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**FILED**  
**SAN MATEO COUNTY**

JUL - 7 2017

Clerk of the Superior Court

By *Debra M. ...*  
DEPUTY CLERK

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN MATEO

ROBERT DOE,

Plaintiff,

vs.

STANFORD HEALTH CARE; ROBERT  
LASTINGER; and DOES 1 THROUGH  
25, INCLUSIVE,

Defendants.

CASE NO. 16CIV01627

**DECLARATION OF  
DON WILLENBURG IN  
SUPPORT OF DEFENDANT  
STANFORD HEALTH CARE'S  
MOTION FOR SUMMARY  
ADJUDICATION**

Accompanying Papers:

1. Notice of Motion and Motion
2. Memorandum
3. Request for Judicial Notice
4. Separate Statement of Undisputed Material Facts
5. Declaration of John Krumm
6. Declaration of Suzanne Harris

Date: September 20, 2017  
Time: 9:00 a.m.  
Dept: Law and Motion

Action Filed: September 28, 2017

16 - CIV - 01627  
DEC  
Declaration  
594447



Gordon & Rees LLP  
275 Battery Street, Suite 2000  
San Francisco, CA 94111

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00-00-00

1 I, Don Willenburg, declare as follows:

2 1. I am an attorney at law, a member in good standing of the State Bar of  
3 California and duly admitted to practice before this and other courts. I am partner with  
4 Gordon & Rees LLP, counsel of record for defendant Stanford Health Care in this matter  
5 and one of the attorneys chiefly responsible for this representation. In that capacity I have  
6 personal knowledge of filings and other matters contained or described in this  
7 declaration. I make this declaration in support of Stanford Health Care's motion for  
8 summary adjudication.

9 2. Attached hereto as exhibit A are true and correct copies of excerpts from  
10 the deposition transcript of Cecilia Camenga taken on December 2, 2016.

11 3. Attached hereto as exhibit B are true and correct copies of excerpts from  
12 the deposition transcript plaintiff Robert Doe taken on June 2, 2017.

13 4. Attached as exhibit C are true and correct copies of exhibits 3-5 to the  
14 Camenga deposition referenced in the statement of undisputed material facts.

15 I declare under penalty of perjury under the laws of the state of California that the  
16 foregoing is true and correct.

17 Executed this 7th day of July 2017, at Oakland, California.  
18

19  
20 

21 \_\_\_\_\_  
22 Don Willenburg  
23  
24  
25  
26  
27  
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# EXHIBIT A

31417506v.1

A

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN MATEO

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|                                |   |                       |
|--------------------------------|---|-----------------------|
| ROBERT DOE,                    | ) | CASE NO. 16-CIV-01627 |
|                                | ) |                       |
| Plaintiff,                     | ) |                       |
|                                | ) |                       |
| vs.                            | ) |                       |
|                                | ) |                       |
| STANFORD HEALTH CARE; ROBERT ) | ) |                       |
| LASTINGER; and DOES 1 THROUGH) | ) |                       |
| 25, INCLUSIVE,                 | ) |                       |
|                                | ) |                       |
| Defendants.                    | ) |                       |

VIDEOTAPED DEPOSITION OF CECILIA CAMENGA, R.N.

Taken on behalf of the Plaintiff Robert Doe, at the office of  
Certified Legal Video Services, 1111 Bishop Street, Suite  
500, Honolulu, Hawaii, commencing at 8:46 a.m., on Friday,  
December 2, 2016, pursuant to Notice.

BEFORE:

Amy Muroshige, CSR 166  
State of Hawaii

1     A       I don't understand the question.

2     Q       Sure.  You indicated that at or around the time you  
3     were hired, you received an employee handbook, correct?

4     A       Yes.

5     Q       Did you ever receive, subsequent to that occasion, any  
6     revised handbook or amended handbook or --

7     A       No amended handbook.  They did reiterate after the  
8     arrest of Lastinger the fact that -- they brought the whole  
9     department in for meeting about, you know, the importance of  
10    if you see something, you need to report it.

11    Q       Let's talk --

12    A       And they let us know what numbers and stuff to report  
13    to, which I didn't know.

14    Q       Okay.  You may have kind of partially answered my next  
15    question, your clairvoyance is coming out, but before  
16    Lastinger's arrest, do you recall receiving specific  
17    training or instruction regarding the necessity to report if  
18    you see somebody engage -- a coworker engaging in  
19    inappropriate behavior like Lastinger did?

20    A       Yes, it was in -- yearly we had the computer things  
21    and our Healthstream and it was in our Healthstream.

22    Q       So in the yearly instruction, you received a  
23    self-study on the Healthstream --

24    A       Self-study, yes.

25    Q       There was information regarding the necessity of

1 reporting if you see something inappropriate, is that true?

2 A Yes.

3 Q At any point in time prior to Lastinger's arrest, did  
4 you receive any training or instruction from Stanford  
5 regarding your duties as a mandatory reporter?

6 A Yes.

7 Q Do you know what the term mandatory reporter means?

8 A Yes.

9 Q What does it mean to you?

10 A It means that I'm required by law to report any --  
11 anything that I see.

12 Q And do you know -- obviously nurses were mandatory  
13 reporters, correct?

14 A Yes.

15 Q Were anesthesia techs mandatory reporters --

16 A Yes.

17 Q -- if you know?

18 And when you say that you had a duty to report  
19 anything that you saw, do you mean any type of  
20 inappropriate --

21 A Yes.

22 Q -- activity?

23 A Correct.

24 Q What training or instruction did you receive prior to  
25 Lastinger's arrest regarding whether or not to report

1 something if you were unsure whether the conduct was  
2 inappropriate?

3 A I believe that was in our Healthstream also yearly.

4 Q And what did that -- what type of training did you  
5 receive via Healthstream -- the Healthstream training yearly  
6 that dealt with that particular issue?

7 A I believe it tells you that you are -- if you are  
8 unsure, to report to your immediate supervisor.

9 Q And that training was provided in the yearly  
10 Healthstream modules?

11 A Correct.

12 Q Is that what it's called, a module?

13 A Yes.

14 Q At the time that you were hired, did you receive any  
15 type of document indicating or advising you that you were a  
16 mandatory reporter that you had to sign?

17 A I don't remember.

18 Q Do you recall receiving any such document at any time  
19 while you worked at Stanford?

20 A I don't remember.

21 Q Prior to Lastinger's arrest, do you recall receiving  
22 any type of training or instruction from Stanford regarding  
23 to whom you should report if you believed that a coworker  
24 was engaging in inappropriate conduct?

25 A We were supposed to report to our supervisor.



1           MR. MATIASIC: Yeah, it sounds good. We'll go for a  
2           couple of minutes and then we'll --

3           Q Other than the intranet, did you receive any type of  
4           training prior to Lastinger engaging in inappropriate  
5           touching of a patient relative to your duties as a mandatory  
6           reporter from any other source?

7           MS. CABRERA: Vague and ambiguous as to time. Even  
8           predating Stanford?

9           Q (By Mr. Matiasic) You can go ahead and answer the  
10          question.

11          A I don't -- so predating Stanford, too?

12          Q No, well, and --

13          A Just joining Stanford?

14          Q Yeah, just -- my question -- in terms of how this  
15          process works, people may interject from time to time.  
16          Unless your attorney instructs you not to answer a question,  
17          then you go ahead and answer the question that I posed,  
18          okay?

19               So I'll rephrase -- or restate it for you. My  
20          question is other than the intranet Healthstream modules  
21          that you may have gone over with Stanford, did you receive  
22          any type of training or instruction regarding your duties as  
23          a mandatory reporter from any other source prior to  
24          witnessing Lastinger engaging in inappropriate touching of a  
25          patient?

1       MS. CABRERA: It's vague and ambiguous as to time.

2       THE WITNESS: I don't remember.

3       Q        (By Mr. Matiasic) And do you have -- prior to  
4       Lastinger engaging in that inappropriate touching, did you  
5       have an understanding of the timing associated with your  
6       duties as a mandatory reporter? For example, how soon after  
7       witnessing something you had to report it?

8       A        Yes.

9       Q        And what was your understanding in that respect?

10      A        As soon as you can, meaning immediately.

11      Q        And prior to witnessing Lastinger engaging in that  
12      inappropriate touching, did you have an understanding as to  
13      whom you should report in conjunction with the duties as a  
14      mandatory reporter?

15      A        Yes.

16      Q        And what was your understanding?

17      A        My understanding was you were to speak to your  
18      supervisor.

19      Q        Exclusively?

20      A        You're supposed to follow the chain of command.

21      MR. MATIASIC: Okay, why don't we take a break.

22      (Recess from 10:04 a.m. to 10:15 a.m.)

23      Q        (By Mr. Matiasic) Okay, Miss Camenga, you understand  
24      you're still under oath?

25      A        Yes.

1 A The exact date?

2 Q If you remember it.

3 A I don't remember the exact date.

4 Q Okay. If I gave you --

5 A It was in 2015 in March and I don't remember if it was

6 a Monday or a Tuesday. I was doing an ACL with Dr. McAdams

7 and, to be honest, I don't remember if it was a Monday or

8 Tuesday, but it was a Monday or Tuesday.

9 Q Okay. And you spoke with the police in this matter,

10 correct?

11 A Correct.

12 Q If I represent to you that you communicated to the

13 police that it was about -- on or about Tuesday,

14 March 31st --

15 A Yes, okay.

16 Q -- 2015, does that refresh your recollection?

17 A Yes.

18 Q Initially you may have told the police Monday,

19 March 30th, and then at a certain point, you indicated that

20 you were mistaken and that you believed it was Tuesday,

21 March 31st. Does that ring a bell?

22 A Sounds good, yeah.

23 Q Okay. So using this date of March 31st, 2015, that's

24 the occasion that you saw Lastinger engage in the

25 inappropriate touching, correct?

