

COMMONWEALTH OF KENTUCKY
MCCRACKEN CIRCUIT COURT
DIVISION I
CIVIL ACTION NO.: 15-CI-00362

Electronically Filed

ROXANNE PRIDEMORE, INDIVIDUALLY AND AS THE PLAINTIFF
ADMINISTRATRIX OF THE ESTATE OF LARRY PRIDEMORE, SR.

v. **PLAINTIFF'S DISCLOSURE OF PRIMARY AND CAUSATION**
EXPERT WITNESSES

MERCY HEALTH PARTNERS-LOURDES, INC.;
D/B/A LOURDES HOSPITAL, INC, ET AL. DEFENDANTS

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Plaintiff, Roxanne Pridemore, individually, and as Administratrix of the Estate of Larry Pridemore, Sr. ("Plaintiff"), by counsel, and in supplementation of prior discovery responses herein, and in compliance with this Court's November 12, 2020 Agreed Scheduling Order, identify the following persons who may be called to testify as expert witnesses at the trial of this matter:

1. **David Goldstein, MD**
2052 Ben Franklin Drive, #801
Sarasota, Florida 34236

Dr. Goldstein is a practicing Hospitalist who is Board-Certified in Internal Medicine and Pulmonary Medicine. He practices as a Hospitalist in Sarasota, Florida. A copy of his *curriculum vitae* summarizing his education, training, and experience is attached hereto as **Exhibit 1**.

Based upon his education, training, and experience, and his review of Larry Pridemore, Sr.'s ("Mr. Pridemore") medical and hospital records, and the depositions taken herein, he is expected to testify as follows:

Defendants, Mercy Health Partners-Lourdes, Inc., d/b/a Lourdes Hospital, Inc ("Lourdes Hospital"), acting by and through its staff and its supervision of the nursing staff, and Defendant physician, Steven McCullough, D.O. ("Dr. McCullough"), failed to comply with the applicable

standard of care and failed to act as reasonably prudent and competent hospital and internist/hospitalist under the same or similar circumstances in the care and treatment of Mr. Pridemore. Dr. Goldstein is also expected to testify that Lourdes Hospital's and Dr. McCullough's failures to comply with the standard of care were a substantial factor in causing Mr. Pridemore's profound, anoxic brain injury which led to his untimely death.

To a reasonable medical probability, if Mr. Pridemore had been appropriately monitored after administration of sedatives, including the removal of the four-point and chest restraints, recommencing of telemetry equipment, pulse oximeters, and received the 1:1 observation by the nursing staff (or transferred to the Critical Cardiac Unit "CCU" or Intensive Care Unit "ICU"), Mr. Pridemore would not have suffered a profound, anoxic brain injury on May 22, 2014 and subsequently died on May 27, 2014.

It is Dr. Goldstein's opinion that Dr. McCullough violated the standard of care of a reasonable and prudent hospitalist, and that breach was a substantial cause of Mr. Pridemore's profound, anoxic brain injury and subsequent death. Specifically, Dr. McCullough breached the standard of care by:

- Failing to properly assess Mr. Pridemore prior to signing an order for four-point and chest restraints. Had Dr. McCullough acted as a reasonable and prudent hospitalist, he would have been at Mr. Pridemore's bedside to assess his state of agitation to determine if restraints were necessary, and what precautions were necessary if he deemed restraints appropriate;
- Failing to discontinue the use of restraints once Mr. Pridemore had calmed down following the administration of sedative medications;
- Failing to monitor oxygen levels and to order supplemental oxygen as necessary following administration of sedatives, as Mr. Pridemore's blood oxygen saturation levels were below normal even before the sedatives were administered;
- Failing to initiate 1:1 patient observation or to transfer Mr. Pridemore to the ICU or CCU where he would have received the appropriate level of monitoring, after the orders were given to place him in four-point and chest restraints and to administer sedatives; and

- Administering multiple sedatives on a patient with unstable vital signs and respiratory issues without monitoring and/or direct observation.

It is Dr. Goldstein's opinion that Lourdes Hospital, acting by and through its nursing staff and its supervision of nursing staff, violated the standard of care of a reasonable and prudent hospital, and that breach was a substantial cause of Mr. Pridemore's profound, anoxic brain injury and subsequent death. Specifically, Lourdes Hospital breached the standard of care by:

- Failing to closely observe and monitor Mr. Pridemore following the orders for restraints and sedatives;
- Failing to advocate for Mr. Pridemore, by challenging Dr. McCullough's orders for sedatives and restraints for 24-hours without the appropriate level of observation;
- Failing to recommence use of telemetry equipment and pulse oximeters to monitor Dr. McCullough's vital signs;
- Failing to provide Mr. Pridemore with a "sitter" who would have sat in Mr. Pridemore's room to monitor his condition; and
- Relying on family members, who have no medical training, to observe and monitor a patient's health.

To a reasonable medical probability, it is Dr. Goldstein's opinion that Mr. Pridemore went into cardiorespiratory arrest as a result of the administration of Ativan and Haldol and not because of his underlying health condition. The sedatives, which played no role in treating Mr. Pridemore's underlying health conditions, coupled with Mr. Pridemore's diagnosis of pneumonia and associated compromised respiratory function, caused Mr. Pridemore to stop breathing. Since Dr. McCullough failed to take the appropriate actions to assure that Mr. Pridemore was monitored following the administration of the sedatives, both in using telemetry equipment and 1:1 nursing monitoring, and because the Lourdes Hospital nursing staff failed to advocate for Mr. Pridemore and challenge Dr. McCullough's orders by taking the appropriate actions to keep Mr. Pridemore safe, Mr. Pridemore was left unattended in his room, fully restrained in a supine position, with no means to call for help and went into cardio-respiratory arrest. As a result of this breach of the

standard of care, it is Dr. Goldstein's opinion that Mr. Pridemore went without oxygen for a significant period of time; long enough to cause irreversible, and severe, brain damage.

To a reasonable medical probability, had Dr. McCullough either ordered direct observation of Mr. Pridemore following administration of the sedatives, or transferred him to the ICU or CCU, either a nurse would have noticed Mr. Pridemore's shallow respirations prior to his cardio-respiratory arrest or the changes on a heart monitor or oxygen monitor would have alerted the medical providers of such impending cardio-respiratory distress. With such prompt observation and notification of Mr. Pridemore's condition, the Lourdes Hospital medical providers would have been able to immediately and rapidly respond. Had Mr. Pridemore's cardio-respiratory arrest been discovered sooner, the Lourdes Hospital medical care providers could have taken the necessary action to treat Mr. Pridemore's cardio-respiratory arrest and prevented his profound, anoxic brain injury which ultimately resulted in his untimely death.

Dr. Goldstein's opinions are stated to a reasonable medical probability.

Plaintiff reserves the right to supplement and/or amend Dr. Goldstein's disclosure pending further discovery herein.

2. **Stephanie Iseri, RN, BSN, CMSRN, LNC**
1473 Ginden Court
Campbell, California 95008-4401

Stephanie Iseri is a Certified Medical-Surgical Registered Nurse. She is currently employed as a Staff Nurse II at Kaiser Permanente Hospital in Santa Clara, California. A copy of her *curriculum vitae* is attached hereto as **Exhibit 2**.

Based upon her education, training, and experience, and her review of Mr. Pridemore's medical and hospital records and the depositions taken herein, Nurse Iseri is expected to testify that Defendant Lourdes Hospital, acting by and through its staff and its supervision of the nursing

staff, failed to comply with the applicable standard of care and failed to act as reasonably prudent and competent nurses under the same or similar circumstances.

More specifically, it is Nurse Iseri's opinion that Defendant Lourdes Hospital's nursing staff violated the standard of care during Mr. Pridemore's admission by:

- Failing to evaluate, monitor, and directly observe Mr. Pridemore despite his known respiratory issues (including the diagnosis of pneumonia, a known medical history of sleep apnea, and coronary artery disease), his agitated state, and unstable vital signs prior to and after the administration of sedative medications;
- Failing to properly notify the attending physician, Dr. Steven McCullough, of changes to Mr. Pridemore's status, including, but not limited to, increased agitation and vital sign changes;
- Failing to provide intensive nursing care, including 1:1 nursing and/or having a "sitter" in the patient's room for continuous monitoring and observation and/or placing Mr. Pridemore in a room where nurses at a nursing station may continuously monitor and observe the patient;
- Permitting the administration of multiple sedative medications (such as Ativan and Haldol) to Mr. Pridemore without providing appropriate nursing monitoring and/or continuous nursing observation;
- Failing to insist, and advocate for, the attending physician, Dr. Steven McCullough, to come to Mr. Pridemore's bedside to evaluate and monitor him in person prior to entering an order of sedative medications when it was known Mr. Pridemore was exhibiting increased agitation and changes in his vital signs;
- Failing to provide intensive nursing care, including 1:1 nursing and/or having a "sitter" in the patient's room for continuous monitoring and observation and/or placing Mr. Pridemore in a room closer to the nursing station where nurses could continuously monitor and observe him after the administration of multiple sedative medications and the placement of four point and vest restraints;
- Failing to remove the four point and vest restraints placed on Mr. Pridemore after his agitated state decreased (due to the sedative medications or otherwise) because someone in restraints is unable to call for help when respiratory distress occurs;
- Failing to recommence cardiac telemetry monitoring after Mr. Pridemore's agitated state decreased (due to the sedative medications or otherwise) which would have alerted the nursing staff to Mr. Pridemore's cardio-respiratory arrest and hastened response times;
- Expecting Mr. Pridemore's spouse, Roxanne Pridemore, an untrained medical caregiver, to monitor her husband's health; and

- Failing to reapply oxygen and to implement use of continuous oxygen saturation monitoring or pulse oximetry after the administration of sedative medications.

