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UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

IN RE USC STUDENT HEALTH CENTER LITIGATION

No. 2:18-cv-04258-SVW-GJS

[consolidated with 2:18-cv-04940-SVW-GJS, 2:18-cv-05010-SVWGJS, 2:18-cv-05125-SVW-GJS, and 2:18-cv-06115-SVW-GJS]

NOTICE OF LODGING OF DOCUMENTS

Judge: Honorable Stephen V. Wilson
Dept.: Courtroom 10A

This Court's May 21, 2019 Order (Dkt. No. 136) required that defendants University of Southern California and Board of Trustees of the University of Southern California ("USC") show cause why the materials submitted *in camera* on April 25, 2019 (Dkt. 127) should not be publicly disclosed. USC agrees with the Court that this information "provides class members and the Court with a better assessment of the fairness of any proposed settlement agreement between the parties." Dkt. 136 at 9 fn. 3. USC thus lodges these materials on the public docket.[1]

In addition, since USC's *in camera* submission of materials to the Court on April 25, it has identified a small number of additional documents that were responsive to the Court's order. These are included in USC's current lodging of documents.

Filed with this Notice are the following documents:

- As **Exhibit 1**, the cover letter USC submitted to the Court with the documents for *in camera* inspection on April 25, 2019;
- As **Exhibits 2-15**, the documents USC submitted to the Court for *in camera* inspection on April 25, 2019;
- As **Exhibit 16**, the additional documents identified by USC after April 25, 2019 as responsive to the Court's order.

[1] Redactions were made to remove any information protected pursuant to HIPAA, personal identifying information of any patients of Dr. Tyndall, personal contact information for individuals (*e.g.*, address and phone numbers) as well as the names of any individuals contained in the documents that involve employment or personnel issues wholly unrelated to Dr. Tyndall. Critical email header information has also been redacted for security reasons.

DATED: May 23, 2019

By: */s/ Shon Morgan*

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EXHIBIT 1

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April 25, 2019

VIA PERSONAL DELIVERY

The Honorable Stephen V. Wilson
United States District Court
Central District of California
First Street Courthouse, 350 W. 1st Street
Courtroom 10A, 10th Floor
Los Angeles, California 90012

Re: *In Camera* Submission of Complaints to USC Concerning Dr. George Tyndall

Judge Wilson:

As provided in the Court's April 18, 2019 Order, the USC defendants provide for *in camera* review documents reflecting complaints received by USC concerning Dr. George Tyndall during his employment as a Student Health Center physician, and USC's actions in response.

Although the Court appears primarily concerned with alleged sexual misconduct, the Order contains no subject matter limitation. In an abundance of caution, USC thus provides complaints of any type. Dr. Tyndall generated a variety of comments over his almost 30 years of employment, the vast majority unrelated to sexual incidents. For this reason, many documents now provided to the Court were not exchanged with plaintiffs' counsel in connection with the mediation, because those discussions focused solely on complaints related to the lawsuit allegations.[1]

[1] In addition, at the time of the mediation, USC had not completed a comprehensive collection and review of all potentially relevant documents. The entire set of documents submitted to the Court have now been provided to plaintiffs' counsel in this action (subject to a confidentiality agreement), and were produced to the plaintiffs in the state court litigation on April 19, 2019 (subject to a protective order). Because the relevant liability question is USC's knowledge during the period Dr. Tyndall was employed, this submission does not include legal filings that followed the May 16, 2018 Los Angeles Times article that contain accusations against Dr. Tyndall or other complaints that have since come to USC's attention through various channels.

USC also offers the following brief explanatory context to assist the Court's review:[2]

1989-1999. From Dr. Tyndall's hiring in August 1989 to 1999, USC did not receive any documented complaints concerning purported sexual misconduct by Dr. Tyndall.[3] The handful of complaints during this period related to possible misdiagnoses, **(Tabs 4, 7, 10)**, issues of general demeanor (*e.g.*, voicing political views, **(Tab 4)**, speaking curtly to a patient, **(Tabs 2 (at -6410), 5)**, or failing to follow up on an insurance issue, **(Tab 8)**), and insufficient confidentiality protocols, which briefly enabled a patient to view the medical details of other patients, **(Tab 9)**. Each of these non-sexual complaints was addressed with Dr. Tyndall by his supervisor, either verbally or in writing.