1     A       Correct.

2     Q       And that's when you had an opportunity -- or had  
3     occasion to discharge your duties as a mandatory reporter?

4     A       Yes.

5     Q       And so this conversation that you had with Cindy Yee  
6     occurred approximately one week before March 31st?

7     A       Yes.

8     Q       And how did the topic come up?

9             ME. DYAS: Vague as to what topic and when and with  
10     who.

11     Q       (By Mr. Matiasic) Sure, let me try to rephrase it.  
12     You had this conversation with Cindy Yee regarding the fact  
13     that she was uncomfortable going to the supervisor about what  
14     she saw Lastinger do. How did that conversation start?

15     A       I was scrubbed in and I was setting up for a  
16     procedure. Cindy was helping opening up stuff for the case.  
17     She was -- became emotional, she looked distraught and I  
18     asked her what was wrong and she said that she had witnessed  
19     something and she didn't know what to do and I probed her in  
20     regards to -- I asked, you know, well, what -- who and what  
21     did you see and she had told me that she had witnessed Rob  
22     touching a patient inappropriately and, of course, it was  
23     very shocking for me and it was obviously very disconcerting  
24     for her.

25             She was very emotional, she said she wanted to -- she

1 one leg, I was holding the other leg, Ricardo was on the  
2 left side, Rob was on the right side and then the  
3 anesthesiologist was at the head for moving the patient over  
4 to the other bed.

5 Q Do you recall the name of the anesthesiologist?

6 A I don't recall. This was an anesthesiologist who  
7 rarely came to our facility. It was a woman, but I don't  
8 remember her name.

9 Q Do you recall that the ortho on this particular  
10 surgery was Dr. McAdams?

11 A Yes.

12 Q Is that Timothy McAdams?

13 A Yes.

14 Q And then there was a Dr. Packer?

15 A Ah, yeah.

16 Q Is that the anesthesiologist?

17 A No.

18 Q Okay. Who was Dr. Packer?

19 A Dr. Packer was the fellow.

20 Q And were --

21 A I can't remember.

22 Q Okay. So, go ahead, you were describing when Rob  
23 came.

24 A What I saw, so what happened was -- this was a large  
25 patient so that's why Ishy was with one leg and I was with

1 another, just kind of holding both legs for this person, so  
2 what happened is normally the anesthesiologist -- you know,  
3 we wait for the anesthesiologist to tell us when it's ready  
4 or when the patient is ready to be moved over 'cause this is  
5 a critical time 'cause you don't want to go into like  
6 laryngeal spasm or bronchospasm or anything, so they're  
7 concentrating on the patient's airway and making sure  
8 they're starting to breathe before moving over.

9 So while waiting, we kind of just stand there and  
10 usually we're looking at -- for the anesthesiologist to give  
11 us the okay, but because I'm more focused on Rob now, I do  
12 notice his hands and what he does is -- we have draw sheets  
13 to help move patients over. So what he did was fold the  
14 sheet over on top of the patient and laid his hand over  
15 where the genitals would be and sort of did like a -- like a  
16 motion to kind of, you know, touch it or kind of grind it,  
17 it was slight, but inappropriate, and I was like, holy shit,  
18 this is what he's been doing? And I was shocked and I was  
19 like, oh, my god, that's it, I can't believe he did it in  
20 front of me and in front of everybody, how fricking blatant  
21 and what an asshole, and I was in complete shock, but then  
22 what happened is we turned the patient, the board goes under  
23 and then as we moved the patient, you know, he pushes,  
24 Ricardo will pull and the patient goes over, but what I  
25 noticed was his hand very quickly and very slyly went under

1 the blankets and -- at the genital region and kind of did a  
2 swish and then back up and that I -- excuse me.

3 When people had described like what they had saw, they  
4 had more described the other things so I wasn't expecting  
5 that other part and that like blew my mind and I was like  
6 enraged and I was like in disbelief that this had happened  
7 in front of me and like I knew like I had to -- I had -- no  
8 if's, and's or but's, this fucker is going down because  
9 that's not right and so --

10 And I looked at Ishy and we kind of made eye contact  
11 and I -- like I knew that she saw it, too, and I was like,  
12 holy crap, but then like things still have to go on, right,  
13 so like the patient is still -- you know, I made sure the  
14 patient is covered, I still have to like, you know, finish  
15 my charting and we got to clean up for the next case, but  
16 like, holy fuck, what just happened, and so we're cleaning  
17 up and I'm like, holy crap, I can't believe this.

18 So Ricardo happened to be there, Ricardo is somebody  
19 that I trust and I told Ricardo, I said you -- watch him.  
20 You know, I told him what I just saw and I said just please  
21 keep an eye on, I'm going to report this, but, you know,  
22 keep an eye because it's fricking not cool, and so as soon  
23 as I could, I saw John in the break room when, you know,  
24 when I was able to get out and I said I need -- I need to  
25 talk to George, you need to -- you know, call him right now

1 and tell him that I need to talk to him because I saw and  
2 Ishy was right there, she witnessed it, too, and I --  
3 something needs to be done.

4 Q Okay. Let me ask you a couple followup questions, and  
5 I appreciate the difficulty of talking about this so thanks  
6 for bearing with us here. So if I understand your testimony  
7 correctly, there basically were two acts, if you will, that  
8 you saw Lastinger engage in that were inappropriate with  
9 this patient?

10 A Correct.

11 Q And one was what happened when you were -- when the  
12 draw sheet was being moved and he put his hand underneath --

13 A He didn't put his hand underneath with the draw sheet.  
14 Laying it on top, he was on top of it.

15 Q I apologize, so the first instance was when he was  
16 moving his hand in a circular fashion on the patient's  
17 genitalia on top of the draw sheet?

18 A Yeah.

19 Q Okay. And I believe you may have described this  
20 before as kind of like moving around a stick shift?

21 A Yeah, (demonstrating) it was kind of -- yeah.

22 Q Is that what you remember telling the police?

23 A Uh-huh.

24 Q Is that a yes?

25 A Yes.



1 Q Okay.

2 A Sorry.

3 Q And then the second instance you saw is when the  
4 patient was being moved and he put his hands --

5 A Yes.

6 Q -- underneath the sheet?

7 A Underneath, yeah.

8 Q And touching the genitals?

9 A Yes.

10 Q And I believe you told the police that you were  
11 certain that his hand was making contact with the genitalia,  
12 is that correct?

13 A Yes.

14 Q And can you tell me all the different people who were  
15 in the room when Rob engaged in those two acts of  
16 inappropriate touching of the patient?

17 A Well, there was the anesthesiologist, there was Rob,  
18 Ricardo, Ishy, me. Dr. McAdams had left and was going to  
19 the next room to start his next case. The other doctor was  
20 on the phone like, you know, recording the case. People  
21 come in to clean the room, but I don't remember who 'cause I  
22 was kind of blown, but I know there was other people that  
23 came in to help clean up 'cause it's, you know, it's kind  
24 like a pick crew once the patient is done, we all come in  
25 and (making sounds) clean and get ready for the next one

1 so --

2 Q Sure.

3 A -- there's more people, but I can't recall who.

4 Q Okay.

5 A But they were in the outskirts cleaning and stuff.

6 Q And was Dr. Packer present at the time he engaged --

7 A Yeah, he was on the phone..

8 Q Okay. Your clairvoyance keeps coming out because my  
9 next question is do you know whether anyone else observed  
10 what you saw in terms of Rob engaging in these two acts of  
11 inappropriate touching of the patient?

12 MS. CABRERA: It calls for speculation.

13 THE WITNESS: I don't believe so, because there -- I  
14 mean their minds would have been blown, they would have -- I  
15 don't believe so, besides Ishy and I.

16 Q (By Mr. Matiasic) Okay. Is it fair to say that you  
17 don't know one way or another --

18 A Correct.

19 Q -- whether anybody else actually observed it?

20 A Correct.

21 Q You're just testifying that way because you believe if  
22 somebody else would have observed it, they would have had a  
23 similar reaction to you did?

24 A Yeah.

25 Q Okay. But you and Irish Reyes made eye contact so

1 ME. DYAS: Thank you.

2 MS. CABRERA: It calls for speculation.

3 THE WITNESS: Yeah, I don't know.

4 Q (By Mr. Matiasic) Okay. Do you recall ever asking  
5 Irish Reyes to follow Rob when he went to the next OR to  
6 insure he didn't touch another patient?

7 A Yes.

8 Q And when did you give that instruction to Irish?

9 A After this case, after my case that I witnessed.

10 Q So what I'm wondering is did you give this instruction  
11 to Ricardo and Irish at the same time or separately or --

12 A I don't recall. Maybe -- probably separately.

13 Q And do you remember specifically what you told each of  
14 them?

15 A No.

16 Q Can you just describe the general gist of what you  
17 told them? I know you already described it --

18 A Without expletives?

19 Q Whatever you recall saying is fine.

20 A Just to keep an eye on him, try and, you know, protect  
21 them.

22 Q And did Irish agree to do that?

23 A Yes.

24 Q And did Ricardo agree to do that?

25 A He didn't -- I don't think he knew exactly what I was

1 talking about because I don't think he had the reference of,  
2 you know, what? 'Cause even -- in thinking back to what  
3 Cindy had told me, it -- it didn't really make sense so I  
4 don't think that he understood so, you know, I told him to  
5 just keep an eye on, so I don't think he would, you know,  
6 know how to protect anybody 'cause he didn't know.