Nurse Iseri's opinions are stated to a reasonable medical probability.

Plaintiff reserves the right to supplement and/or amend Nurse Iseri's disclosure pending further discovery herein.

3. **Mary Jane Smith, MSN, MA, RN, BC**
216 Cherokee Road
P.O. Box 12724
Pittsburgh, Pennsylvania 15241

Mary Jane Smith is a Registered Nurse who is licensed to practice in the Commonwealth of Pennsylvania. She is an emeritus Professor of Nursing at the Community College of Allegheny County in Pittsburgh, Pennsylvania. She has extensive clinical experience including cardiothoracic, vascular, orthopedic, neurologic and general experience and has cared for patients with a wide range of medical conditions. Her *curriculum vitae* is attached hereto as **Exhibit 3**.

Based upon her education, training, and experience, and her review of Mr. Pridemore's medical and hospital records, and the deposition testimony herein, Nurse Smith is expected to testify that Defendant Lourdes Hospital, acting by and through its staff and its supervision of the nursing staff, failed to comply with the applicable standard of care and failed to act as reasonably prudent and competent nurses under the same or similar circumstances.

It is Nurse Smith's opinion that Defendant Lourdes Hospital's nursing staff violated the standard of care after Larry Pridemore was placed in restraints. The use of a vest restraint, in addition to four-point restraints, was not only unnecessary, but dangerous given Mr. Pridemore's medical condition. Given the types of restraints ordered, the nurses should have insisted that Dr. McCullough come to see Mr. Pridemore at bedside to determine if and which restraints were, in fact, necessary and what precautions were necessary if the physician deemed restraints appropriate. Defendant Lourdes Hospital knew that Mr. Pridemore had a history of coronary artery disease,

sleep apnea and was admitted to the hospital in part due to a diagnosis of pneumonia. The use of a vest restraint restricts a patient's breathing, and it inhibits the nurses' ability to put telemetry monitoring devices on the patient. Lourdes Hospital's nursing staff should have known the dangers of placing Mr. Pridemore into a vest restraint device and should have advocated against its use.

It is Nurse Smith's opinion that the Lourdes Hospital nursing staff failed to properly monitor Mr. Pridemore after he was placed in restraints and given sedative medications. The nursing staff failed to recommence telemetry devices to monitor Mr. Pridemore's condition and failed to place a sitter in his room or transfer him to the Critical Cardiac Unit ("CCU"). The nursing staff left Mr. Pridemore in his room unattended, with no medical devices in place to monitor his condition, all while he was restrained with restraints on his wrists, ankles, and chest. These actions were a violation of the standard of care. The nursing staff should have, at a minimum, recommenced telemetry monitoring, placed a pulse oximeter on Mr. Pridemore, and provided him with supplemental oxygen. It is below the standard of care to expect a family member to monitor the health of one of Lourdes' Hospital's patients.

Nurse Smith is also expected to testify that the Lourdes Hospital nursing staff failed to report unstable vital signs to the attending hospitalist physician, Dr. McCullough, prior to, and in the context of, the giving of orders to use restraints and administer sedative medications. More specifically, at or around 9:00 p.m. May 22, 2014, Mr. Pridemore's heart rate was extremely elevated (170 bpm) in addition to having borderline oxygen saturation levels. Such marked changes in vital signs should have been reported to Dr. McCullough to ensure the attending physician was more attentive to Mr. Pridemore's care prior to and in the context of ordering the use of restraints and the administration of sedative medications to this patient.

Nurse Smith is further expected to testify that the delay in beginning resuscitation efforts also violated the standard of care. The nurse who was alerted to Mr. Pridemore's condition testified that she left Mr. Pridemore's room to obtain the "crash cart." This nurse should have immediately begun resuscitation efforts and relied on other nurses to obtain the crash cart.

Not only is it Nurse Smith's opinion that Mr. Pridemore should have been monitored following the administration of the sedatives, but Nurse Smith will also opine that the Lourdes Hospital nursing staff failed to begin resuscitation efforts after learning Mr. Pridemore was in distress.

Nurse Smith's opinions are stated to a reasonably medical probability.

Plaintiff reserves the right to supplement and/or amend Nurse Smith's disclosure pending further discovery herein.

4. Although not retained experts, Plaintiff reserves the right to elicit opinion testimony from Defendant, Dr. Steven McCullough. Dr. McCullough is expected to testify consistent with his deposition testimony which has been taken and/or with his medical records which have been previously produced and/or otherwise available to the Defendants herein.

5. Although not retained experts, Plaintiff reserves the right to elicit opinion testimony from any of Mr. Pridemore's treating physicians, nurses, and/or other healthcare providers who provided care and treatment to him in May of 2014, including, but not limited to, treating physicians, nurses, and/or other healthcare providers who provided care at Trigg County Hospital, at Trigg County Hospital Primary Care, and at Lourdes Hospital during his admission from May 21, 2014, up to and including May 27, 2014, including, but not limited to, Drs. Rebecca Spencer, Brian Hawkins, Jonathan Wilkerson, Keith Kelly, William Hogancamp, and William Skinner. Said physicians, nurses, and/or healthcare providers are expected to testify consistent with their medical

and/or other records which have been previously produced or are otherwise available to the Defendants and consistent with their deposition testimony given herein, if any.

6. Plaintiff reserves the right to elicit opinion testimony from any expert witness identified by the Defendants herein.

Plaintiff reserves the right to identify additional experts pending further discovery herein and/or for good cause shown, and/or for rebuttal.

Plaintiff's experts will be made available for deposition testimony to further explain their opinions with the understanding that defense experts will also be made available for deposition testimony.

Respectfully submitted,

/s/Michael R. Hasken

Paul A. Casi, II (#85389)

Jeff W. Adamson (#91548)

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Counsel for Plaintiffs

CERTIFICATE OF SERVICE

It is hereby certified that the foregoing was filed with the above Court electronically via the Kentucky Courtnet 2.0 eFiling system on the 30th day of April, 2021.

This is to further certify a true and correct copy of the foregoing was served by electronic mail on this the 30th day of April, 2021, to the following:

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/s/ Michael R. Hasken

Michael R. Hasken

EXHIBIT 1

CURRICULUM VITAE

01/04/2021

David H. Goldstein, M.D.

BACKGROUND:

Born: Winnipeg, Manitoba, Canada

Citizenship: United States Citizen

Marital Status: Married

Children: Two

EDUCATION:

1976 Bachelor of Science-Research Medicine
University of Manitoba, Winnipeg, Manitoba, Canada

1976 Doctor of Medicine
University of Manitoba, Winnipeg, Manitoba, Canada

HOSPITAL AND ACADEMIC POSITIONS:

1976-77 Medical Intern-Peter Bent Brigham Hospital
Harvard Medical School-Boston, Massachusetts

1977-78 Junior Resident-Medicine-Peter Bent Brigham Hospital
Harvard Medical School-Boston, Massachusetts

1978-79 Senior Resident-Medicine-Peter Bent Brigham Hospital-
Harvard Medical School-Boston, Massachusetts

1977-78 Pulmonary Fellow-Harvard School of Public Health-
Harvard Medical School-Boston, Massachusetts

1979-80 Pulmonary Fellow-Peter Bent Brigham Hospital-
Harvard Medical School-Boston, Massachusetts

2012-14 Lead Physician SMH Hospitalist Program

Currently: Assistant Clinical Professor of Internal Medicine, Florida State University Medical School
since 04/10/2006

Currently: Assistant Clinical Professor of Pulmonary Medicine, Florida State University Medical School
since 04/10/2006

Currently: Assistant Clinical Professor of Hospitalist Medicine, Florida State University Medical School
since 04/10/2006

Currently: Hospitalist at Sarasota Memorial Hospital since 11/01/2005

OTHER ACTIVITIES:

Wound Care and Hyperbaric Medicine Certification April 2005

2004-2005 Private Practice Wound and Hyperbaric Medicine at Memorial Hospital
Wound Center, Tampa, Florida

1980-2005 Private Practice-Pulmonary Medicine and Internal Medicine,
Tampa, Florida

1993-2002 Chief Financial Officer Tampa Medical Research Associates,
Inc., Tampa, Florida

1984- 1994 Review coal miner's pneumoconiosis cases for Department of
Labor. Reviewed over 100 cases.