In 1995, Dr. Tyndall's supervisors were made aware he was photographically documenting the condition of certain patients, utilizing a cerviscope and a camera-ready colposcope—equipment specifically designed for cervicography and colpophotography. **(Tab 2 at -6414-6415.)** There was nothing surreptitious about these clinical photographs. When asked about the purpose of the photos, Dr. Tyndall provided detailed written explanations indicating that patients appreciated the opportunity to view the progress of their treatment in order to make informed medical decisions. ***Id.* at -6414**. It appears the photos do consistently reflect the presence clinical conditions, such as genital warts. Dr. Larry Neinstein, who served as Dr. Tyndall's supervisor for the bulk of Dr. Tyndall's tenure, personally addressed this and other issues with Dr. Tyndall, who agreed to cease the practice of photography.

In sum, of Dr. Tyndall's estimated 19,000-23,000 patient visits between 1989-1999, the University did not receive a single complaint regarding sexually inappropriate conduct or statements by Dr. Tyndall.[4]

2000-2009. Between 2000-2009, most complaints concerning Dr. Tyndall again involved non-sexual issues: misdiagnosis **(Tabs 11, 12, 20, 24, 31)**; improper prescriptions of birth control **(Tabs 14, 16, 20, 32, 55)**; failure to follow up with patients **(Tab 18)**; general

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Currently there are approximately 760 individual claims pending in the state court and federal actions combined.

[2] This letter does not purport to discuss every complaint included in the production and although USC has endeavored to summarize these complaints in a neutral manner, it notes that this document does not reflect the input of the settling plaintiffs, though they have been provided a copy.

[3] There was reference to a complaint in the mid-90s by a nurse about Dr. Tyndall handing out "filth" to students, which was identified as an article from an OB/GYN journal. **(Tab 2 at -6415.)**

[4] The sole potential outlier is a 1998 note included in a Patient Satisfaction Survey that covered all health center doctors, referencing an anal exam in a gynecological setting, for which the patient believes she did not receive sufficient notice. The complaint does not reference any practitioner by name. *See* **Tab 6** (a doctor "during a gynecology exam… suddenly, unannounced, examined me anally as well. This was essentially a shocking, invasive procedure that upset me extremely…"). No source indicated this complaint refers to Dr. Tyndall.

demeanor (including tardiness for an appointment, **(Tab 25)**, and curtness towards patients, **(Tabs 36-38)**); and confidentiality protocols (such as a student's complaint that she overheard calls to other patients on speakerphone, **(Tab 51)**).

Fewer than 20 such complaints arose from the 18,258 patient visits conducted by Dr. Tyndall between 2000-2009. The documents confirm that Dr. Neinstein and Dr. William Leavitt (Dr. Tyndall's supervisors) discussed these issues with Dr. Tyndall, either orally or in writing.

During this period, USC began to receive more concerning complaints regarding Dr. Tyndall. The documentation again suggests that supervisors addressed these issues with Dr. Tyndall:

- On April 28, 2000, a student reported Dr. Tyndall made a comment about a rock musician having sex in the street. Though the comment did not occur during a gynecological exam, she found it "degrading and humiliating." **(Tab 14.)** Dr. Tyndall apologized in writing to the student; Dr. Neinstein both followed up with Dr. Tyndall and addressed the complaint directly with the student. **(Tab 15.)**

- In 2002, several nurses and medical assistants began to complain that Dr. Tyndall was not permitting them access behind the curtain during gynecological exams. **(Tab 22.)** Dr. Neinstein counselled Dr. Tyndall that the "particularly sensitive" nature of the exams required supervision. **(Tab 28.)** When the issue arose again in 2003, Dr. Neinstein addressed it with Dr. Tyndall in September and December **(Tabs 33, 40)**—and included in his handwritten notes that Dr. Tyndall "understood" he must cease doing this. A similar issue was raised in February 2004—though for logistical reasons regarding the placement of the curtain rather than Dr. Tyndall's unwillingness to permit chaperones inside—and Dr. Neinstein addressed it by altering the physical layout of the exam room. **(Tab 43.)** No further complaints regarding chaperones' access arose after that time. (To the contrary, in 2003 a student complained because a medical assistant *was* permitted in the room during a gynecological exam, **(Tab 35)**.)