7 Q At some point in time, did you learn that Rob had  
8 inappropriately touched another patient that same day?

9 A Yes.

10 Q And when did you learn that?

11 A After the case was done next door.

12 Q Okay, so after you were done with the --

13 A With my -- my case was done and then the -- there was  
14 an ACL done next door and after that case was done.

15 Q Okay. And so after you were done with the patient  
16 whom you saw Rob inappropriately touch, you then  
17 subsequently learned that he went next door to the next OR  
18 and inappropriately touched another patient?

19 A Yes.

20 Q And you learned about that inappropriate touching  
21 following the completion of your duties with the first  
22 patient, correct?

23 A Yes.

24 Q And are you aware of the identity of the second victim  
25 that day?

1 A Yes.

2 Q And was that patient a minor?

3 A Yes.

4 Q Was he sixteen at the time?

5 A Yes.

6 Q Do you know the name of that patient?

7 MS. CABRERA: It's the same objection as before.

8 THE WITNESS: It's all in there. Here (indicating).

9 Q (By Mr. Matiasic) Well, I'm just asking you from --

10 A Yes, I know his name.

11 Q Okay. Does his -- and how do you know his name?

12 A He was supposed to be in my room, but they switched

13 orders because the case next door went earlier or something

14 or finished earlier so they decided to pull him from my room

15 and he went into the next room instead, so they flip-flopped

16 cases, so I knew his 'cause I sort of got everything ready

17 for his case.

18 Q Did you have occasion to interview him for his --

19 A No, I did not.

20 Q This minor, the second victim on March 31st, 2016,

21 does the first letter of his first name begin with the

22 letter E?

23 A No. Of maybe not.

24 Q What's your basis for believing that? Is that because

25 you're looking down --

1 A Yeah.

2 Q -- at the pleading?

3 A Maybe I forgot.

4 Q So, just for the record, we've pre-marked as Exhibit 1  
5 to your deposition Plaintiff Robert Doe's notice of taking  
6 deposition with request for production of documents. Is  
7 that what you're referring to --

8 A Yes.

9 Q -- when you -- okay. So --

10 A Maybe I don't know his name.

11 Q Yeah. Robert Doe is a fictitious name --

12 A Copy that.

13 Q -- all the way around.

14 A Okay.

15 Q So I used two fictitious names, not just for the first  
16 and last.

17 A Okay.

18 Q Outside of any pleading in this case, do you have a  
19 recollection of the person's first name?

20 A Then, no.

21 Q Okay. At any point in time, did you learn the nature  
22 of the inappropriate touching that Rob engaged in with the  
23 second patient on March 31st, 2016?

24 A I didn't ask specifically details so, no.

25 Q And how did you learn that a second patient had been

1 touched on that day?

2 A Ishy told me.

3 Q What did she tell you?

4 A That he did the same thing.

5 Q Did she provide any additional details regarding what  
6 that meant?

7 A No.

8 Q What did you say in response?

9 A That motherfucker.

10 Q Did -- at that point in time, had you already spoken  
11 with John?

12 A I believe so.

13 Q And do you know whether Irish had communicated what  
14 she had observed Rob do to the second patient to anyone else  
15 prior to discussing it with you?

16 MS. CABRERA: It calls for speculation.

17 THE WITNESS: I don't know.

18 Q (By Mr. Matiasic) You indicated that you didn't tell  
19 anybody else about what had occurred on March 31st other than  
20 John Crumm until Thursday, a couple days later, correct?

21 A Yes.

22 Q And that would have been around April 2nd?

23 A Sure.

24 Q And that's perfectly okay, if the date doesn't ring  
25 any bell, that's all right, too.

1     A       It does not.

2     Q       But you remember that you observed the conduct on a  
3     Tuesday and then this conversation that you had with Todd  
4     where you next disclosed was --

5     A       Was on Thursday.

6     Q       -- was on Thursday. Were you off work on Wednesday?  
7     If you know?

8     A       No, I was working.

9     Q       You were working. So on Wednesday you didn't have a  
10    conversation with anybody about what you had observed the  
11    day before, correct?

12    A       Correct.

13    Q       And as of March 31st and April 1st, who was your  
14    immediate supervisor?

15    A       Wait, excuse me, what date was that?

16    Q       The day that you saw Rob engage in inappropriate  
17    touching and the following day, who was your immediate  
18    supervisor?

19    A       I don't remember who the charge nurse was at the time.  
20    Jill would have been my supervisor then, but she was on  
21    vacation, so I didn't have like an assistant manager.  
22    Manager, our manager had just got moved to a different  
23    facility so there was like an acting sort of manager, which  
24    was Theresa, who was our -- who'd only been there like a  
25    week who was like supposed to be our education coordinator,



1 and the assistant manager for pre-pac was somebody who'd  
2 only been there for not very long either, so people that  
3 weren't there for very long so I don't know them.

4 Q Okay. So you said Theresa Renico, that's R-e --

5 A That's her, yeah, that's her last name.

6 Q R-e-n-i-c-o?

7 A I don't know.

8 Q Okay. That was the acting manager during that week?

9 A Correct.

10 Q Was Jill Luckhurst gone that entire week, if you know?

11 A Yes, she was on vacation.

12 Q And this relatively new assistant manager in the  
13 pre-pac unit, do you know the name of that person?

14 A Christie.

15 Q Do you know her last name?

16 A No.

17 Q Do you know whether anybody at any time reported Rob's  
18 inappropriate behavior to Christie?

19 ME. DYAS: Calls for speculation.

20 THE WITNESS: Yeah, I don't know.

21 Q (By Mr. Matiasic) Do you know whether anybody at any  
22 time reported Rob's inappropriate behavior to Theresa Renico?

23 A I don't know.

24 ME. DYAS: Same objection.

25 Q (By Mr. Matiasic) Any particular reason why you didn't

1 report what you had seen the day before the next day when you  
2 came to work on Wednesday, April 1st?

3 A 'Cause I decided I was going to tell George, who was  
4 like a director who could get shit done.

5 Q And you had an understanding that George wasn't going  
6 to be in the facility until --

7 A Friday.

8 Q -- Friday, okay.

9 But then on Thursday, you were at the control desk  
10 with Cindy, is that correct?

11 A Uh-huh.

12 Q Is that yes?

13 A Yes.

14 Q And what is the control desk?

15 A The control desk is where the charge nurse is, it's  
16 kind of like our control hub for everything. Our charge  
17 nurse is usually there, we have our monitors with cameras in  
18 all the rooms so they can, you know, oversee everything, we  
19 have our big screens up that have all the cases up so they  
20 can keep track of everything and if any, you know -- the  
21 hub.

22 Q Okay. And Todd Valentine was the charge nurse that  
23 day?

24 A Correct.

25 Q And he was at the control desk?

1 A Correct.

2 Q Do you recall the charge nurse on duty at the time you  
3 saw Rob engage in inappropriate touching?

4 A I don't remember.

5 Q What about the next day on Wednesday?

6 A I don't remember.

7 Q And do you recall how the conversation with Todd  
8 started?

9 A I don't remember.

10 Q And you believe that Cindy was the first one to tell  
11 Todd about what she saw, correct?

12 A I believe so.

13 Q And do you recall whether she gave him the specifics  
14 of what she had --

15 MS. CABRERA: It calls for speculation.

16 THE WITNESS: I don't remember.

17 Q (By Mr. Matiasic) And at some point, did you give the  
18 specifics of what you had witnessed to Todd?

19 A To Todd? No.

20 Q What do you recall --

21 A I don't remember.

22 Q What do you recall telling Todd in that conversation?

23 A That I saw him touching somebody.

24 Q And did you provide any additional details at that  
25 time?

1 (Recess from 11:24 a.m. to 11:29 a.m.)

2 Q (By Mr. Matiasic) Okay, Miss Camenga, thanks for your  
3 patience with us. I may or may not, during the course of a  
4 couple questions, have said March of 2016. All this conduct  
5 that we're talking about related to Lastinger which you  
6 observed, that all occurred in March of 2015, is that true?

7 A Correct.

8 Q In March of 2016 you were in Hawaii?

9 A Yeah.

10 Q Okay. After communicating what you did to Todd  
11 Valentine, what is the next time that you spoke with anybody  
12 about what you observed Rob doing with respect to  
13 inappropriately touching patients?

14 A I was escorted to a Building C and I reported to  
15 George, Kim and there might have been other people, but I  
16 don't remember. Kim Ko.

17 Q And she worked -- she was an employee, a labor  
18 relations specialist at Stanford?

19 A To my knowledge, yes.

20 Q And George, you're speaking of George Baez?

21 A Correct.

22 Q And were you escorted there pursuant to being called  
23 down to the control desk 'cause you referenced earlier?

24 A Yeah, I went to the control desk and I think I was  
25 escorted, I don't know, I was confused, to Building C, and I

1 don't remember what floor, to a conference room.

2 Q And anyone else present other than George Baez and Kim  
3 Ko?

4 A I believe so, but I don't remember. I only remember  
5 Kim Ko and George.

6 Q And what, if anything, did you communicate to George  
7 and Kim at that time?

8 A I told them what I witnessed.

9 Q And was there anything different than what you already  
10 told us here today?

11 A No, but then I also told him that there were other  
12 witnesses that I believe would be willing to come forward.

13 Q And what other witnesses did you identify to George  
14 and Kim?

15 A Cindy, Irish, Ricardo, Dan and Roj. Rojmar.

16 Q And that's Rojmar Fernandez?

17 A Correct.

18 Q R-o-j-m-a-r?

19 A Correct.

20 Q Do you know whether your conversation with George and  
21 Kim was recorded in any way?

22 A I don't remember.

23 Q Did they ask you whether you had seen any type of  
24 inappropriate conduct on Lastinger's part prior to what you  
25 witnessed a couple days before?