EXAMINATIONS:

<u>Examinations</u>	<u>Place Written</u>	<u>Date Passed</u>
LMCC Winnipeg		1976
National Board Exams	Boston	1979
American Board of Internal Medicine	Miami	1980
American Board of Pulmonary Medicine	Tampa	1982

AWARDS:

<u>Name</u>	<u>Date Received</u>
Governor General's Award of Canada	June 1970
Actuarial Award of Manitoba	June 1970
Manitoba Centennial Scholarship	June 1970
Buller Biology Award	June 1971
First Standing Scholarship (Science)	June 1972
Research Thesis Award (Medicine)	June 1974
Research Presentation Award (Medicine)	June 1974
Gold Medal Medical Achievement	June 1976

PRESENTATIONS:

<u>Title</u>	<u>Place</u>	<u>Date</u>
"Importance of Phase Angle in the Measure of Forced Oscillatory Impedance"	UTMB (Galveston)	April 1975
"Total Respiratory Impedance Immediately after Panting"	FASEB (Dallas)	April 1979
"Use of Magnetometers to Volume Reference Flow-Volume Curves"	ATS (Las Vegas)	May 1979

LICENSURE: Florida-Medical Doctor #ME 0035805

PUBLICATIONS:

A.J. Ross, M.D. Raber, B.W. Kirk, D.H. Goldstein: Direct Readout of Respiratory Impedance. Medical and Biological Engineering, September 1976, pp. 558-564.

D.H. Goldstein, J. Mead: Total Respiratory Impedance After Panting. Abstract, Federation Proceedings, April 1979, #6417, pp. 1445.

D.H. Goldstein, J. Mead: The use of Magnetometers to Volume-Reference Flow Volume Curves. Abstract, American Thoracic Society Proceedings, May, 1979, pp. 312.

D.H. Goldstein, J. Mead: Total Respiratory Impedance After Panting. The Journal of Applied Physiology, 1980, pp. 1024-1028.

D.H. Goldstein, J. Mead: Use of Magnetometers of Flow-Reference Flow Volume Curves. The Journal of Applied Physiology, 1980, pp. 731-736.

T. H. Rossing, C.H. Fanta, D. H. Goldstein, J.R. Snapper, E.R. McFadden, Jr.: Emergency Therapy of Asthma: Comparison of the Acute Effects of Parenteral and Inhaled Sympathomimetic and Infused Aminophylline. American Review of Respiratory Disease, Volume 122, 1980, pp. 365-371

D.H. Goldstein, As.S. Slutsky, R. H. Ingram, Jr., P. Westerman, J. Venegas and J Drazen: CO2 Elimination by High Frequency Ventilation (4-10Hz. In Normal Human Subjects. American Review of Respiratory Disease. March 1981, Volume 12, Number 3, pp. 251-255.

INVESTIGATIONAL ACTIVITIES:

1987-1988	Nifedipine GITS investigational hypertension drug study. Pfizer Pharmaceuticals
1988-1990	Azelastine investigational asthma drug study. Wallace Pharmaceuticals
1989-1990	Nifedipine single dose investigational hypertensive drug study. Miles Pharmaceuticals
1989-1990	Cefaclor A.F. vs Cefaclor in various bacterial infections. Eli Lilly Pharmaceuticals

1990-1992	Double blind, randomized trial comparing effects of Captopril and Enalapril on Quality of Life in older hypertensive patients. Squibb Pharmaceuticals
1990-1991	Cefpodoxime Proxetil vs Cefaclor in treatment of "community acquired" pneumonia. Upjohn Pharmaceuticals
1990-1991	Multiple comparisons of the combination of Ipratropium Bromide and Albuterol with its components in a 12-week parallel study in adults with COPD. Boehringer-Ingelheim Pharmaceuticals
1990-1991	Safety of once daily Nisoldipine Coat-core 20mg., 40mg., and 60 mg. tablets vs placebo in patients with stable exertional angina pectoris. Miles Pharmaceuticals
1991-1991	Comparative safety and efficacy of Clarithromycin and Cefaclor in treatment of acute exacerbation of bronchitis. Abbott Labs
1991-1991	Treatment of Rheumatoid or Osteo-Arthritis, NSAIDS vs Nabumetone. SmithKline Beecham
1991-1992	Double blind study of efficacy of injectable Calcitonin in treatment of glucocorticoid-induced osteoporosis. Rhone-Poulenc Rorer
1991-1992	A double-blind, multiple-dose, crossover, dose comparison trial of Formoterol Suspension Aerosol vs Placebo in patients with reversible obstructive airways disease. Ciba-Geigy
1991-1992	Dose Ranging: Six Weeks' Therapy with oral ICI204,219 in bronchial asthma. ICI Pharmaceuticals
1991-1993	Study of efficacy, safety and tolerability of short course therapy with Azithromycin in treatment of upper and lower respiratory tract infections. Pfizer Labs
1992-1993	Double-blind, randomized multi-center study of C1983 in the treatment of community-acquired bacterial pneumonia. Parke-Davis
1992-1993	Loracarbef vs Cefitin in acute exacerbation of chronic bronchitis. Lilly
1992-1993	Multi-center, double-blind, placebo controlled Phase II study to evaluate Safety and efficacy of aerosolized rhDNase in hospitalized patients with chronic bronchitis experiencing an acute exacerbation. Genentech
1992-1994	Double-blind, Phase III evaluation of Doxophylline, Theophylline and placebo in patients with reversible asthma. Roberts Pharmaceuticals
1992-1994	Phase III study of effects of Zileuton 400 mg. q.i.d. and 600 mg. q.i.d. vs Theophylline in treatment of moderate asthma. Abbott Labs

1993-1993	Phase II study of safety and efficacy of aerosolized rhDNase in patients with bronchiectasis. Genentech
1993-1994	Comparison of efficacy, safety and tolerance of Ceftibuten 300 mg. b.i.d. and Augmentin 500 mg. t.i.d. in treatment of community-acquired pneumonia. Schering-Plough
1993-1994	Comparison and efficacy, safety and tolerance of Ceftibuten 400mg. in fed and fasted state and Augmentin Amoxicillin/Clavulanate in treatment of acute exacerbation of chronic bronchitis. Schering Plough
1993-1994	A prospective, randomized, double-blind comparative study of Ciprofloxacin and Cefuroxime Axetil in treatment of acute bacterial exacerbation of chronic bronchitis. Miles
8/93-10/93	A dose Response Study of in asthma. Rhone-Poulenc Rorer
9/93-12/94	Insomnia treatment study comparing Triazolam and Temazepam. Upjohn
10/93-1/94	Double-blind, placebo controlled, parallel group study to evaluate two (2) dose levels (10 & 20mg.) of intranasal Sumatriptan in acute treatment of a migraine attack. Glaxo
11/93-11/94	Multi-center, randomized, double-blind, placebo controlled, parallel group study of the safety of inhaled corticosteroid sparing effect of Azelastine in inhaled corticosteroid-dependent asthmatics. Wallace Pharmaceuticals
11/93-4/95	Double-blinded, randomized, multi-center clinical trial comparison of safety and efficacy of Ciprofloxacin vs. Clarithromycin in treatment of patients with an acute exacerbation of chronic bronchitis. Miles Pharmaceuticals
11/93-2/95	Double-blinded, randomized, multi-center clinical trial comparison of safety and efficacy of Ciprofloxacin vs. Clarithromycin in treatment of patients with acute sinusitis. Miles Pharmaceuticals
11/93-1996	Randomized, placebo-controlled trial of E5 Antiendotoxin Monoclonal antibody in patients with severe sepsis. Pfizer
11/93-1996	Three-arm comparison trial for treatment of MAC Bacteremia in AIDS: a Clarithromycin/Ethambutol regimen containing Rifabutin 900 mg. or 600 mg. or placebo. Adria
2/94-9/94	Randomized, double-blinded, double-dummy, placebo-controlled, comparative clinical trial of Salmeterol via multi-dose powder inhaler vs Salmeterol via Diskhaler for four weeks in adolescent and adult subjects with mild to moderate asthma. (SLGA2004) Glaxo
3/94-10/94	Randomized, double-blind trial comparing 10 days oral therapy with CP-99,219 or cefaclor for the treatment of uncomplicated, community acquired pneumonia. Pfizer