- Also beginning in 2002, several reports were received—with little accompanying detail—indicating Dr. Tyndall made patients "uncomfortable." **(Tabs 27, 42.)** These complaints were discussed by Dr. Neinstein and others at a Quality Management & Improvement meeting. **(Tab 54.)**

- In October 2009, a student complained Dr. Tyndall had complimented her pubic hair grooming during an exam, asking if she had laser hair removal. **(Tab 59.)** Dr. Tyndall offered a medical justification for the inquiry, and Dr. Neinstein explained that such comments were inappropriate. He included in his notes that Dr. Tyndall said he "understood" and would comply. **(Tab 60.)**

Thus, during the 10-year period from 2000-2009, USC's records do not reflect any unequivocal complaints of inappropriately motivated contact. Dr. Tyndall's supervisors brought each incident to his attention and obtained assurances it would not be repeated.

2010-2016. In April 2010, a former student reported that, sometime between 2003-2005, in response to her statement that she was unable to orgasm, Dr. Tyndall "put an ungloved finger in my vagina and told me to squeeze." This remains the first and only complaint USC received during Dr. Tyndall's employment suggesting he performed an ungloved vaginal examination. Dr. Neinstein immediately raised this issue with Dr. Tyndall, who said he would never perform an ungloved examination on a patient, and understood that would be prohibited. Dr. Neinstein interviewed the student, and escalated the issue outside of student health to the Office of Equity and Diversity. The OED ultimately took no action given the lack of corroborating witnesses (such as a supervising medical assistant); that Dr. Tyndall patently denied ever engaging in an ungloved exam and agreed it would have been improper; and the alleged incident occurred seven years earlier. Nevertheless, Dr. Neinstein followed up with Dr. Tyndall, as well as the complaining student, who reported she was satisfied and did not intend to further pursue the matter. Dr. Neinstein documented the incident. **(Tab 62).**

In 2013, USC began to receive complaints that Dr. Tyndall was making inappropriate racial or sexual comments. In April 2013, a student reported Dr. Tyndall made her uncomfortable by speaking about his "beautiful wife" who was a "Filippina." **(Tabs 66 (at -6566), 67.)** Dr. Neinstein addressed this comment with Dr. Tyndall, documenting the meeting and noting that, while Dr. Tyndall "felt [he] did not say any of these comments," nevertheless the University was addressing the complaint seriously because "[t]he student felt very uncomfortable with these comments." ***Id.*** There was also a complaint that Dr. Tyndall had said "Mexicans are taking over," and there would be a "Reconquista." Drs. Neinstein and Leavitt met with Dr. Tyndall in June 2013; Dr. Neinstein's documentation indicates he told Dr. Tyndall in no uncertain terms: "we cannot be saying racial statements like this in the workplace PERIOD." ***Id.*** Dr. Neinstein also again escalated the issue to the OED, **(Tabs 67, 98, 100, 101)**, which separately investigated the incidents. **(Tab 72.)** Drs. Neinstein and Leavitt met with Dr. Tyndall multiple times to address his comments and practices—including locking his office door when meeting with patients or nursing staff, which Dr. Neinstein indicated "is not good practice and should be stopped immediately," **(Tab 28)**, and that Dr. Tyndall agreed to stop. **(Tabs 28, 70, 74.)** Dr. Neinstein told Dr. Tyndall that "failure to make changes in job performance in these areas in our patient care environment could result in disciplinary action." **(Tab 28.)**