1 A I don't remember if they asked that.

2 Q Okay. Prior to witnessing what you did with Rob on  
3 March 31st, the two instances of inappropriate touching with  
4 that patient, do you recall any other conduct that you  
5 witnessed prior to that day that, in hindsight, now seems  
6 inappropriate?

7 ME. DYAS: Asked and answered.

8 THE WITNESS: As far as he was a bully and very  
9 aggressive, he argued, very quick to argue with nurses, even  
10 with doctors, but not perverted-wise, just asshole-wise.

11 Q (By Mr. Matiasic) Okay. And describe for me, prior to  
12 you witnessing -- prior to the occasion where you witnessed  
13 Rob engage in inappropriate touching of a patient, the type  
14 of instances where you believed you saw Rob engage in  
15 bullying type of activity.

16 A Wait, say that again?

17 Q Sure, it was a very long-winded question. Basically  
18 prior to observing him inappropriately touch that patient on  
19 March 31st, describe for me the instances that come to mind  
20 when you're thinking of the fact that Rob was a bully prior  
21 to that day.

22 A I can only speak for myself. There is like a hip  
23 positioner that's supposed to be positioned a certain way  
24 and they set it up wrong and I told them that he set it up  
25 wrong and he would argue and I was like just set it up this

1 you a document. It's been marked Exhibit 2. At the top of  
2 the document, it says New Employee and Transfer Checklist --

3 A Uh-huh.

4 Q -- Stanford Hospital/Clinic and LPCH. Does your  
5 signature appear on the bottom of this document?

6 A Yes.

7 Q Do you recall this document?

8 A No.

9 Q I think you testified previously that you attended an  
10 orientation at Stanford?

11 A Yes.

12 Q And do you recall if you -- go ahead and take a look  
13 at this. These were the various topics and issues that were  
14 covered with you at the time of your orientation?

15 A Yes.

16 Q And do you recall if you placed the check marks on  
17 this form?

18 A I don't recall, but I don't argue it.

19 Q And I believe you testified that you were hired in  
20 2010. Were you actually hired in 2011?

21 A Oh, there you go. Yes.

22 Q Did you attend the orientation before you actually  
23 started performing duties as a staff nurse at Stanford?

24 A Wait, can you say that again?

25 Q Sure. Did your orientation occur before you actually

1 started performing duties?

2 A Yes.

3 Q Okay.

4 (Exhibit No. 3 was marked for identification.)

5 Q (By Ms. Cabrera) The court reporter has just handed  
6 you a documented that's been marked Exhibit 3. It's titled  
7 Abuse Reporting Requirements for Health Practitioners Under  
8 California Law, it's an acknowledgement form. Does your  
9 signature appear on this document?

10 A Yes.

11 Q And is that your handwriting and --

12 A Yes.

13 Q -- your date?

14 And if you see the second paragraph, it says "I will  
15 consult the relevant Stanford Hospital and Clinics and/or  
16 LPCH policies as they apply to each code section and will  
17 follow the procedures indicated therein for all instances  
18 where I am required to report abuse." Did you actually look  
19 up those policies or in any way inform yourself of what  
20 those policies stated?

21 A No.

22 Q Do you recall if those policies were provided to you?

23 A I don't remember if they were actually provided for  
24 me, but I would be able to look it up because they had told  
25 us where to look it up.



1 Q Okay.

2 A Where all of them are.

3 Q Okay. Including the policies that would fall under  
4 this acknowledgement form?

5 A Exactly.

6 (Exhibit No. 4 was marked for identification.)

7 Q (By Ms. Cabrera) The court reporter has just handed  
8 you a document, it's been marked Exhibit 4. It states at the  
9 top Student and Group Transcript Report. You can see on the  
10 right-hand side, it says Healthstream.

11 A Uh-huh.

12 Q Have you ever seen this document before?

13 A No.

14 Q Okay. I believe you testified before that you took  
15 some training through Healthstream?

16 A Correct, every year.

17 Q Okay. 'Cause I understand that one of the training  
18 modules you took every year was about abuse. Does sound  
19 right to you?

20 A Yes.

21 (Exhibit No. 5 was marked for identification.)

22 Q (By Ms. Cabrera) The court reporter has just handed  
23 you a document that's been marked Exhibit 5. It states Abuse  
24 Module. If you could just take a look through the document  
25 and let me know if you recall this module as the one that you

1     Q       When the meeting happened that was after  
2     Mr. Lastinger's arrest where you say that Stanford  
3     reiterated to the whole department the importance of  
4     reporting, who actually gave that presentation?

5     A       It was somebody from HR, but I don't recall who.

6     Q       And when you say the whole department, does that  
7     include management?

8     A       Yes, management was there.

9     Q       When you went to nursing school, were you informed of  
10    what your duties were as a mandatory reporter?

11    A       Yes.

12    Q       And, in fact, understanding those duties is a  
13    requirement of obtaining your license as a nurse in  
14    California, correct?

15    A       Yes.

16    Q       And at your prior jobs, were you informed of your  
17    duties in relation to mandatory reporting?

18    A       Yes.

19    Q       I believe that you testified that during -- actually  
20    let me start with an open question. At the time that Cindy  
21    Yee told you what she had witnessed in relation to  
22    Mr. Lastinger's conduct, was Jill Luckhurst out of the  
23    office?

24           MR. MATIASIC: May call for speculation.

25           THE WITNESS: I don't recall. I know around that time

C E R T I F I C A T E

STATE OF HAWAII )

) SS:

CITY AND COUNTY OF HONOLULU )

I, Amy Muroshige, Certified Shorthand Reporter, do  
hereby certify:

That on Friday, December 2, 2016, at 8:46 a.m. appeared  
before me CECILIA CAMENGA, R.N., the witness whose deposition  
is contained herein; that prior to being examined, he was by  
me duly sworn;

That the deposition was taken down by me in machine  
shorthand and was thereafter reduced to typewriting; that the  
foregoing represents, to the best of my ability, a true and  
correct transcript of the proceedings had in the foregoing  
matter.

That pursuant to Rule 30(e) of the Hawaii Rules of Civil  
Procedure, a request for an opportunity to review and make  
changes to this transcript:

X Was made by the deponent or a party (and/or their  
attorney) prior to the completion of the deposition.  
Was not made by the deponent or a party (and/or  
their attorney) prior to the completion of the  
deposition.

I further certify that I am not counsel for any of the  
parties hereto, nor in any way interested in the outcome of  
the cause named in the caption.

Dated this 12th day of December 2016, in Honolulu,  
Hawaii.



Amy Muroshige, CSR No. 166

# EXHIBIT B

31417506v.1

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF SAN MATEO

|                               |   |                |
|-------------------------------|---|----------------|
| ROBERT DOE,                   | ) |                |
|                               | ) |                |
| Plaintiff,                    | ) |                |
|                               | ) |                |
| vs.                           | ) | No. 16CIV01627 |
|                               | ) |                |
| STANFORD HEALTH CARE; ROBERT  | ) |                |
| LASTINGER; and DOES 1 THROUGH | ) |                |
| 25, INCLUSIVE,                | ) |                |
|                               | ) |                |
| Defendants.                   | ) |                |
| _____                         | ) |                |

VIDEOTAPED DEPOSITION OF ROBERT DOE

Friday, June 2, 2017

VIGNATI REPORTING  
1537 Fourth Street, Suite 215  
San Rafael, California 94901  
(415) 456-4640  
FAX (415) 456-3107  
e-mail: avignati@sbcglobal.net

REPORTED BY: ANNE M. VIGNATI, CSR NO. 4781

1 A. Right.

2 Q. Where were you when you were awake and  
3 oriented?

4 A. I was in a hospital room.

02:37 5 Q. Like a recovery room or something like that?

6 A. Right.

7 Q. This was outpatient surgery so that you didn't  
8 spend the night; right?

9 A. Right.

02:37 10 Q. And did Doctor McAdams tell you -- come in and  
11 talk to you about the surgery at some point?

12 A. I don't remember.

13 Q. Okay. Did the surgery work?

14 A. Yes.

02:37 15 Q. How's the knee?

16 A. Good.

17 Q. And have you up to today seen a picture of  
18 Lastinger?

19 A. Yes.

02:38 20 Q. Okay. And how did you see that?

21 MR. MATIASIC: Other than anything that may  
22 have been shared with you by an attorney. But if you  
23 saw it through another source, you can tell him.

24 THE WITNESS: On the news. His picture was on  
02:38 25 the news.

1 BY MR. LUCEY:

2 Q. Okay. And having seen his face, do you have a  
3 recollection of seeing him any time that day on the  
4 31st?

02:38 5 A. No.

6 Q. Okay. So do you from your own memory have a  
7 knowledge of whether he was even there or not?

8 A. No.

9 Q. Okay. Do you remember any nurses or doctors  
02:38 10 that stand out in your mind? Probably let's just leave  
11 out the surgeon himself.

12 A. Right. I thought I did in the beginning, but I  
13 don't know. I don't remember.

14 Q. Could you identify by name any of the nurses or  
02:39 15 other technicians that were in your room before or after  
16 the surgery?

17 A. No.

18 Q. How about just by sight what they look like?

19 A. No.

02:39 20 Q. Anybody that you became particularly friendly  
21 with who said something that stuck out in your mind,  
22 anything like that?

23 A. No.

24 Q. Do you know whether an anesthesiologist was the  
02:39 25 one who administered the drug that put you out before

1 I, ANNE M. VIGNATI, a Certified Shorthand  
2 Reporter duly licensed by the State of California, do  
3 hereby certify:

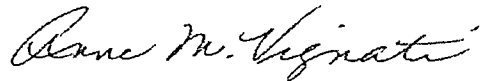
4 That ROBERT DOE, the witness in the foregoing  
5 deposition, was by me duly sworn to testify the truth,  
6 the whole truth, and nothing but the truth, in the  
7 within-entitled cause;

8 That said deposition was reported at the time and  
9 place therein stated by me, and thereafter transcribed  
10 under my direction;

11 That when so transcribed, the witness was  
12 afforded the opportunity to read, correct and sign the  
13 deposition.