- 3/94-7/94 Randomized, double-blind trial comparing 10 days oral therapy with CP-99, 19 or ofloxacin for the treatment of acute exacerbation of chronic bronchitis. **Pfizer**
- 6/94-1/95 Dose ranging study of oral Bidisomide vs. placebo in reducing the recurrence of symptomatic supraventricular tachycardia. **Searle**
- 7/94-1/95 Randomized, double-blind, placebo controlled study to evaluate headache pain relief with Sumatriptan Nasal Spray 5mg., 10mg., and 20mg. across three migraine attacks. **Glaxo, Inc.**
- 11/94-9/95 Multinational, multi-center, double-blind, placebo controlled Phase III study to evaluate efficacy and safety of aerosolized recombinant human DNase I in hospitalized patients with chronic obstructive pulmonary disease experiencing a pulmonary exacerbation. **Genentech**
- 1/95-1/96 Multiple dose comparison of Ipratropium Bromide HFA-134a and Ipratropium Bromide CFC in a 12-week, double-blind, parallel group study in adults with chronic obstructive pulmonary disease. **Boehringer-Ingelheim.**
- 11/94-4/95 A two-way crossover clinical study of two Beclomethasone Dipropionate metered-dose inhalers in the treatment of stable, steroid-dependent asthma. **Novopharm**
- 7/95-1/96 A twelve-week, double-blind, parallel group trial comparing the safety, tolerability and efficacy of Formoterol Dry Powder Capsules for inhalation delivered by a single-dose I Inhaler vs Albuterol Metered-Dose Inhaler (MDI) vs placebo in patients with mild to moderate asthma. **Ciba-Geigy**
- 8/95-7/96 A randomized, double-blind, double-dummy, comparative clinical trial of Salmeterol 50mcg. b.i.d. via the Diskus and Salmeterol 50 mcg. b.i.d. via the metered-dose inhaler vs placebo for twelve weeks in adolescent and adult subjects with mild to moderate asthma. (SLGA3011) **Glaxo-Wellcome**
- 8/95-2/98 A randomized, double blind, placebo-controlled, 4X5 factorial trial of Telmisartan and Hydrochlorothiazide in patients with mild to moderate essential hypertension. **Boehringer-Ingelheim**
- 6/95-12/96 A randomized, double-blind, placebo controlled crossover study to evaluate the efficacy of oral Naratriptan in the acute treatment of four migraine attacks. **Glaxo-Wellcome**
- 8/95-10/96 A trial of Recombinant Methionyl Human Brain-Derived Neurotrophic Factor (r-metHuBDNF) given by daily subcutaneous injection to patients with Amyotrophic Lateral Sclerosis. (ALS) **Amgen**

- 8/96-7/97 A randomized, double-blind, parallel-group, 12-week study to evaluate the safety and efficacy of switching from Albuterol 200 mcg. (180mcg. Ex-Actuator) in CFC propellant 11 and 12 administered q.i.d. to Albuterol 200 mcg. (180 mcg. Ex-Actuator) in GR 106642X propellant administered q.i.d. and to Albuterol 200 mcg. (180 mcg. Ex-Actuator) in GR 106642X propellant administered as needed in adult subjects with asthma. (SALA3002) **Glaxo Wellcome Inc.**
- 11/96-2/98 Prospective, Randomized, Double-Blind Comparison of the Safety and Efficacy of Bay 12-8039 400mg QD X 10 Days vs. 400mg QD X 5 days vs. Clarithromycin 500mg BID X 10 days for the Treatment of Patients with Acute Exacerbations of Chronic Bronchitis. (D96-027) **Bayer Pharmaceuticals.**
- 9/96- 10/97 The effects of Theophylline on breathlessness and general health status in patients with chronic obstructive pulmonary disease: A multi-investigator study. **Purdue Frederick Company**
- 1/95-1996 A placebo-controlled, double-blind, dose-ranging study of Azmacort HFA-134a Oral Inhaler compared to Azmacort Oral Inhaler in the treatment of asthma. (Pr. RG 5016T-201) **Rhone-Poulenc Rorer Pharmaceuticals, Inc.**
- 11/95-7/97 A multicenter, randomized, double-blind placebo-controlled trial of Zafirlukast (Accolate) in subjects with mild to moderate asthma: 3 weeks extension. (Pr. 9188IL/0060:0011) **Zeneca Pharmaceuticals**
- 1/95-6/97 A multicenter, randomized, double-blind, parallel-group, 12-week trial comparing two doses of Zafirlukast (Accolate) in combination with low-dose inhaled Corticosteroids versus high-dose inhaled corticosteroids alone in subjects with mild-to moderate asthma. (9188IL/0094) **Zeneca Limited**
- 1/96-1/97 A six-week, double-blind, parallel-group, dose-ranging trial comparing the safety, tolerability, and efficacy of four different dose levels of Iralukast (CGP 45 715 A) dry powder capsules for inhalation versus placebo in patients with mild to moderate asthma. (Pr. 45715 01 004) **Ciba Pharmaceuticals**
- 1/96-3/96 A randomized, double-blind, double-dummy, comparative clinical trial of twelve week courses of Salmeterol Xinafoate versus Ipratropium Bromide versus Placebo (prn Ventolin) in subjects with chronic obstructive pulmonary disease. (SLGA4004) **Glaxo**
- 1996-8/97 A phase II, multi-center, double-blind, placebo-controlled study to evaluate the safety and efficacy of anti-IgE recombinant humanized monoclonal antibody (rhuMaB-E25) in patients with moderate-severe allergic asthma. (Q0694g) **Genentech, Inc.**

- 3/97-11/98 A 12-month, double-blind, between-patient, placebo-controlled trial comparing the safety, tolerability and efficacy of 12ug and 24ug twice-daily Formoterol dry powder capsules for inhalation delivered by a single-dose inhaler (Aeroliser™) in children with asthma in need of daily treatment with inhaled bronchodilators and anti-inflammatory treatment. (Pr. 049) **Novartis**
- 6/97-2/98 A Comparison of Salmeterol Versus Theophylline Versus Salmeterol plus Theophylline in COPD patients. (SLGA4020) **Glaxo-Wellcome**
- 7/97-3/99 A Randomized, Double-Blind, Placebo-Controlled Comparative Trial of Fluticasone Propionate 440mcg BID or 880mcg BID versus Placebo Administered Via Metered Dose Inhaler in Propellant 11/12 or GR106642X in Adolescent and Adult Oral Corticosteroid-Dependent Asthmatics. (FLTA3022) **Glaxo-Wellcome**
- 11/97-2/98 A 12-week Comparison of Daily Doses of 100mcg and 200mcg of HFA-134A Beclomethasone Dipropionate (BDP) versus Placebo in Pediatric Patients with Symptomatic Asthma. (1167-BRON) **3M Pharmaceuticals**
- 10/97-12/97 A Randomized, Double-Blind, Parallel Group, Comparison of Inhaled Salmeterol Xinafoate (42mcg BID) With Oral Zafirlukast (20mg BID) in Subjects with Mild to Moderate Asthma. (SLGA5025) **Glaxo-Wellcome**
- 11/97-3/99 A Randomized, Between-Patient Trial Comparing Two doses of Inhaled Formoterol Fumarate Dry Powder (12ug and 24ug) with Placebo (Double-Blind) and with Oral Slow-Release Theophylline at Individual Doses Based on Serum Levels (Open-Label), each Administered Twice Daily for one year to Patients with Chronic Obstructive Pulmonary Disease in terms of Clinical Efficacy, Tolerability and Quality of Life. (Protocol 058) **Novartis**
- 12/97-10/98 A Randomized, Double-Blind, Double-Dummy, Parallel Group, Comparative Study of Inhaled Fluticasone Propionate 88mcg BID Versus Zafirlukast 20mg BID in Asthmatic Subjects who are Currently Receiving Low Dose Inhaled Corticosteroids. (FLTA4035) **Glaxo-Wellcome**
- 11/97-4/98 A Double-Blind, Randomized, Placebo Controlled Study of GS4104 in the Treatment of Influenza Infection. (GS-97-803) **Gilead Sciences**
- 11/97-7/98 Placebo-Controlled Efficacy and Safety Study with Long-Term Safety Evaluation of Mometasone Furoate HFA-227 Metered Dose Inhaler in the Treatment of Asthma in Subjects Previously Maintained on Inhaled Beta-Agonists. (C97-223-06) **Schering-Plough Research Institute**