In September 2013, the OED found no policy violation by Dr. Tyndall based on witness interviews and in light of Dr. Tyndall's agreement to leave his door unlocked in the future. **(Tab 66 at -6610.)** On October 9, 2013, the OED officially concluded there was no actionable evidence of any University policy violation by Dr. Tyndall. **(Tab 67.)** Significantly, Cindy Gilbert, the nurse who later reported Dr. Tyndall in 2016, was interviewed in 2013 and did not raise any instances of inappropriate sexual conduct or statements by Dr. Tyndall, although she referenced certain behaviors as "creepy."[5] She described Dr. Tyndall as "a little 'different' but not in [a] negative way." ***Id.***

[5] *See* October 9, 2013 OED Memorandum from Karen Nutter to File **(Tab 67)** (Ms. Gilbert testified that "while [Dr. Tyndall] seemed a little 'rough' in his exams, he did not do or say anything inappropriate").

Complicating the University's ability to contextualize the full history of Dr. Tyndall's conduct, the Student Health Center experienced leadership turnover during this period due to a serious illness of Dr. Neinstein. In late 2013 Dr. Jim Jacobs took over from Dr. Neinstein as Medical Director of the Student Health Center, and was himself succeeded by Dr. Leavitt in February 2016; Dr. Neinstein passed away April 27, 2016.

In any event, for more than two years following the 2013 OED investigation, there were no additional complaints of any type of sexually inappropriate comments or conduct concerning Dr. Tyndall. Then in early 2016, a series of events transpired that led to his separation from the University. In January 2016, an African-American student who was denied access to the Student Health Center building after hours by Dr. Tyndall stated that "Dr. Tyndall is a racist. He treated me like a criminal and made me feel less than a person." **(Tab 79.)** In April 2016, students reported separate incidents in which Dr. Tyndall said "a Chinese woman has backed up my schedule because she needed a translator," and "black people have too many children." **(Tab 83.)** In May 2016, a patient complained Dr. Tyndall used two fingers during an exam against her instructions. She also indicated Dr. Tyndall told her she could "fake being a virgin" while discussing her Middle Eastern culture. **(Tab 87.)** In June 2016, OED interviews with various medical assistants and nurses indicated that Dr. Tyndall had a practice of commenting on patients' pelvic tone and asking patients if they were runners during vaginal examinations. **(Tab 90.)**

On June 2, 2016, Cindy Gilbert, then the Nursing Supervisor at the Student Health Center, reported Dr. Tyndall to the Relationship and Sexual Violence Prevention and Services center at USC—which informed OED of Ms. Gilbert's concerns. **(Tab 82.)** She described only comments by Dr. Tyndall that she believed were objectionable, and did not identify any purported inappropriate physical contact. **(Tab 82.)** (Notably, Ms. Gilbert was interviewed in 2013 and did not report any specific instances of inappropriate touching or sexual comments by Dr. Tyndall, **(Tab 67)**). On June 16, 2016, while Dr. Tyndall was on vacation, old photographs and slides of patient cervices were discovered in Dr. Tyndall's office, **(Tab 91)**, following which the University placed Dr. Tyndall on administrative leave as of June 21, 2016.

At this stage, USC engaged an independent physician auditor, MD Review, to conduct a comprehensive review of Dr. Tyndall's record and practices on November 15-16, 2016, producing a report on November 30. **(Tab 98.)** Although MD Review took issue with certain of Dr. Tyndall's practices and recommended significant counseling, they also discussed "a pathway for Dr. Tyndall's safe return to practice." ***Id.* at -6772.** Thus, regardless if hindsight reveals termination would have been advisable at that point, even independent medical evaluators did not conclude he was necessarily unfit.

Once placed on leave, Dr. Tyndall never treated another USC patient. In January 2017, the OED concluded its second investigation, finding that Dr. Tyndall had violated University policies against racial and sexual harassment. **(Tabs 100-101.)** Dr. Tyndall was terminated on May 16, 2017, and, following mediation, resigned on June 30, 2017.

* * *

The foregoing discussion focuses on complaints that were documented in USC's records. Since the lawsuits were filed, additional patients contend that they had contemporaneously expressed concerns or complaints orally to health center staff or other University personnel that are not reflected in these documents. Patients also allege numerous unreported incidents of sexual misconduct by Dr. Tyndall. And plaintiffs' counsel has contended that Dr. Tyndall engaged in regular practices (including, for example, bi-manual digital exams before use of a speculum) that they assert fell outside prevailing best practices or the standard of care, but that were not reported by patients as improper at the time. All of these considerations of course factored into the parties' extensive settlement negotiations.

