it?

25 Q. Yes.

1 A. Yes, I read about it a little.

2 Q. I'm trying to figure out if this particular
3 situation involving a baby with a brachial plexus
4 palsy prompted you to learn more about it since you
5 would have been involved with a patient who had
6 that condition?

7 A. It did.

8 Q. So it at least caused some intellectual
9 curiosity on your part learning about the type of
10 condition?

11 A. And I had read about it a little.

12 Q. After his birth or after you first examined
13 him?

14 A. Either one. I don't remember specifically
15 which.

16 Q. In connection with your intellectual
17 curiosity about this particular condition, you
18 didn't -- you weren't interested in talking to the
19 doctors who delivered the baby about it?

20 A. I may have been interested but not have gone
21 to the effort to track them down.

22 Q. Have you ever done that with a patient?

23 A. Done what?

24 Q. Learned about a particular injury or
25 condition that the patient had, then because you

1 were curious about it in connection with your
2 studies went to talk to the doctor who attended to
3 that particular patient?

4 A. Numerous times.

5 Q. Is there any particular reason why you didn't
6 do that in this particular case, actually go back
7 and talk?

8 A. Yes, because I had almost no relationship
9 with the people who delivered the baby. I met them
10 maybe five minutes before, I didn't know their
11 names. Then after the baby was delivered, they all
12 leave.

13 Q. At any point after the baby's birth did you
14 prepare any notes that would not be contained
15 within the charts?

16 A. I don't think I did.

17 Q. Did you ever write any information or record
18 data about research that you did about brachial
19 plexus palsy?

20 A. No, I just read about it, did not record what
21 I read.

22 Q. You don't have a personal journal or log
23 regarding your studies or patients that you were
24 seeing?

25 A. Yes, but she is not in there.

1 Q. She is not in there at all?

2 A. No.

3 Q. How do you know that?

4 A. I didn't start keeping it until after this
5 encounter.

6 Q. Is there any memoranda that you have prepared
7 for any purpose that pertains in any way to your
8 involvement with Monica Dixon or Michael Dixon?

9 A. No.

10 Q. None?

11 A. None.

12 Q. Since Michael's birth have any of the
13 physicians who were involved in the management of
14 Monica's labor and the delivery of Michael
15 contacted you to discuss your understanding of the
16 events that occurred?

17 A. Not one.

18 Q. After your last examination of Michael in
19 April of 1995, did you ever see him again?

20 A. I don't know when that examination was, can
21 you show me documentation?

22 Q. Sure. According to the chart I have you
23 examined Michael on 4-10-96.

24 A. What page is that on?

25 Q. On page 35.

1 A. Your question is?

2 Q. After that date, 4-10-96, did you ever see
3 Michael again?

4 A. I don't recall seeing him again.

5 Q. I notice that in some of the notes prepared
6 after the date when you last saw him there is
7 information about a slight protrusion of Michael's
8 left scapula. I'm wondering if you ever observed
9 that condition?

10 A. No, I did not.

11 Q. Do you know what scapular winging is?

12 A. Scapular what?

13 Q. Winging?

14 A. Yes.

15 Q. Did you observe that condition in Michael?

16 A. I may have, but I don't remember.

17 Q. After 4-10-96 did you ever have any contact
18 with Monica Dixon?

19 A. Yes.

20 Q. Do you recall when that was?

21 A. She mans the entrance and exit to the parking
22 garage.

23 Q. She what?

24 A. Mans, works at the entrance of the parking
25 garage I parked in. As I drove through I would say

1 hi. I would ask how Michael was, she would say
2 fine, or we had a birthday party for him, small
3 talk.

4 Q. Did she indicate to you during any of the
5 conversations information about his physical
6 condition?

7 A. She did not relate to me how his arm was
8 doing.

9 Q. Did you ask how it was doing?

10 A. No.

11 Q. Did you discuss anything with her about her
12 medical treatment or the medical care she received?

13 A. No.

14 Q. Did she mention anything to you about a
15 lawsuit?

16 A. No.

17 Q. When did you first learn about the existence
18 of a lawsuit?

19 A. When I got a letter in the mail from
20 Davis & Young.

21 Q. Which was fairly recently?

22 A. A month or two ago.

23 MR. CULLERS: Let me look
24 over my notes, we will be done in a couple
25 minutes.

1 I have a couple more questions.

2 Q. I asked you a lot of detailed questions about
3 your examination and information that you put in
4 the chart on 3-29-95; do you recall all that?

5 A. Yes.

6 Q. That was the first well child care visit for
7 Michael Dixon?

8 A. Yes.

9 Q. Was that the first patient you had ever
10 examined?

11 A. No.

12 Q. How many patients had you examined before
13 March 29, 1995?

14 A. 40.

15 Q. Was that the first infant that you had
16 examined?

17 A. No.

18 Q. Had you ever had a clinical patient that you
19 were following before Michael and Monica Dixon?

20 A. You mean an extended relationship?

21 a. Yes.

22 A. No.

23 Q. Is there some other form in which you were
24 involved with clinical patients that didn't involve
25 an extended relationship?

1 A. Yes.

2 Q. What was the nature of that involvement?

3 A. I worked for a month in the endocrinology
4 clinic with Dr. Kerr, a different professor at the
5 school. To the best of my belief that occurred
6 before this delivery.

7 Q. Is that where you saw the 40 patients you
8 talk about?

9 A. Yes.

10 Q. Was there any other clinical experiences you
11 had other than the endocrinology clinic that
12 involved your interaction with patients before you
13 became involved with Monica and Michael Dixon?

14 A. Not that I remember right now.

15 Q. At that time when you became involved in

A. Yes.

Q.
before?

A. Never.

waiver?

1 being prepared by the court reporter for accuracy.
2 Not only typing up words, accuracy in your
3 testimony. I would suggest that you obtain a copy
4 of your transcript, it's an interesting experience,
5 part of your education. I suggest you don't waive
6 signature, read the transcript.

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ERRATA SHEET

NOTATION

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I have read the foregoing
transcript and the same is true and accurate,

.....

TODD RAMBASEK, M.D.


1 The State of Ohio,
2 County of Cuyahoga.

CERTIFICATE:

3 I, Constance Campbell, Notary Public within
4 and for the State of Ohio, do hereby certify that
5 the within named witness, TODD RAMBASEK, M.D. was
6 by me first duly sworn to testify the truth in the
7 cause aforesaid; that the testimony then given was
8 reduced by me to stenotypy in the presence of said
9 witness, subsequently transcribed onto a computer
10 under my direction, and that the foregoing is a
11 true and correct transcript of the testimony so
12 given as aforesaid.

13 I do further certify that this deposition was
14 taken at the time and place as specified in the
15 foregoing caption, and that I am not a relative,
16 counsel or attorney of either party, or otherwise
17 interested in the outcome of this action.

18 IN WITNESS WHEREOF, I have hereunto set my
19 hand and affixed my seal of office at Cleveland,
20 Ohio, this 24th day of September, 1998.

21 
22 -----

23 Constance Campbell, Stenographic Reporter,
24 Notary Public/State of Ohio.

25 Commission expiration: January 14, 2003.

Look-See Concordance Report

 UNIQUE WORDS: **1,147**
 TOTAL OCCURRENCES: **4,409**
 NOISE WORDS: **385**
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COLLOQUY
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 DATES **ON**

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 MAXIMUM TRACKED OCCURRENCE
 THRESHOLD: **50**

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