14 I further certify that I am not interested in the  
15 outcome of said action, nor connected with, nor related  
16 to, any of the parties in said action or to their  
17 respective Counsel.

18 IN WITNESS WHEREOF, I have hereunto set my hand  
19 this 13th day of June, 2017.

20  
21 

22 ANNE M. VIGNATI, CSR NO. 4781  
23  
24  
25



# EXHIBIT C

33033098v.1

**C**

ABUSE REPORTING REQUIREMENTS FOR  
HEALTH PRACTITIONERS UNDER CALIFORNIA LAW

ACKNOWLEDGEMENT FORM

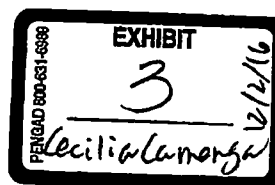
I understand the reporting requirements under California Penal Code sections 11160, 11161, 11166 and Welfare and Institutions Code sections 15610 and 15630 apply to me as a health practitioner as defined in each code section. I have read the foregoing.

I will consult the relevant Stanford Hospital & Clinics and/or Lucile Packard Children's Hospital policies as they apply to each code section and will follow the procedures indicated therein for all instances where I am required to report abuse.

Employee's Signature

Print Employee's Name

Date



# Student and Group Transcript Report

Report Generated: Nov 30, 2016, 1:41 pm ET



SHC Staff

Camenga, Cecilia C

USER ID: 041435

Transcript Range: Complete History

Report Generated: Nov 30, 2016, 1:41 pm ET

Job Title: 400018 - CLINICAL NURSE II

Hire/ReHire Date: Jun 13, 2011

Job Category: RN

Department: 74302 - OP CTR OUTPATIENT SURGERY CTR

## COMPLETIONS

Total Completions: 158 | Estimated Time: 92:15

| NAME   | ESTIMATED TIME* | SCORE | COMPLETION DATE | COMPLETION TIME |
|--|-----------------|-------|-----------------|-----------------|
| Precision Xceed Pro Meter  | 1:00            | 100   | 11/11/2015      | 4:18 PM EST     |
| Stanford Health Care-<br>Welcoming the LGBT<br>Community                 | 0:30            | 0     | 10/29/2015      | 6:03 PM EST     |
| Protecting Patient<br>Privacy...one patient at a time                    | 1:00            | 100   | 10/14/2015      | 5:26 PM EST     |
| C-I-CARE Overview  | 0:35            | 0     | 10/14/2015      | 5:16 PM EST     |
| Stanford Medical -<br>Moderate Sedation (PA)                             | 0:00            | 93    | 09/29/2015      | 10:33 AM EST    |
| SHC Epic General Training<br>Course                                      | 2:00            | 0     | 08/24/2015      | 11:00 AM EST    |
| Capnography: A Standard<br>of Care for Procedural<br>Sedation Monitoring | 1:07            | 100   | 07/13/2015      | 5:14 PM EST     |
| SHC ICD-10 General<br>Overview   | 0:15            | 0     | 06/25/2015      | 4:28 PM EST     |
| SHC Annual Employee<br>Training Curriculum (Clinical)                    | 0:00            | 0     | 06/09/2015      | 11:34 AM EST    |
| Stanford Medical - Safety<br>Training (Clinical)                         | 1:05            | 95    | 06/09/2015      | 11:34 AM EST    |
| Stanford Medical - Code of<br>Conduct                                    | 1:55            | 100   | 06/09/2015      | 11:10 AM EST    |
| Stanford Medical -<br>Emergency Codes                                    | 0:20            | 0     | 06/09/2015      | 10:38 AM EST    |
| Stanford Medical -<br>Prevention of Flu                                  | 0:50            | 80    | 05/26/2015      | 12:55 PM EST    |
| Stanford Medical - Cultural<br>Diversity                                 | 0:20            | 0     | 05/20/2015      | 11:24 AM EST    |



|   |      |     |            |             |
|---|------|-----|------------|-------------|
| # SHC Prevention of Respiratory Diseases  | 0:30 | 0   | 05/18/2015 | 5:16 PM EST |
| # SHC Prevention of Hospital Acquired Infections - Clinical                     | 0:40 | 0   | 05/18/2015 | 5:15 PM EST |
| # SHC Quality Improvement and Patient Safety                                    | 0:30 | 0   | 05/18/2015 | 5:03 PM EST |
| # Stanford Medical - Stroke RN Version  | 1:00 | 100 | 05/18/2015 | 5:01 PM EST |
| # Stanford Medical - Organ Donation PA  | 0:00 | 100 | 05/18/2015 | 4:47 PM EST |
| # Stanford Medical Abuse Module for RNs   | 0:55 | 90  | 05/18/2015 | 4:27 PM EST |
| # Updated Controlled Substances   | 0:45 | 100 | 05/18/2015 | 4:20 PM EST |
| # Protecting Patient Privacy...one patient at a time                            | 1:00 | 100 | 05/18/2015 | 3:57 PM EST |
| # SHC Perioperative Services "Surgical Counts" Policy & Procedure dated 04/2015 | 1:10 | 100 | 05/04/2015 | 5:34 PM EST |
| # C-I-CARE Overview   | 0:35 | 0   | 02/18/2015 | 5:05 PM EST |
| # SHC FY2015 Nursing Professional Profile Portfolio for RN Users                | 0:00 | 0   | 02/18/2015 | 4:52 PM EST |
| # Administrator Academy - Portfolio for Users                                   | 0:15 | 0   | 02/18/2015 | 4:52 PM EST |
| # SHC Nursing Professional Profile Portfolio Starting Guide                     | 0:05 | 0   | 02/18/2015 | 4:21 PM EST |
| # SHC Epic 930 Ambulatory Electronic Specimen Collection (5 min)                | 0:05 | 0   | 02/06/2015 | 5:21 PM EST |
| # SHC Epic 971 PPID Specimen Collection (10 min)                                | 0:10 | 0   | 01/28/2015 | 4:44 PM EST |
| # Stanford Health Care ESS for eConnect Users                                   | 0:13 | 0   | 01/28/2015 | 4:31 PM EST |
| # Capnography: A Standard of Care for Procedural Sedation Monitoring            | 1:07 | 83  | 10/10/2014 | 1:20 PM EST |
| # SHC Attestation to Rules on Use of PHI on Personal Systems                    | 0:10 | 0   | 08/20/2014 | 5:39 PM EST |

|  |      |     |            |              |
|--|------|-----|------------|--------------|
| Stanford Hospital Wayfinding   | 0:25 | 0   | 07/22/2014 | 2:33 PM EST  |
| SHC Annual Employee Training Curriculum (Clinical)                           | 0:00 | 0   | 06/03/2014 | 11:37 AM EST |
| Stanford Medical - Code of Conduct   | 1:55 | 100 | 06/03/2014 | 11:37 AM EST |
| Stanford Medical - Safety Training (Clinical)                                | 1:05 | 100 | 06/03/2014 | 11:11 AM EST |
| Stanford Medical - Prevention of Flu   | 0:50 | 90  | 06/03/2014 | 10:43 AM EST |
| Stanford Medical - Emergency Codes   | 0:20 | 0   | 06/03/2014 | 10:14 AM EST |
| Stanford Medical - Cultural Diversity  | 0:20 | 0   | 06/03/2014 | 9:51 AM EST  |
| SHC Prevention of Respiratory Diseases                                       | 0:30 | 0   | 05/28/2014 | 5:50 PM EST  |
| SHC Prevention of Hospital Acquired Infections - Clinical                    | 0:40 | 0   | 05/28/2014 | 5:32 PM EST  |
| SHC Quality Improvement & Patient Safety                                     | 0:30 | 0   | 05/28/2014 | 5:19 PM EST  |
| Stanford Medical - Stroke RN Version   | 1:00 | 92  | 05/28/2014 | 5:02 PM EST  |
| Stanford Medical - Organ Donation PA   | 0:00 | 80  | 05/28/2014 | 4:46 PM EST  |
| Stanford Medical Abuse Module for RNs  | 0:55 | 90  | 05/28/2014 | 4:39 PM EST  |
| Updated Controlled Substances  | 0:45 | 100 | 05/28/2014 | 4:25 PM EST  |
| Updated Controlled Substances - FAILED                                       | 0:25 | 93  | 05/27/2014 | 8:12 PM EST  |
| Protecting Patient Privacy...one patient at a time                           | 1:00 | 100 | 05/15/2014 | 2:39 PM EST  |
| C-I-CARE Overview  | 0:35 | 0   | 05/15/2014 | 2:09 PM EST  |
| SHC BD Nexiva Diffusics Closed IV Catheter System                            | 0:05 | 0   | 05/15/2014 | 1:39 PM EST  |
| Iwork4SHC Non-Exempt Employee CBT v01  | 0:45 | 93  | 12/13/2013 | 5:50 PM EST  |
| Stanford Medical- Globally Harmonized System update for Hazard Communication | 0:30 | 0   | 11/08/2013 | 3:55 PM EST  |

|   |      |   |            |             |
|---|------|---|------------|-------------|
| <input checked="" type="checkbox"/> C-I-CARE Overview | 0:35 | 0 | 07/31/2013 | 3:33 PM EST |
|---|------|---|------------|-------------|

|  |      |     |            |             |
|--|------|-----|------------|-------------|
| <input checked="" type="checkbox"/> Protecting Patient Privacy...one patient at a time | 1:00 | 100 | 07/26/2013 | 5:52 PM EST |
|--|------|-----|------------|-------------|