Very truly yours,

Shon Morgan

EXHIBIT 2

Tab 01

February 21, 1995

Interview Notes

[redacted] responded to a call from Bernadette Kosterlitzky, Quality Management, to come to the Student Health Center for a conversation. Bernadette was filling in at the Faculty/Staff Clinic. She asked me to talk with him.

[redacted] told me he planned to sue USC Student Health Center, Dr. Tyndall, Dr. Chan and Dr. Figatner and maybe Dr. Gardner.

He reported he is a patient of Dr. Jones and is satisfied with her care.

He plans to sue Dr. Tyndall for misdiagnosis and giving him medication that caused him his medical troubles. I believe his claim is that this drug gave him toxic hepatitis. He reports he has "permanent damage' as a result.

He also believes Dr. Chan misdiagnosed him i.e., missed the diagnosis of toxic hepatitis.

He will sue Dr. Figatner and perhaps Dr. Gardner for an "ego conflict" with Dr. Jones. They took her off his case when he "needed close supervision for strong medication". They lied to him and said "She was sick" (and denied him access to Dr. Jones).

He reports being treated in an emergency room. He had no insurance and was told by Student Health Center (Dr. Gardner?) that the bills were his responsibility. He is angry about this as well as his treatment by Dr. Tyndall and Dr. Chan.

I have asked Quality Management (Bernadette) to inform Risk Management (Doug Moore). She and Dr. Figatner have reviewed the chart. Dr. Figatner reports that Dr. Jones may actually be the prescribing physician (evidence are the Pharmacy slips).

I believe Dr. Bernstein reviewed this chart because it was one where Dr. Gardner had raised issue with Dr. Jones about her care of this case.

In my opinion Dr. Jones is coaching this patient in seeking legal action against the Student Health Center and the above named physicians.

This makes Dr. Jones a high risk employee who uses poor judgment in terms of

her own liability which is also our liability. On the other hand, Dr. Figatner informs me the medication prescribed was appropriate for his condition and that drug reactions are possible. However, after over six months, his current medical condition can't be a drug reaction. There of course could be more to this. I requested Dr. Figatner to consult with Dr. Leavitt about this case last week when he reported Dr. Jones had alluded to legal action by [redacted]. Dr. Figatner reported at that time that [redacted] treatment was not progressing.

Dr. Figatner and Dr. Leavitt concurred that Dr. Jones needed to refer [redacted] for a consultation by a Rhematologist and she could continue to follow him at the Student Health Center. This was communicated to Dr. Jones.

Finally, it supports the clear pattern that when Dr. Jones doesn't get what she wants, she will do something to create uproar and blame someone else. This pattern of defying authority (and rational behavior) has been documented back to discussion with Dr. Gardner when he placed her on probation. This center is at risk due to her unprofessional conduct and disregard for reasonable policy and procedures on both administrative and medical matters.

Bradford D. King, Ed.D.
Interim Executive Director
Student Health Center

Tab 02

On Matters Between

George Raymond Tyndall, M.D.

And

The University of Southern California

June 13, 1996

Contents

Part One

Introduction

First of all, I wanted to thank you for taking the time to meet with me on June 5 to discuss my interest in being actively involved with the process of accreditation of the University Park Health Center (UPHC). As you can see from the set of enclosed documents which I wrote prior to your arrival, I have been very interested in moving the UPHC toward accreditation.

Secondly, I wanted to tell you how much I enjoyed the June 11 retreat. Especially during this time of rapid change in the health care industry across our nation, I believe such all-staff meetings are invaluable for both informational purposes and morale. As you no-doubt gathered from my comments at that time, you have my complete support with regard to your concept of taking a pro-active, as opposed to a re-active, position during this time of change. In light of that meeting, it seems to me that my position differs from that of certain other staff members only in terms of *degree*. I believe that all the evidence currently available supports my opinion that the UPHC is highly-regarded among our clients and that, therefore, only some tweaking and fine-tuning here and there is indicated. Others, particularly members of the Department of Health Prevention and Promotion (DHPP), obviously are anxious for more substantial changes—and the sooner the better.