- 2/9 -12/98 A Comparative Study of the Efficacy of Clarithromycin and Azithromycin for the Treatment of Patients with Acute Exacerbation of Chronic Bronchitis. (M97-766) **Abbott Labs**
- 2/98- 2/98 A Comparative Study of the Efficacy and Safety of Clarithromycin and Loracarbef for the Treatment of Patients with Secondary Bacterial Infections of Acute Bronchitis. (M97-752) **Abbott Labs**
- 2/98-2/ 98 Prospective, Randomized, Double-Blind, Comparison of the Safety and Efficacy of Oral Moxifloxacin (Bay 12-8039) 400mg QD for Ten Days Versus Oral Cefuroxime Axetil 250mg BID for Ten Days For the Treatment of Patients with Acute Bacterial Maxillary Sinusitis. (Protocol 100107) **Bayer Corp.**
- 5/98-1/99 Dose Response Comparison of HFA-134a Beclomethasone Autohaler™ Inhalation Device with HFA-134a Beclomethasone Press & Breathe MDI In Patients with Asthma. (1273-BRON) **3M Pharmaceuticals**
- 6/98-11/98 Study to Evaluate the Effect of EM574 5mg QID, 10mg TID, 20mg BID versus Placebo in Females with Non-Erosive Gastroesophageal Reflux Disease. (EM97032) **TAP Holdings.**
- 7/98-6/99 A Multicenter, Randomized, Double-Blind, Comparative study of oral HMR3647 (800mg Once Daily) versus oral Cefuroxime Axetil (500mg Twice Daily) for Outpatient Treatment of Acute Exacerbation of Chronic Bronchitis in Adults. (HMR3647A/3007) **Hoechst Marion Roussell.**
- 10//98-6/99 Randomized, parallel-group, open-label, multicenter, clinical study comparing the safety, efficacy, quality of life and socioeconomic variables of twice daily formoterol powder (12ug bid) to twice daily salmeterol (50ug bid) administered for six months to adult subjects with reversible obstructive airway disease (ROAD). (Protocol 073) **Novartis**
- 9/98-4/00 A Randomized, double-blind, placebo-controlled, parallel-group Trial Evaluating the Safety and Efficacy of the DISKUS Formulations of Salmeterol 50mcg BID and Fluticasone Propionate 500mcg BID Individually and in Combination as Compared to Placebo in COPD subjects. (Protocol SFCA3006) **Glaxo-Wellcome**
- 11/98-4/99 A Multi-Center, Double-blind, Placebo-Controlled, Parallel-Group, Dose-Ranging (0.25 to 10mg) Clinical Evaluation of Oral GI262570X as a Monotherapy for 12 Weeks Duration in Subjects with Type 2 Diabetes Mellitus (Protocol PPA20005) **Glaxo-Wellcome**
- 1/99-9/99 A Randomized, Double-Blind, Double Dummy, Parallel Group Comparison of Salmeterol Xinafoate Inhalation Powder (50mcg BID) with Oral Montelukast (10mg QD) in Subjects with Persistent Asthma Symptomatic on Concomitant Inhaled Corticosteroid Therapy. (Protocol SMS40004) **Glaxo-Wellcome**

- 3/99-11/99 A Randomized, Double-Blind, Parallel Group Comparison Study of Inhaled Fluticasone Propionate (88mcg BID) Versus Montelukast Sodium (10mgQD) in Subjects Currently Receiving Beta Agonists Alone. (Protocol FLTA4038) **Glaxo-Wellcome**
- 4/99-10/99 Safety and Efficacy Study of HFA-134a Albuterol Sulfate Delivered from a Press-and-Breathe MDI, HFA-134a Albuterol Sulfate Delivered from the Autohaler™ Inhalation Device, and HFA-placebo in Patients with Asthma. (Protocol 1332-SILV) **3M Pharmaceuticals**
- 8/99-1/00 A Randomized, Double-Blind, Multicenter Study to evaluate the Tolerability and Effectiveness of Rofecoxib (MK-0966) 25mg q.d. vs. Naproxen 500mg b.i.d. in Patients with Osteoarthritis. (Protocol 102-00) **Merck**
- 8/99-2/00 Phase II Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group Study of the Efficacy, Safety, and Tolerability of Six Weeks Treatment by Oral Dosing with CJ-13,610 in Adults with Chronic Obstructive Pulmonary Disease. (Protocol A2531002) **Pfizer**
- 9/99-5/01 A Multicenter, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled, Clinical Evaluation of GI262570 Sodium Tablets (2.5mg, 5mg, 7.5mg) as a Monotherapy for 26 Weeks in Subjects with Type 2 Diabetes Mellitus. (Protocol 30013) **Glaxo-Wellcome**
- 10/99-4/01 A Multicenter, Randomized, Double-Blind, Double-Dummy, Parallel-Group, Glyburide-Controlled 12-Month Clinical Evaluation of Oral GI262570 7.5mg Alone, Micronized Glyburide 12mg Alone, or Micronized Glyburide 12mg in combination with GI262570 (2.5mg, 5mg or 7.5mg) Administered to Subjects with Type 2 Diabetes Mellitus who are Inadequately Controlled on Maximum Dose Glyburide. (Protocol 30001) **Glaxo-Wellcome**
- 10/99-3/00 A Double-Blind, Randomized, Placebo-Controlled, Parallel-Group, Multi-Center Study to Investigate the Efficacy and Safety of Inhaled Zanamivir 10mg Administered Twice Daily for Five Days in the Treatment of Influenza in Patients 12 years or over Diagnosed with Asthma or Chronic Obstructive Pulmonary Disease (COPD). (Protocol NAI30008) **Glaxo-Wellcome**
- 2/00-8/01 A Randomized, Double-Blind Multicenter Study to Evaluate the Effect of Adding Either Montelukast Sodium or Salmeterol Xinafoate to Inhaled Fluticasone in Adult Asthmatics. (Protocol 120-01) **Merck**

- 3/00-8/00 A Randomized, Double-Blind, Double-Dummy, Parallel Group, 12-Week Comparative Trial of Salmeterol/ Fluticasone Propionate Combination Product 50/100mcg BID via the DISKUS Inhaler Versus Oral Montelukast 10mg QD in Adolescents and Adults with Persistent Asthma. (Protocol SAS40020) **Glaxo-Wellcome**
- 4/00-1/00 A Randomized, Double-Blind, Parallel Group, Comparative Trial of Salmeterol/Fluticasone Propionate Combination Product 50/100mcg DISKUS Inhaler BID versus Fluticasone Propionate 250mcg DISKUS Inhaler BID In Adolescents & Adults with Moderate Persistent Asthma. (Protocol SAS40026) **Glaxo-Wellcome**
- 1/01 - Ongoing An Observational Study of the Epidemiology and Natural History of Asthma: Outcomes and Treatment Regimens. (TENOR-Q2196n) **Genentech, Inc.**
- 8/00 - Ongoing A Multicenter, Randomized, Controlled, Open-Label Study to Evaluate the Safety of Xolair in Moderate to Severe Persistent Asthma Subjects already treated with other Therapies. (ALTO-Q2143g) **Genentech, Inc.**
- 10/00-8/01 A One-Year Randomized, Double-Blind, Placebo and Active-Controlled Parallel Design Safety and Efficacy Comparison of Combivent HFA Inhalation Aerosol to Combivent (CFC) Inhalation Aerosol in Patients with COPD. (1012.11) **Boehringer-Ingelheim.**
- 1/01 - Ongoing A Multi-Center, Randomized, Double-Blind, Double-Dummy, Parallel Group, 8 Week Comparison of Salmeterol Xinafoate Versus Ipratropium Bromide Versus Salmeterol Xinafoate plus Ipratropium Bromide Versus Placebo in Subjects with Chronic Obstructive Pulmonary Disease. (SMS40315) **Glaxo Wellcome.**
- 2/02 - Ongoing A Multi-center, Randomized, Double-Blind, Double-Dummy, Parallel-Group, 16-week Comparison of Asthma Control in Adolescents and Adults Receiving Either Fluticasone Propionate/Salmeterol Diskus Combination Product 100/50 mcg BID, Fluticasone Propionate Diskus 100mcg BID, Salmeterol Xinafoate Diskus 50mcg BID, or Oral Montelukast 10mg QD. (SAS40036) **GlaxoSmithKline**
- 12/01 - Ongoing A Randomized, Double-Blind, Double-Dummy, Parallel Group, Comparative Clinical Trial Evaluating Fluticasone Propionate/Salmeterol Xinafoate (250/50mcg BID via Diskus) to Ipratropium Bromide/Albuterol Sulfate (36mcg/ 206mcg QID) Inhalation Aerosol in Subjects with Chronic Obstructive Pulmonary Disease. (SCO40012) **GlaxoSmithKline**
- 5/01-4/02 A Phase II, Randomized, Placebo-Controlled, Double-Blind, Parallel-Group, Dose-Finding Study to Evaluate the Effectiveness of 28 days of Treatment with LDP-977 in Adult Asthmatics. (M97700-023) **Millennium Pharmaceuticals, Inc.**

EXHIBIT 2

Stephanie K. Iseri, RN, BSN, CMSRN, LNC

1473 Ginden Court
Campbell, CA 95008-4401
(408) 866-8030
kayko928@aol.com

PROFESSIONAL EXPERIENCE:**MEDICAL:**

Kaiser Permanente Hospital, Santa Clara, CA 1/17 to Present

Staff Nurse II, Unit 330 Medical-Surgical, Oncology

- Patient population: Medical surgical with emphasis on Oncology and Hematology
- Work 0.6 commitment (3 eight hour shifts per week)
- Completed ONS/ONCC Chemotherapy Biotherapy Certificate Course on 5/23/17
- Administer chemotherapy and biotherapy to patients with leukemia, lymphoma, and other types of cancer
- Float to three other med-surg units within the hospital including: General Surgery, Neurology, and Orthopedic.
- Precept nursing students at various stages of their clinical training
- Chairperson of Unit Based Voice of Nursing Council, 1/19 to present
- “Donning and Doffing” Super User

Stanford University Hospital, Palo Alto, CA

12/93 to 12/16

Assistant Nurse Manager, D/E Ground

1/6/99-1/5/01, 11/03-11/04

- Patient population: General Medicine with emphasis on Cystic Fibrosis, Pre-and Post-Liver Transplant, and HIV/AIDS
- Evaluator of 20 staff members—RN’S, nursing assistants, secretaries, and other ancillary staff.
- Made monthly schedule for 100 staff members.
- Acted as charge nurse and performed bedside nursing care majority of work days.
- Had one management day per week to perform management duties.
- Maintained unit budget and acted as a role-model to staff regarding hospital’s nursing protocols.
- Led quarterly meetings for the nursing assistant group and acted as a liaison between the nursing assistants, RN’s and management groups.
- On-call on week-ends to act as a resource for staff.