|   |      |   |            |              |
|---|------|---|------------|--------------|
| <input checked="" type="checkbox"/> Perioperative & Interventional Region 2012-13 Malignant Hyperthermia Competency | 1:00 | 0 | 06/10/2013 | 12:00 AM EST |
|---|------|---|------------|--------------|

|                         |                       |
|-------------------------|-----------------------|
| LEARNING EVENT COMMENTS | ADMINISTRATOR_ENTERED |
| DATE RANGE 6/3-6/10/13  |                       |

|  |      |   |            |              |
|--|------|---|------------|--------------|
| <input checked="" type="checkbox"/> Hand Hygiene | 0:37 | 0 | 06/03/2013 | 12:00 AM EST |
|--|------|---|------------|--------------|

|                         |                       |
|-------------------------|-----------------------|
| LEARNING EVENT COMMENTS | ADMINISTRATOR_ENTERED |
|                         |                       |

|   |      |   |            |              |
|---|------|---|------------|--------------|
| <input checked="" type="checkbox"/> OSC Joint Commissions Preparation | 1:00 | 0 | 05/20/2013 | 12:00 AM EST |
|---|------|---|------------|--------------|

|                         |                       |
|-------------------------|-----------------------|
| LEARNING EVENT COMMENTS | ADMINISTRATOR_ENTERED |
|                         |                       |

|   |      |   |            |              |
|---|------|---|------------|--------------|
| <input checked="" type="checkbox"/> Care of a patient having Rotator Cuff Surgery - Care of a patient having Rotator Cuff Surgery | 1:00 | 0 | 04/22/2013 | 12:00 AM EST |
|---|------|---|------------|--------------|

|                         |                       |
|-------------------------|-----------------------|
| LEARNING EVENT COMMENTS | ADMINISTRATOR_ENTERED |
|                         |                       |

|  |      |    |            |             |
|--|------|----|------------|-------------|
| <input checked="" type="checkbox"/> Iwork4SHC Employee NonExempt CBT - Time and Attendance | 1:00 | 96 | 04/09/2013 | 4:07 PM EST |
|--|------|----|------------|-------------|

|   |      |     |            |             |
|---|------|-----|------------|-------------|
| <input checked="" type="checkbox"/> Stanford Medical Moderate Sedation Identification | 0:40 | 100 | 04/08/2013 | 4:30 PM EST |
|---|------|-----|------------|-------------|

|   |      |    |            |             |
|---|------|----|------------|-------------|
| <input checked="" type="checkbox"/> Stanford Medical Abuse Module for RNs | 0:55 | 90 | 04/08/2013 | 3:59 PM EST |
|---|------|----|------------|-------------|

|   |      |   |            |              |
|---|------|---|------------|--------------|
| <input checked="" type="checkbox"/> OSC 3 -25-13 BIOMET PRP INJECTION, DEVICE AND KIT | 1:00 | 0 | 03/25/2013 | 12:00 AM EST |
|---|------|---|------------|--------------|

|                         |                       |
|-------------------------|-----------------------|
| LEARNING EVENT COMMENTS | ADMINISTRATOR_ENTERED |
|                         |                       |

|  |      |   |            |              |
|--|------|---|------------|--------------|
| # OSC 3-25-13 ICONIX<br>IMPLANT DEVICE | 1:00 | 0 | 03/25/2013 | 12:00 AM EST |
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| # OSC OR RECALL<br>PROCESS/NOTICE OF<br>PRODUCT OF CONCERN<br>POLICY - OSC OR RECALL<br>PROCESS/NOTICE OF<br>PRODUCT OF CONCERN<br>POLICY | 1:00 | 0 | 03/25/2013 | 12:00 AM EST |
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| # OSC DOMESTIC<br>VIOLENCE INSERVICE -<br>OSC DOMESTIC VIOLENCE<br>INSERVICE | 1:00 | 0 | 03/18/2013 | 12:00 AM EST |
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| # OSC DOMESTIC<br>VIOLENCE INSERVICE -<br>OSC DOMESTIC VIOLENCE<br>INSERVICE | 1:00 | 0 | 03/18/2013 | 12:00 AM EST |
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| # OSC Neptune Review -<br>OSC Neptune Review | 0:45 | 0 | 03/15/2013 | 12:00 AM EST |
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| # Stanford Medical - Organ<br>Donation PA | 0:00 | 100 | 11/13/2012 | 11:11 AM EST |
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| # Stanford Medical - Medical<br>Waste Cytotoxin Safety | 0:00 | 100 | 11/07/2012 | 4:37 PM EST |
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| # Stanford Medical - Falls | 0:00 | 100 | 11/06/2012 | 1:18 PM EST |
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| # Stanford Medical -<br>Advanced Directives | 0:00 | 100 | 11/06/2012 | 12:39 PM EST |
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| Stanford Medical - Adolescents                           | 0:00 | 90  | 11/05/2012 | 1:25 PM EST  |
| Stanford Medical - Stroke RN Version                     | 1:00 | 92  | 11/05/2012 | 11:36 AM EST |
| SHC Annual Employee Training Curriculum (Clinical)       | 0:00 | 0   | 11/01/2012 | 5:41 PM EST  |
| Stanford Medical - Code of Conduct                       | 1:55 | 95  | 11/01/2012 | 5:41 PM EST  |
| Iwork4SHC Employee Time and Attendance (Non-Exempt)      | 1:00 | 0   | 10/24/2012 | 7:00 PM EST  |
| Stanford Medical - HIPAA IT Security                     | 0:00 | 100 | 10/16/2012 | 4:36 PM EST  |
| Stanford Medical - HIPAA Annual Updates                  | 0:50 | 93  | 10/15/2012 | 5:47 PM EST  |
| Stanford Medical - Cultural Diversity                    | 0:05 | 100 | 10/15/2012 | 5:30 PM EST  |
| Stanford Medical - Respiratory Precautions               | 0:40 | 80  | 10/15/2012 | 5:24 PM EST  |
| Updated Controlled Substances                            | 0:45 | 100 | 10/15/2012 | 5:09 PM EST  |
| Stanford Medical - Prevention of Flu (required training) | 1:15 | 90  | 10/15/2012 | 4:12 PM EST  |
| Stanford Medical - Rapid Regulatory Training (Clinical)  | 1:05 | 90  | 10/15/2012 | 4:07 PM EST  |
| Stanford Medical - Emergency Codes                       | 0:15 | 90  | 10/15/2012 | 3:58 PM EST  |
| C-I-CARE Overview  | 0:35 | 0   | 10/15/2012 | 3:55 PM EST  |
| MD Orders Huddle #2                                      | 0:05 | 0   | 09/21/2012 | 12:00 AM EST |

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| Pyxis Discrepancy Huddle #2 | 0:05 | 0 | 09/21/2012 | 12:00 AM EST |
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| Patient Rights (PA) | 0:15 | 93 | 09/20/2012 | 8:16 PM EST |
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| SHC Prevention of Hospital Acquired Infections- Clinical       | 0:55 | 83 | 09/20/2012 | 8:00 PM EST  |
| SHC Quality Management & Patient Safety                        | 0:40 | 80 | 09/20/2012 | 7:50 PM EST  |
| Developmentally Appropriate Care of the Pediatric Patient (PA) | 1:12 | 90 | 09/20/2012 | 7:29 PM EST  |
| Developmentally Appropriate Care of the Adult Patient (PA)     | 1:06 | 93 | 09/20/2012 | 6:59 PM EST  |
| Interdisciplinary Care Plan Huddle #2 Tip Sheet                | 0:10 | 0  | 09/03/2012 | 12:00 AM EST |

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| SMS Medication Education | 0:10 | 0 | 08/29/2012 | 12:00 AM EST |
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| Interdisciplinary Care Plan Huddle #1 - Interdisciplinary Care Plan Huddle #1 | 0:05 | 0 | 08/21/2012 | 12:00 AM EST |
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| OSC Mock Code - OSC Mock Code | 1:00 | 0 | 08/17/2012 | 12:00 AM EST |
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| OSC Shared Governance/Magnet Update | 1:00 | 0 | 08/17/2012 | 12:00 AM EST |
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| Fentanyl Patch Inservice 2012 - Fentanyl Patch Inservice 2012 | 0:30 | 0 | 08/11/2012 | 12:00 AM EST |
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| OSC Boarding Pass Checklist/Magnet Update | 1:00 | 0 | 08/06/2012 | 12:00 AM EST |
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| OSC Endoscopy Review - OSC Endoscopy Review | 1:00 | 0 | 08/06/2012 | 12:00 AM EST |
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| Shoulder Surgery - Shoulder Surgery by Dr. John Costouras | 1:00 | 0 | 08/06/2012 | 12:00 AM EST |
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| MD Orders Huddle #1 | 0:10 | 0 | 08/04/2012 | 12:00 AM EST |
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| Blood Huddle #2 | 0:10 | 0 | 08/03/2012 | 12:00 AM EST |
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| Patient Weight Huddle | 0:05 | 0 | 08/03/2012 | 12:00 AM EST |
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| Pyxis Discrepancy Huddle #1 | 0:10 | 0 | 07/30/2012 | 12:00 AM EST |
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| Updated Controlled Substances | 0:45 | 100 | 06/28/2012 | 5:54 PM EST |
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| Updated Controlled Substances - FAILED                   | 0:25 | 93  | 06/28/2012 | 5:52 PM EST  |
| Stanford Medical Abuse Module for RNs                    | 0:55 | 100 | 06/28/2012 | 5:39 PM EST  |
| Stanford Medical - Respiratory Precautions               | 0:40 | 100 | 06/28/2012 | 5:30 PM EST  |
| Stanford Medical - Rapid Regulatory Training (Clinical)  | 1:05 | 90  | 06/28/2012 | 5:15 PM EST  |
| Stanford Medical - Prevention of Flu (required training) | 1:15 | 80  | 06/28/2012 | 5:06 PM EST  |
| Stanford Medical - Organ Donation PA                     | 0:00 | 80  | 06/28/2012 | 4:57 PM EST  |
| Stanford Medical - HIPAA IT Security                     | 0:00 | 90  | 06/28/2012 | 4:51 PM EST  |
| Stanford Medical - HIPAA Annual Updates                  | 0:50 | 80  | 06/28/2012 | 4:47 PM EST  |
| Stanford Medical - Code of Conduct                       | 1:55 | 90  | 06/26/2012 | 5:34 PM EST  |
| Stanford Medical - Stroke RN Version                     | 0:50 | 91  | 06/20/2012 | 5:39 PM EST  |
| SHC Quality Management & Patient Safety                  | 0:15 | 90  | 06/19/2012 | 5:36 PM EST  |
| SHC Prevention of Hospital Acquired Infections- Clinical | 0:55 | 83  | 06/19/2012 | 5:31 PM EST  |
| Patient Rights (PA)                                      | 0:15 | 93  | 06/19/2012 | 4:30 PM EST  |
| ACLS Recertification - SHCE ACLS-R-Sk                    | 0:00 | 0   | 05/31/2012 | 12:00 AM EST |