My main concern continues to be that we do not allow obvious dissatisfaction and frustration within the DHPP regarding their current roles at the UPHC to result in us throwing out the baby with the dirty bath water, so to speak. *The current manner of operation of the UPHC is one which has evolved over a period of many years in response to the demands and needs of our clients.* Not only the various polls of the students but also the current low rate of turnover among UPHC staff would indicate that the current manner of operation is quite satisfactory. That is why I take a more moderate position regarding change than some.

For the remainder of this paper, I want to take you up on your offer of June 5 that I discuss any concerns I have, regarding proposed changes in our operations, with you directly. My plan is to first put all my concerns here in writing so that you can review them at your leisure, then meet with you in a week or two after you have had time to consider each one of them to discuss them in detail.

My Annual Performance Evaluation

During the meeting of you, Dr. Figatner and me on Wednesday, April 24, which I requested in response to a comment which was made on my annual performance evaluation—"There have been occasional reports that patients do not wish to have follow-up appointments with Dr. Tyndall"—no evidence was presented which would justify such a comment on my evaluation.

You indicated that there was an ongoing collation being done of the comments of students regarding their impressions of the care they received at the UPHC, but no evidence was presented at that time which would indicate that patients are not wanting to follow up with me to a degree that is different from any other UPHC practitioner. Now that the results of Student Satisfaction Survey are in, I still am not aware of any justification for the subject comment in my evaluation.

As to the origin of such comments, I believe I have been the victim over the past years of a campaign to smear my professional reputation, and I am saddened that this campaign seems to have re-surfaced long after the individual(s) whom I had thought responsible for it have departed the UPHC. The strangest part of all this is that if you will review my personnel file, you will note that I have a dozen or so highly-complimentary letters from patients regarding my care—a fact which makes the continued innuendo especially puzzling.

It is very important to me that you have a clear picture of how, in my view, all this came about, so I hope you will bear with me while we go back in time.

The State Of The UPHC In 1989

I know from your comments of May 3 that you were a consultant at the UPHC during the period 1975-1983. But there are events that occurred between 1983 and 1989 about which, as Executive and Medical Director, I want you to know.

When I arrived nearly seven years ago, it was following a period in which the UPHC had been in great turmoil. By all accounts at least five highly-regarded physicians, plus other personnel, resigned before the *governing body* (the Division of Student Affairs) took action. Only after the Executive Director and the Medical Director (two different individuals) had departed did relative tranquility return to the UPHC. That was just before I arrived in August, 1989. (I filled an opening that had been created by one of the resignations.)

I arrived at the UPHC shortly after completing a residency in obstetrics-gynecology here in Los Angeles at Kaiser. Outside the field of obstetrics-gynecology, it is not commonly known that Kaiser's residency in obstetrics-gynecology is one of the most sought after in the nation. In fact, there were 550 graduates of United States' medical schools who applied for the five positions, and of the five of us who were accepted, four, including myself, had been "AOA" in medical school. (I obtained my medical degree from The Medical College of Pennsylvania, formerly Woman's Medical College of Pennsylvania.)

The Kaiser Opportunity

Once having completed my residency in 1989, the choice I had to make regarding employment was not an easy one. On the one hand, Kaiser had offered me a position as staff obstetrician-gynecologist at Zion Medical Center in San Diego, a position which would normally lead to full partnership in two years. When I was chosen for that position, a representative from the Southern California Permanente Regional Personnel Office called to congratulate me. She added: "Dr. Tyndall, did you know that there are nearly two dozen staff obstetrician-gynecologists who have been on a waiting list for San Diego, some of them for nearly a decade?" When I replied that I had not known that, she said, "Well, I want you to know that you are very fortunate." The starting salary in 1989 was $96,000 for a forty-hour week, with the opportunity to increase one's earnings by as much as one-half that amount in the first year by taking *optional* extra duty. Even without extra duty, the salary schedule for obstetrics-gynecology at Kaiser increases by $1,000 per month during the first few years—to, I believe, a base salary of about $150,000 in five years for a forty-hour week.