Staff Nurse IV, C3 (formerly D/E Ground)

12/93-5/16

Clinical Nurse II, C3

5/16 to 12/16

- Patient populations: General Medicine with emphasis on Cystic Fibrosis, Pre-Liver Transplant/ESLD, and chronic pain.

- Co-Chair of unit based Nurse Practice Council from 1997-1999, 2003 to 2005, and member since 1995 to 2013.
- Member of a group which developed a class for new graduate nurses on “Recognizing Signs of Early Demise” which was implemented in tandem with Stanford’s introduction of a “Rapid Response Team” (6/05 to 11/08)
- Facilitator of class, “Early Detection and Prevention of Physiological Deterioration in the Hospitalized Adult” which was offered several times per year (2006-2008)
- Acts as Resource Nurse (charge) whenever needed.
- Preceptor for new grads, new hires, and nursing students.
- Perform staffing of the next shift keeping in mind patient acuity and budget.
- Member of Pharmacy-Nursing Liaison Committee, 11/04 to 1/06
- Member of a group that developed a “Mentorship” program for new graduate and new hire nurses (2004)
- Inservice staff on new devices and products.
- Able to float to other units including Surgery, Oncology, and Psychiatry.
- Recipient of “Excellence in Caring” award, May, 1996.
- Recipient of “Essence of Nursing” award, July, 2007. “Advance for Nurses” magazine.
- Member of Patient Safety Committee, 07/10 to 6/14.
- Member of “Path to Activation” Committee, 08/15 to 12/16.

Santa Clara Valley Medical Center, San Jose, CA

1/94-9/95

Assistant AIDS Coordinator

- Responsible for intake of newly diagnosed patients with HIV/AIDS and providing them with education and community resources.
- Kept clinic doctors aware of their patients’ status while in the hospital.
- Assisted in obtaining informed consent from mothers of newborns for HIV testing on cord blood; (for screening purposes and early intervention).
- Acted as a resource to house staff in regards to patient education, available social services, and baseline tests.
- Assisted in compiling annual reports regarding county statistics. (New cases, risk factors, deaths).
- Reported new cases of AIDS to the County Department of Public Health.

Sequoia Hospital, Redwood City, CA

5/90-3/94

Staff Nurse

- During my time at Sequoia, I worked on various floors. I started on 1st South, a med-surg floor with an AIDS specialty. From there, I transferred to 2nd East, which was primarily a cardio-vascular floor. Next, I worked on 2nd South, an oncology/HIV floor. The last unit I worked on was MSO, a combination of medical, surgical, and orthopedic patients.
- Acted as Relief Charge Nurse when needed.

LEGAL:**Various Plaintiff and Defense Attorneys**

Expert Witness

2/05 – present

- Have worked as a med-surg expert witness for both plaintiff and defense cases.
Have been deposed more than 15 times in the past.

Drinker, Biddle, & Reath San Francisco, CA

4/23/02 –12/2012

Independent Contractor

- Defense work on several product liability class-action lawsuits.
- Assist litigation team in settlement review by reviewing available medical records & summarizing case. Make recommendations to team whether or not case has merit and is ripe for settlement, versus needing to gather more information.
- Abstract information from medical records to write medical chronologies and summarize information found in the medical records that are relevant to the case.
- Prepare Settlement Tables for attorney which summarize findings in chronologies and offer nursing perspective on completeness of records available.

Frost & Associates, Fremont, CA

1/16/02-3/15/02

Internship at a firm specializing in Workman's Compensation

- Attended initial meetings with clients, gathering information and assessing case for merit.
- Reviewed medical records for attorney, assessing whether or not patient was nearing "permanent and stationary" status.
- Wrote chronologies of clients' injury and treatment course.

EDUCATION/CERTIFICATIONS:**Certified Medical-Surgical Registered Nurse**

10/31/05

Valid through October 31, 2020

Saint Louis University School of Medicine

4/25/05-4/29/05

The Medicolegal Death Investigator Training Course

*Medicolegal Death Investigator Certificate***Cal State University Hayward** Hayward, CA

3/99-3/02

ABA approved program

*Legal Nurse Consultant Certificate***San Jose State University** San Jose, CA

May, 1990

Bachelor of Science, Nursing

PROFESSIONAL ORGANIZATIONS:**AALNC (American Association of Legal Nurse Consultants)**

Member since 2003

BACNC/AALNC (Bay Area Chapter of Northern California/AALNC)

Member since 2003

Treasurer, 2009 to 2013

President, 2014 to Present

AMSN (Academy of Medical Surgical Nurses)

Member since 2005

ONS (Oncology Nursing Society)

Member since February, 2017

EXHIBIT 3

MARY JANE SMITH, MSN, MA, RN-BC

216 Cherokee Road

P.O. Box 12724

Pittsburgh, PA. 15241

Tel: (412) 835-1657 FAX: (412) 835-1862

Email: mjsrnc@aol.com

EDUCATION:

Bachelor of Science in Nursing – University of Michigan, Ann Arbor, Michigan

Master of Arts in Higher Education; Minor in Nursing – University of Pittsburgh,
Pittsburgh, PA.

Master of Science in Nursing – Benedictine University, Lisle, Illinois

Completed course and examination requirements for PhD in Exercise Physiology –
University of Pittsburgh, Pittsburgh, PA.Certification in Medical-Surgical Nursing – American Nurse Association Credentialing
Center**PROFESSIONAL EXPERIENCE:**06/01/2020 – Present – Emeritus Professor of Nursing, Community College of Allegheny
County, Pittsburgh PA09/05/1968 – 06/01/2020 - Professor of Nursing and FT Faculty member, Community College of
Allegheny County, Pittsburgh PA.

- Responsibilities included clinical, laboratory, and classroom instruction of registered nurse students in an Associate Degree in Nursing program. **Clinical experience** included the care of patients with cardiothoracic, vascular, orthopedic, neurologic, and respiratory conditions; instruction of students in ICU/CCU and E.D. environments.
- Instruction of Registered Nurses in an RN. Refresher Program (intermittent)
- Classroom instruction included medical-surgical, emergency and critical care nursing; care of patients with multi-system organ failure; evidence-based pharmacology; care of adult and geriatric patients

1990- 1992 Acting Director of Nursing, Community College of Allegheny County,
Allegheny Campus

Responsibilities included interpretation of State Board of Nursing rules and regulations to the Department of Nursing faculty and college administration; ensure and monitor faculty and program compliance with PA. State Board of Nursing rules and regulations; management of department operations.

- 1980-1987 Home Health Supervisor, Visiting Nurse Association of Allegheny County, Pittsburgh, PA. (Part-time)
- Supervised registered nurses and home health aides; provided in-service education.
 - Reviewed client information with physicians and obtained telephone orders; collaborated with interdisciplinary staff to provide continuity of care; telephone triage
 - Provided home health care visits and staff supervision as required
- 1986-1988 Staff Nurse, Temporary Staffing Agency (Part-time)
- Consultant, Applied Nursing Consultation and Educational Resources, Columbus, Ohio.
- Presented workshops to hospital and nursing home employees. Topics included gastrointestinal complications, Pharmacology, Documentation, Professionalism and Crisis Intervention.
- 1966-1968 Instructor, St. Joseph's Hospital School of Nursing, Pittsburgh, PA. Responsible for clinical and classroom instruction in Maternal & Newborn nursing and Medical-Surgical nursing.
- Staff nurse (part-time), St. Clair Memorial Hospital, Pittsburgh, PA.
- 1959-1960 Instructor, St. Joseph's Hospital School of Nursing, Pittsburgh, PA.
- 1956- 1958 Staff nurse, St. Clair Memorial Hospital, Pittsburgh, PA.

LEGAL NURSE CONSULTING EXPERIENCE:

- 1991-Present Independent Legal Nurse Consultant. Founder and owner of R.N. Consulting, LLC.
- Provide professional services to plaintiff and defense attorneys. Services include medical record review and analysis of nursing care; preparation of reports; assistance with depositions; and provision of expert witness testimony.