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| Basic Life Support (BLS) HCP Recertification - SHCE BLS-HCP-R-Sk | 0:00 | 0 | 05/25/2012 | 12:00 AM EST |
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| Blood Product Administration Change Summary 2012 | 0:30 | 0 | 05/18/2012 | 12:00 AM EST |
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# Blood Huddle #1 0:10 0 01/31/2012 12:00 AM EST

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# OSC Educational Update 2:00 0 09/19/2011 12:00 AM EST

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# Introduction to C-I-CARE for SHC Staff 1:00 0 07/08/2011 12:00 AM EST

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# Introduction to C-I-CARE for SHC Staff 1:00 0 06/17/2011 12:00 AM EST

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# Stanford Medical - Rapid Regulatory Training (Clinical) 1:05 80 06/14/2011 6:04 PM EST

# Updated Controlled Substances 0:45 100 06/14/2011 5:54 PM EST

# Stanford Medical Pressure Ulcer Prevention, Assessment and Management 0:50 100 06/14/2011 5:51 PM EST

# Stanford Medical Pain Management (O) 0:10 90 06/14/2011 5:37 PM EST





# Stanford Medical Moderate Sedation Identification 0:40 83 06/14/2011 5:32 PM EST

# Stanford Medical Abuse Module for RNs 0:55 90 06/14/2011 5:29 PM EST

# Stanford Medical - Respiratory Precautions 0:50 90 06/14/2011 5:25 PM EST

# Stanford Medical - Prevention of Flu (required training) 1:15 100 06/14/2011 5:17 PM EST

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| # Stanford Medical - Organ Donation PA                           | 0:00 | 100 | 06/14/2011 | 5:14 PM EST  |
| # Stanford Medical - Mission Statement                           | 0:00 | 90  | 06/14/2011 | 4:55 PM EST  |
| # Stanford Medical - Medical Waste Cytotoxin Safety              | 0:00 | 100 | 06/14/2011 | 4:52 PM EST  |
| # Stanford Medical - HIPAA Minimum Necessary                     | 0:00 | 92  | 06/14/2011 | 4:48 PM EST  |
| # Stanford Medical - HIPAA IT Security                           | 0:00 | 100 | 06/14/2011 | 4:08 PM EST  |
| # Stanford Medical - HIPAA Communications with Family Friends    | 0:00 | 0   | 06/14/2011 | 3:47 PM EST  |
| # Stanford Medical - HIPAA Authorizations for Use and Disclosure | 0:00 | 0   | 06/14/2011 | 3:37 PM EST  |
| # Stanford Medical - HIPAA Amendments and Addendums              | 0:00 | 100 | 06/14/2011 | 3:36 PM EST  |
| # Stanford Medical - HIPAA Accounting of Disclosures             | 0:00 | 0   | 06/14/2011 | 3:36 PM EST  |
| # Stanford Medical - HIPAA Access to PHI                         | 0:00 | 100 | 06/14/2011 | 3:35 PM EST  |
| # Stanford Medical - Falls                                       | 0:00 | 90  | 06/14/2011 | 2:48 PM EST  |
| # Stanford Medical - End of Life Care                            | 0:15 | 100 | 06/14/2011 | 2:24 PM EST  |
| # Stanford Medical - Emergency Codes                             | 0:15 | 90  | 06/14/2011 | 2:20 PM EST  |
| # Stanford Medical - Cultural Diversity                          | 0:05 | 100 | 06/14/2011 | 2:17 PM EST  |
| # Stanford Medical - Controlled Substance                        | 0:00 | 100 | 06/14/2011 | 2:13 PM EST  |
| # Stanford Medical - Code of Conduct                             | 0:00 | 90  | 06/14/2011 | 1:48 PM EST  |
| # Stanford Medical - Advanced Directives                         | 0:00 | 90  | 06/14/2011 | 1:42 PM EST  |
| # Stanford Medical - Adolescents                                 | 0:00 | 100 | 06/14/2011 | 1:23 PM EST  |
| # Stanford Medical - Stroke RN Version                           | 0:15 | 91  | 06/14/2011 | 12:47 PM EST |
| # SHC Quality Management & Patient Safety                        | 0:15 | 90  | 06/14/2011 | 12:41 PM EST |

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|--|------|-----|------------|--------------|
|  SHC Prevention of Hospital Acquired Infections- Clinical       | 0:55 | 83  | 06/14/2011 | 12:35 PM EST |
|  Patient Rights (PA)  | 0:15 | 100 | 06/14/2011 | 12:22 PM EST |
|  Developmentally Appropriate Care of the Pediatric Patient (PA) | 1:12 | 100 | 06/14/2011 | 12:07 PM EST |
|  Developmentally Appropriate Care of the Adult Patient (PA)     | 1:06 | 86  | 06/14/2011 | 10:52 AM EST |

\*Estimated Times are stated in hours:minutes format.

LEGEND  = Course  = Curriculum



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## Abuse Module

HealthStream Course Delivery - Internet Explorer - optimized for Bing and MSN

http://www.healthstream.com/hlc/Common/course/coursemodule/Ewc/Ewcplayer.aspx?courselocation=http%3a%2f%2fauthordev.l

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*Stanford University Medical Center*

**Abuse Module**

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Exit Lesson





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## Abuse

### Course Objectives

At the end of this course the learner should be able to:

- Identify the types of abuse
- Recognize signs and symptoms of abuse
- Describe how to respond to an abused patient
- Identify when to report abuse
- Recognize who to contact for assistance
- Identify resources available





## Abuse

### Remember

- The "Check Your Knowledge" questions are NOT scored; go ahead and guess.
  - The Post Test is scored and a final grade given.
- 90% or greater** is needed to pass the *Abuse* Module.



## Abuse in the United States

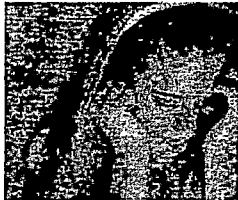


- At least 1 in 5 women will suffer physical/sexual abuse by a family member or partner
- The leading cause of death in pregnancy is homicide
- 20% of female and 10% of male children are sexually abused
- Seeing abuse in the home causes health and school problems in children
- A high percentage of children who are abused become abusers themselves
- Little is known about abused men
- 90% of elder abusers are family members
- Dependent adults have a high rate of sexual abuse by caregivers



## Abuse

### Abuse and Neglect



In many cases abuse is an *increasing* cycle of harm.

Abuse can be:

- emotional
- physical
- sexual
- economic

**Neglect** is the failure to care for another or oneself properly.

Abuse and neglect can be found in all socioeconomic (*wealth*) groups, including nurses, doctors, and other hospital workers.



## Abuse

### Abuse and Neglect



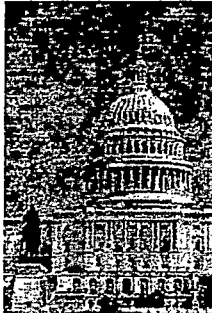
#### Abuse and neglect can cause:

- Physical injuries
- Emotional harm such as:
  - depression
  - anxiety
  - post traumatic stress disorder
- Medical symptoms to get worse due to neglect, or the stress from abuse



## Abuse

### Legal Issues



Because abuse is so widespread, California state law and the Joint Commission require that hospitals and clinics:

- screen for domestic abuse on a routine basis
- report in certain circumstances
- educate staff
- provide patient referral materials

There are **legal penalties** for *failure to report* abuse and neglect.



## Abuse

### Reporting Abuse



#### Who reports?

- Certain healthcare workers are "mandated" (required) reporters
- Each category of abuse has a different list of mandated reporters (*see websites at end*)
- However, **any** medical center staff member, paid or volunteer, can contact Social Work to discuss a suspicious situation, and can report



## Abuse

### Types of Abuse



There are different types of abuse.