CONFERENCE PRESENTATIONS:

- 2020: "Providing Optimal Patient Care." Adjunct Faculty Orientation Day. CCAC. August 19, 2019
- 2019 "Matching Patient Outcomes to Student Reflection Behaviors." Adjunct Faculty Orientation Day. January 9, 2020
- 2018 "Nursing Teachers' Institute." Test Construction and Analysis." "Patient Learning

Outcomes.” July 23, 2018. Pittsburgh, PA.

- 2010 “The Nurse’s Role in Forensic Nursing.” Wecht Institute of Forensic Science and Law. February, 2010, Pittsburgh, PA.
- 2005 “Intravenous Therapy Risks and Complications,” 33rd Annual Meeting of The League Of Intravenous Therapy Education. March, 2005. Pittsburgh, PA.
- 2001 “Report Writing.” Annual Conference of the American Association of Legal Nurse Consultants, Pittsburgh Chapter, November 2001
- 1999 “Overview of Product Liability Issues.” American Association of Legal Nurse Consultants, Pittsburgh Chapter, September 1999
- 1997 “Why Not Nurses As Experts? The Effect of *Flanagan v. Labe* on Testifying Nurse Experts.” Eighth National Educational Conference, American Association of Legal Nurse Consultants, April, 1997, Pittsburgh, PA.
- 1996 “Legal Issues for Nurses in a Changing Health Care Environment.” Sigma Theta Tau, May, 1996, Pittsburgh, PA.
- “Use of Unlicensed Assistive Personnel: A Nursing Perspective.” Pennsylvania Nurse Association, District Six Annual Meeting, September 1996, Pittsburgh, PA.
- “Flanagan v. Labe and John F. Kennedy Memorial Hospital: Nursing Commentary.” Allegheny County Bar Association, Health Law Section, October, 1996, Pittsburgh, PA.
- “Why Not Nurses As Experts?” Pennsylvania League for Nursing, Annual Meeting, September 1996, Pittsburgh, PA.

CONTINUING EDUCATION :

- 2020 “Quality Metrics: Measuring Undisturbed Wound Healing.” NACCME. June 23, 2020
- “Preventing Sexual Violence.” CCAC. April 26, 2020
- “ Understanding EMR Technology.” AALNC, Pittsburgh, PA. February 12, 2020
- “Preventing Discrimination and Harassment.” United Educators. Pittsburgh, PA. April 24, 2020
- 2019 Nursing Symposium. Allegheny General Hospital, Pittsburgh, PA. October 24, 2019
- “Strategies for Healthcare Professionals.” AALNC. Pittsburgh, PA. November 2, 2019
- 2018 “Concept Based Curriculum: Integrating Health Care of the Older Adult.” CCAC, Allegheny Campus
- “Critical Thinking for Clinical Decision-Making.” August 16, 2018. CCAC,

Allegheny Campus.

“15th Annual Pittsburgh Vascular Symposium.” May 24, 2018. Pittsburgh, PA.

“Nextgen NCLEX Success.” May 16, 2018. Robert & Mary Weisbrod Speaker Series

“FERPA Basics.” February 2, 2018. CCAC. Office of Colleges Services

2017 “Drugs and Alcohol At Work.” April 24, 2017. CCAC, North Campus

“Assessment of Student Learning & Program Outlines.” CCAC, Allegheny Campus, May 17, 2017

National Nurse Educator Summit, Orlando, Fla. April 2-5, 2017

2016 “Writing NCLEX Style Questions.” CCAC, May 6, 2016

Nursing Symposium, University of Michigan, October 21-23, 2016

2015 “Anatomy and Physiology of Nervous System Injuries.” AALNC, February 11, 2015

“Harassment Prevention; Title IX Awareness and Violence Prevention; EEO Laws and Discrimination Prevention; & Americans with Disabilities Act and ADA Amendments Act for Higher Education, Workplace Answers.” CCAC, January 29,

“Bullying Prevention in the Workplace.” CCAC, September 15, 2015

2014 11th Annual Miami Cancer Conference, University of Miami Health System. Miami, Fla., January 24- 25, 2014

Creating Culturally Competent Environments. CCAC, January 10, 2014

Concept-Based Teaching Strategies, CCAC. August 12, 2014

Implementing and Evaluating a Concept-Based Curriculum. CCAC, May 12, 2014

2013 “Students with Language Disadvantage,” CCAC. January 9, 2013

“Social Determinants of Health.” CCAC, January 8, 2013

“The Role of Faculty in Preparing Systematic Evaluation Plans.” CCAC. May 10, 2013

“Applying ATI Tools in the Classroom.” CCAC. May 10, 2013

“Skin Bacteria: Implications for Wound Care.” Nursing Center CE, May 2013.

“Wound Wise: The healing properties of honey.” Nursing Center CE, August 2013.

“Wound Care Dressings and Choices for Care of Wounds in the Home.” Nursing Center, May 2013

- “Evidence-Based Simulations in Practice: Treatment Strategies for Women with Coronary Artery Disease.” Prime Education, Inc., August 2013.
- “Diversity Trends in Healthcare & Industry Impact.” CCAC. August 2013.
- 12th Annual Nursing Symposium, Allegheny General Hospital, Pgh., PA.
November 6, 2013
- Transformations in Healthcare. AALNC, Pgh., PA. November 2, 2013
- 2012 “Comparison of Pulse Oximetry Measures in a Healthy Population.” MedSurg Journal, March 2012. American Academy of Medical-Surgical Nurses
- “Maintaining Placement of Temporary Enteral Feeding Tubes in Adults: A Critical Appraisal of the Evidence.” MedSurg Journal, March 2012. American Academy of Medical-Surgical Nurses
- “Implementing a Concept Based Curriculum.” Lippincott Williams & Wilkens. January 9, 2012
- “Diversity Trends in Healthcare.” Community College of Allegheny County, Office of Workforce Development, January 12, 2012
- “Assessing Domestic Violence in the Healthcare Setting,” PA State Nurses Association. May 16, 2012
- 2011 “Stress Reduction for Health Care Providers.” AALNC, August 10, 2011
- “Improving Pressure Ulcer Prevention Through Electronic Medical Record Redesign.” 5th Annual NDNQI Conference. January 26-28, 2011, Miami, Fla.
- “AALNC National Educational Conference. April 1-2, 2011. Baltimore, Md.
- 2010 “Cultural Competency in Nursing.” CCAC, May 2010
- “Wound Care Litigation: An Analysis of Real World Defense and Plaintiff Cases.” AALNC, March 26, 2010
- 2009 “Crossroads of Emergency Care.” West Virginia Upper Ohio Valley AALNC Conference, March 2009
- “Patient Experiences: A New Frame of Mind.” West Penn Allegheny Health System, April 2009
- “Cultural Competence Update.” Faculty In-Service Program, CCAC, May 2009
- “Forensic Nursing: Is Your Unit A Crime Scene?” Duquesne University, November 2009
- 2008 “Pharmacology Update.” Center for Health Careers, Pittsburgh, PA. March 18, 2008

- 2007 “Evidence-Based Practice.” University of Pittsburgh School of Nursing.
October 20, 2007
- Society for Vascular Nursing 25th Annual Convention. Baltimore, Maryland,
June 6 – 9, 2007
- Cardiac/Vascular/Surgery Education Day. Allegheny General Hospital, Pittsburgh,
PA., April 16, 2007
- 2006 Summer Faculty Institute, CCAC Center for Health Careers, Pittsburgh, Pa.,
June 20-22, 2006. “Alternative Therapies in Pain Management,” “Culturally
Competent Health Care,” “Core Competencies for Health Care Providers.”
- “Drugs that Affect the Cardiovascular System.” Assessment Technologies
Institute, June 2006
- “Managing Wounds and Pressure Ulcers.” Assessment Technologies Institute,
June 2006
- “The Influence of Advanced Practice Nursing on the Public’s Health”; “Michigan’s
Pioneers in Advanced Practice Nursing,” University of Michigan, Ann Arbor,
Michigan, October 20, 2006
- “A Stroke In Time: Medical and Legal Issues in Acute Stroke Care.” Annual
Conference of the Pittsburgh Chapter, AALNC, Pittsburgh, PA., November 4, 2006
- Faculty Development Program, CCAC. Pittsburgh, PA., December 15, 2006
- 2005 The Medical-Legal Issues of a Vascular Case Study.” Annual Conference of the
American Association of Legal Nurse Consultants, Pittsburgh, PA., November 2005
- “Endocarditis: The Infected Heart.” American Association of Critical Care Nurses,
CERP, Category A, April 2005.
- “Managing Critical Complications.” American Association of Critical Care Nurses,
CERP, Category A, April 2005
- “Sepsis: Taking a deeper look.” American Association of Critical Care Nurses,
CERP, Category A, April 2005
- Pittsburgh Regional Healthcare Initiative University. May 16-May 20, 2005
- “Managing Three critical Cancer Complications.” Nursing 2005.
- 2004 Second Annual Nursing Symposium West Penn Allegheny Health System, Pittsburgh,
PA. “Bedside Nurses Lighting The Way.”
- National Conference of the National Association of Orthopedic Nurses. Nashville,
Tennessee, June 2004.

- 2003 “Upper Extremity Nerve Entrapments.” National Association of Orthopedic Nurses, June 24, 2003
- “Pressure Ulcer Prevention and Intervention.” Ross Products Division of Abbott Laboratories, Columbus, Ohio. June 23, 2003
- “Drug Disasters: Extravasation.” RN Home Study Program, July 2003
- American Association Of Legal Nurse Consultants 14th National Educational Conference. Philadelphia, PA. April 9 – April 12, 2003
- 2002 “Bariatric Surgery Update.” Nursing Spectrum, Newark, N.J.
- “Becoming Familiar with the Ohio Nurse Practice Act.” Nursing Spectrum, Newark, N.J.
- National Association of Orthopedic Nurses 22nd Annual Congress, Las Vegas, Nevada May 20 – May 23, 2002
- 2001 “IV Amiodarone.” Allegheny General Hospital In-Service, Pittsburgh, PA.
- “Shrinking Medication Errors Down To Size.” The Nursing Institute, Springhouse, PA.
- “Delivering Safer Peripheral I.V. Therapy.” The Nursing Institute, Springhouse, PA.
- “Wound Care Standards.” AALNC 12th Educational Conference, Denver, Colorado
- “Antibiotic Resistant Infections.” Nursing Spectrum, Newark, New Jersey
- “Caring for the Postanesthesia Patient.” Nursing Spectrum, Newark, New Jersey
- “Infectious Microbes and Diseases.” Nursing Spectrum, Newark, New Jersey
- “Comprehensive Disease Management of Patients With Asthma.” Nursing Spectrum, Newark, New Jersey
- “Rethinking Long Term Care.” University of Pittsburgh Institute of Politics, Pittsburgh, PA.
- 2000 Nursing Education Conference 2001, Hahnemann University, Philadelphia, PA.
- “Maximizing Your Research: What Makes A Good Source.” American Association of Legal Nurse Consultants, Pittsburgh, PA. (National Teleconference)
- “Drugs and Devices Products Liability.” American Association of Legal Nurse Consultants, Pittsburgh, PA.
- Annual Conference of Pittsburgh Chapter American Association of Legal Nurse Consultants, Pittsburgh, PA.
- 1999 “Danger Points: How to prevent nerve injuries from venipuncture.” Nursing Institute.

- 1998 “Infection Control – Standard Precautions.” Allegheny General Hospital, Pgh., PA.
- “Assessment and Treatment of Adults Requiring Tracheostomy Care and Ventilators.” National Rehabilitation Services Annual Conference, Pittsburgh, PA.
- “Occupational Injuries, Repetitive Motion Injuries, and Carpal Tunnel Problems.” American Association of Legal Nurse Consultants, Pittsburgh Chapter
- “The Pathway To Trial: Preparation of Medical Malpractice Case.” American Association of Legal Nurse Consultants, Pittsburgh Chapter
- “Widely Used Diagnoses: Facts and Misconceptions: A Physiatriests’s View.” AALNC. Pittsburgh, PA.
- 1997 “Critical Care Skills for Non-ICU Nurses.” American Healthcare Institute
- “Infusion Therapy: Latest Trends, Techniques, and Advances.” American Healthcare Institute
- 1996 “Preventing Crises in Critical Care.” American Healthcare Institute
- “Cardiac Surgery.” American Healthcare Institute
- “Advanced Dysrhythmias.” American Healthcare Institute
- Annual Convention of The American Nurse Association, Washington, D.C.
- Faculty Summer Institute, Allegheny Campus, CCAC. Pittsburgh, PA.
- Changes in Healthcare Delivery Symposium/ CCAC. Pittsburgh, PA
- Annual Nursing Symposium University of Michigan School of Nursing, Ann Arbor, Michigan.
- “Health Care Legal Issues.” American Association of Risk Managers, Allegheny General Hospital, Pittsburgh, PA.
- “The Americans with Disabilities Act.” Nursing Faculty Assembly of Community College of Allegheny County, Pittsburgh, PA.

PUBLICATIONS:

- 2012 Adjunct Nursing Faculty Handbook. Community College of Allegheny County, Pittsburgh, PA.
- 2000 “Overview of Medical Devices.” (2000, April). The Journal of Legal Nurse Consulting, 11 (2).
- “Pharmacological Update II-Antimicrobial Agents” (2000, January). The Journal of Legal Nurse Consulting, 11 (1), 22-23;25.

- 1999 “Pharmacological Update: New Medications and the Preventable Adverse Drug Events Initiative” (1999, October). The Journal of Legal Nurse Consulting, 10 (4), 22-24.
- “Advances in Diagnosis and Treatment” (1999, July). The Journal of Legal Nurse Consulting, 10 (3), 20 – 21.
- “Fetal Tissue Transplantation for Injured Spinal Cords” (1999, April). The Journal of Legal Nurse Consulting, 10 (2), 24 – 25.
- “Minimally Invasive Surgery” (1999, January). The Journal of Legal Nurse Consulting, 10 (1), 22 – 23.
- 1997 “The Neuron, Motor Unit and Skeletal Muscle Contraction During Dynamic Exercise.” CCAC Educational Foundation, Pittsburgh, PA.
- “The Cardiac Cycle During Dynamic Exercise.” CCAC Educational Foundation, Pittsburgh, PA
- “Respiratory Control During Dynamic Exercise.” CCAC Educational Foundation, Pittsburgh, PA.
- “The Regulation of Acid-Base Balance During Dynamic Exercise.” CCAC Educational Foundation, Pittsburgh PA
- 1998 “Is It Time for a Change in State Nursing Licensure Statutes?: Lessons from *Flanagan v Labe*” (1998, April). The Journal of Legal Nurse Consulting, 9 (2), 2-5.
- “Legal Issues in Community Health Nursing,” in Community Health Nursing for Associate Degree Nursing Programs. Ed. Ayers, M., Langford, M. and Bruno, A. St. Louis: C.V. Mosby Co., 1998.
- 1996 “Assignment Despite Objection” (1996, Fall). Linc, 4 (2), 2-3.
- 1994 “Why Not Nurses As Expert Witnesses?” (1996, Feb.26). Pennsylvania Law Weekly (19 PLW 262).
- “Using AHCPR Clinical Practice Guidelines in Legal Nurse Consulting” (1995, Fall). Linc, 3 (1), 1-2.
- 1988 “Crisis Intervention.” Applied Nursing Consultation and Educational Resources. (ANCER). Columbus, Ohio.
- 1987 “Orthopedic Update.” Applied Nursing Consultation and Educational Resources. Columbus, Ohio
- 1986 “Critical Care Nursing of Patients with Acute Gastrointestinal Problems.” Applied Nursing Consultation and Educational Resources. Columbus, Ohio

ADDITIONAL PUBLICATION EXPERIENCE:

- 2001 “Guidelines For The Nurse Expert Witness,” (co-author). American Association of Legal Nurse Consultants, Glenview, Illinois.
- Columnist, “New Medical Therapies and Devices,” The Journal of Legal Nurse Consulting.
- 2000 Columnist, “References and Resources,” The Journal of Legal Nurse Consulting.
- 1997-00 Member, Editorial Board, The Journal of Legal Nurse Consulting.
- Editor, “Failure to Diagnose Myocardial Infarction,” Case Studies. American Association of Legal Nurse Consultants.
- 1993-96 Contributing Editor, Linc. Monthly newsletter of the Pittsburgh Chapter, American Association of Legal Nurse Consultants.

HONORS AND AWARDS:

- 2016 Emeritus Nursing Alumna. University of Michigan, Ann Arbor, Michigan
- 1999 Recipient of Teaching Excellence Award. Student Nurse Association of Pennsylvania Community College Chapter.
- 1995 Recipient of Teaching Excellence Award. Student Nurse Association of Pennsylvania Community College Chapter.
- 1989 Recipient of Educational Foundation Grant. Community College of Allegheny County
- Recipient of IBM Scholarship to the National Center for the Improvement of Teaching And Learning, University of Michigan, Ann Arbor, Michigan
- 1989 Proposal Reviewer, Corporation for Public Broadcasting/Annenberg Foundation – Distance Education Project
- 1989 Focus Group Participant. IMED Corporation
- 1986 Recipient of Teaching Excellence Award, Community College of Allegheny County, and selected to attend “Great Teacher’s Conference,” Lake Geneva, Wisconsin
- 1985 Awarded Cardiac Rehabilitation internship. Allegheny General Hospital, Pgh., PA.

MEMBERSHIPS:

- Sigma Theta Tau, International Honor Society in Nursing
2003 - Present
- National League of Nursing 1975 - 2020
- University of Michigan Nursing Alumni Association

- Emeritus 2016 - Present
- American Association of Legal Nurse Consultants 1995 – Present

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Certification 09/01/15 – 08/31/20

12/01/2020 – Retired status

PA Child Abuse Certification 2018 – Present

09/2020