#### Child abuse

- harm to someone under age 18

#### Domestic abuse

- harm by a spouse or significant other

#### Elder abuse

- harm to someone age 65 or older

#### Dependent adult abuse

- harm to someone between ages 18 and 64 who is not able to care for themselves due to limited physical or mental abilities



## Abuse

### Physical Abuse



#### Possible signs of physical abuse:

- Bruises, welts, cuts, scrapes
- Burns
- Fractures
- Head/face injuries
- Blunt injuries to chest, back or abdomen
- Injuries don't fit history, history keeps changing, delay in seeking care





## Abuse

### Sexual Abuse



#### Possible signs of sexual abuse

- Difficulty walking or sitting
- Torn, stained, bloody underclothing
- Pain or itching in the genital area
- Bruises or bleeding in external genitalia, vagina or anal areas



## Abuse

### Neglect



#### Possible signs of neglect include:

- Lack of needed care for medical problems or injuries
- Poor hygiene
- Dressed inappropriately for weather
- Non-medical failure to thrive
- Over or under dosing medication
- Malnutrition or dehydration
- Pressure ulcers



## Abuse

### Child Abuse



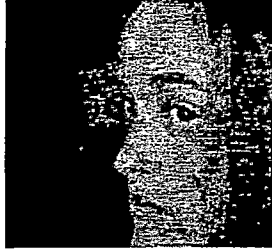
#### Behaviors that may show signs of child abuse

- Poor school work
- Withdrawal
- Regression or bed wetting
- Fearful of adults
- Nightmares
- Anger, acting out
- Sexually suggestive behavior



## Abuse

### Adult Abuse



#### Possible behaviors of an adult who has been abused:

- "Hiding" bruises with heavy makeup, sunglasses, long sleeves
- Fearful
- Lack of eye contact
- Withdrawal to touch
- Startles (*is surprised*) easily
- Very anxious or "zoned out" during exams or procedures (the person may be having flashbacks of physical or sexual abuse)



**An abuser may act in the following way:**

- With the abuser around the patient may:**

- Seem reluctant to speak or disagree
- Seem physically afraid



## Abuse

### Check Your Knowledge



You are taking an ED patient, who fell off of a ladder, to MRI.

Her husband is walking next to the gurney, holding her hand, very concerned.

You leave them for a minute, and as you return you hear the husband say *"If you say a word about what happened, you know what you'll get."*

#### You should:

- ☐ tell the ED charge nurse who can contact the patient's physician and Social Worker
- ☐ call the police
- ☐ speak to the husband

Abuse: Check Your Knowledge - Internet Explorer optimized for Bing and MSN


http://authordev.healthstream.com/content/Stanford\_Medical/Abuse\_Non\_RN/CYK\_five\_a.htm

Stanford University Medical Center

### Check Your Knowledge

You are taking an ED patient, who fell off of a ladder, to MRI.

Her husband is walking next to the gurney, holding her hand, very concerned.

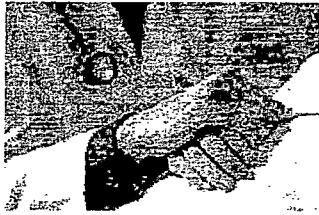
 You leave them for a minute, and as you return you hear the husband say *"If you say a word about what happened, you know what you'll get."*

**You should:**

- ☒ tell the ED charge nurse who can contact the patient's physician and Social Worker
- ☐ **Correct,** let the charge nurse know and he/she will contact Social Work about the patient and the potential abuse.
- ☐ call the police
- ☐ speak to the husband

[Close window](#)

## Patient Reports Abuse



### What if a patient tells you they have been abused?

It takes courage for a patient to tell about abuse, since most abused patients are too afraid or ashamed.

**Respond in a nonjudgmental and supportive manner— avoid blame.**

Examples of things you can say include:

- *No one deserves to be treated this way*
- *It is not your fault*
- *It is against the law*
- *I believe you*
- *I am sorry you have been hurt*

**Contact your supervisor- who can call Social Work.**

**Social Work** can assist with evaluation, placement, well-being and safety assessment, and coordinate follow up.





## Abuse

### Report



If you are a mandated (required) reporter for a specific type of abuse, by law you must report:

- **Physical violence-** Any injury from a knife, gun, or deadly weapon
- **Domestic abuse-** visible physical injury that you reasonably suspect, even if patient denies abuse
- **Child, elder or dependent adult abuse-** if you see, hear about, or reasonably suspect harm or neglect, even if the patient denies and there are no visible injuries



## Abuse

### Check Your Knowledge


When should healthcare workers report elder abuse?



- ☐ when they know for sure from lab tests
- ☐ only if the patient tells about abuse
- ☐ if there is a reasonable suspicion
- ☐ only if injuries are present

Abuse: Check Your Knowledge - Internet Explorer optimized for Bing and MSN


http://authordev.healthstream.com/content/Stanford\_Medical/Abuse\_Non\_RN/CYK\_one\_c.htm



**Abuse**

Check Your Knowledge

When should healthcare workers report elder abuse?



☐ when they know for sure from lab tests

☐ only if the patient tells about abuse

☒ if there is a reasonable suspicion


**Correct.** All you need is *reasonable suspicion* to report elder abuse.

☐ only if injuries are present


[Close window](#)

HealthStream Course Delivery - Internet Explorer, optimized for Bing and MSN

http://www.healthstream.com/hic/Common/Course/coursemodule/Ewc/Ewcplayer.aspx?courselocation=http%3a%2f%2fauthordev.i

**Abuse**

## Reporting Sexual Assault



### What about reporting sexual assault?

- If a patient tells you or you suspect that a patient has been sexually assaulted, notify the patient's nurse or the clinic manager right away
- The nurse or manager will contact the police

The Police will come and take the patient for a detailed forensic exam and counseling by county SART.

**SART (Sexual Assault Response Team)** for Santa Clara County is located at *Valley Medical Center*.

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Exit Lesson



## Abuse

### Steps for Reporting Abuse



*Specific reporting details and forms are available on the websites listed with the resources.*

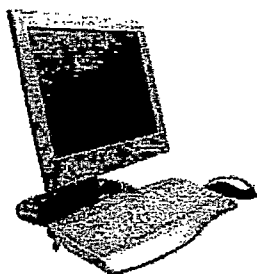
### What is the reporting process?

- Contact Social Work 723-5091
- Notify patient's physician
- Call the correct agency as soon as possible:
  - Police Department
  - Child Protective Services (CPS)
  - Adult Protective Services (APS)
  - Long Term Care Ombudsman (for nursing home abuse)
- Fill out a one page report form
- Submit form to agency within required timeframe (usually 36-48 hours)



## Abuse

### Resources for Dealing with Abuse



#### SHC resources

For urgent problems or questions contact:

- Social Work 723-5091
- Risk Management 723-6824

**To learn more or need legal details/state reporting forms:**

- <http://domesticabuse.stanford.edu>
- <http://elderabuse.stanford.edu>
- <http://childabuse.stanford.edu>

Domestic abuse referral and resource sheets are available in 7 languages from Social Work.

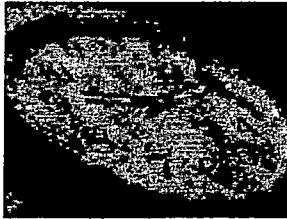
SUMC *Family Abuse Prevention Council (FAPC)* includes members from SHC, LPCH and SOM to address the issue of abuse.

To join FAPC, contact: [domesticabuse@med.stanford.edu](mailto:domesticabuse@med.stanford.edu)



## Abuse

### Time for Review



### Let's Review

- Abuse and neglect are common in our society, and negatively affect the health and well being of our patients
- The healthcare setting may be the only time an abused person can tell someone privately and safely about the abuse
- It is our job to be aware of signs and symptoms of abuse – abuse is a medical problem
- California state law and the Joint Commission **require** reporting of harm to children, partners, elders and dependent adults

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- This examination contains **10 question(s)**.
- You must answer **90%** correctly or **9** out of **10** question(s) in order to pass this examination.
- Use Next/Previous rather than the scroll bar.
- Do **NOT** click the X on the upper right-hand corner of the window.
- Please answer all questions below, then click the SUBMIT button at the bottom of the page to have your examination scored.
- This assessment is not timed.

**Question 1 of 10**

Which of the following *resource* are available to you if you have a question, concern or suspicion that a patient has been abused?

**Answers**

- ☐ a. Information websites
- ☐ b. Domestic abuse referral and resource sheets
- ☐ c. Social Work consults
- ☐ d. Family Abuse Prevention Council (FAPC)
- ☐ e. All of the above

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**Question 2 of 10**

If someone tells you they have been abused, you should:

**Answers**

- ☐ a. Talk about ways to prevent abuse.
- ☐ b. Say that *no one deserves to be treated this way*.
- ☐ c. Ask for more information about how the patient makes her abuser angry.
- ☐ d. Ask who you can talk to to back up her story.

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**Question 3 of 10**

As long as children are *not* abused themselves, just seeing abuse in the home *doesn't* harm them.

**Answers**

- ☐ True
- ☐ False



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**Question 4 of 10**  
An abuser might:

**Answers**

- ☐ a. Seem very concerned about patient
- ☐ b. Become angry at staff
- ☐ c. Answer questions for the patient
- ☐ d. All of the above
- ☐ e. B and C

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**Question 5 of 10**  
Only healthcare workers who are "mandated" can report abuse.

**Answers**

- ☐ True
- ☐ False

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**Question 6 of 10**  
Abuse is not very common, but we screen for it anyway because it is a legal requirement.

**Answers**

- ☐ True
- ☐ False

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**Question 7 of 10**  
Neglect is failure to care for:

**Answers**

- ☐ a. Others
- ☐ b. Oneself
- ☐ c. A and B

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**Question 8 of 10**  
Abuse/Neglect can cause anxiety and other health problems.  
Answers  
☐ True  
☐ False  
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**Question 9 of 10**  
Which of the following are possible signs or symptoms of abuse or neglect?  
Answers  
☐ a. Bruises  
☐ b. Injuries that don't fit history  
☐ c. Becoming very anxious during exams or procedures  
☐ d. Dressed inappropriately for weather  
☐ e. All of the above  
☐ f. A, B and C  
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**Question 10 of 10**  
Most abused patients will tell about abuse the first time they are asked.  
Answers  
☐ True  
☐ False  
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