The job market of course, is much different today. Nowadays, I understand, Kaiser is not even hiring physicians, and the employment situation for physicians is generally bleak throughout Southern California.

The UPHC Opportunity

Apart from the Kaiser offer, an attractive offer was made by the management of the University Park Health Center. Although the starting salary was much lower— $65,000 for a 37-1/2 hour week—I was informed that there existed opportunities to earn extra compensation by working extra hours in the evenings and on Saturday mornings. In addition, there was the opportunity to earn extra time off. Here are the details of what were offered to me.

First, The Opportunity To Have A Very Nice Office

Interim Director Dr. Ron Mandel indicated that, if I came to the UPHC, he would give me one of the nicest offices, Room 218, which I have occupied since I first arrived in 1989.

Second, Opportunities To Earn Extra Compensation

Dr. Mandel stated that I would work from 8:30 a.m. to 5 p.m. (with a one-hour lunch) for a total of 37-1/2 hours per week. But in addition, I was offered the opportunity to work from 5 p.m. to 7 p.m. on Monday through Thursday evenings, for a total of eight extra hours per week. The record will show that I in fact have been working those eight extra hours per week every year since my arrival in 1989. The compensation that I currently receive from this extra work amounts to about $10,000 per year.

Third, Opportunities To Earn Extra Time Off Beyond The Usual Vacation Time

Apart from vacation time, the following were described to me in 1989 as being long-standing benefits that were available to all physicians who practiced at the UPHC:

The CME System

Physicians are allowed to take up to 8 paid days per year off for California-required continuing medical education; those physicians who take their CME on their scheduled time off—such as weekends and holidays—are allowed to take an equivalent number of compensatory days off at another time, usually during the slower summer months. (UPHC policy was and continues to be that two-thirds of all scheduled time off must be taken during the lower-patient-census summer months.). For example, if a physician attended a conference on a Saturday, s/he would subtract 7-12 hours from her or his CME balance but then be compensated with an equivalent 7-/12 hours of time off at a future date.

The Beeper-Compensatory Time Off System

As you know, USC currently has an enrollment of well over 20,000 students, each and every one of whom is entitled to seek medical advice over the telephone at any time of the day or night. When the UPHC is closed, a physician is on-call throughout the evening/night and on weekends. Physicians who carry the on-call beeper receive approximately 1.4 hours off for each weekday evening/night and each weekend 24-hour day/evening/night that they carry it.

But The UPHC Opportunity Also Entailed A Major Trade-Off

But to choose the UPHC over Kaiser involved a major trade-off—*a trade-off that will follow me for the rest of my professional career*; namely, loss of the opportunity to become certified by the American Board of Obstetrics-Gynecology (ACOG).

As you may know, unlike your field of expertise, Pediatrics, whose Academy I believe grants board certification after completion of the required three-year residency and passing the written examination, ACOG requires both completion of an approved 4-year residency and passage of the written exam *plus* two-years of practice of the full range of the specialty, including the performance of surgery at an acute-care hospital, before final certification is granted following an oral exam

I passed ACOG's written exam at the end of my residency, but because I can not practice the full range of the specialty here at the UPHC, *the decision to come here meant giving up the opportunity to become board-certified*. That consideration was by far the most profound aspect of the decision I had to make, as lack of board certification—especially in today's world of managed care—can mean virtual exclusion from employment.

I discussed this issue with Interim Director Ron Mandel, and he agreed that the situation I was in posed a real dilemma. But if I were to take the Kaiser job and obtain board certification after two years, he could not guarantee me that a position at the UPHC would still exist. In fact, Interim Director Mandel informed me in 1989 that, prior to the recent spate of resignationss, it was quite rare for openings at the UPHC to occur.

"How secure is employment at USC?" I asked him.

"Short of a major blunder, like stealing University property, it's almost impossible to get fired," he replied. "The University protects its employees by requiring that certain clearly-specified procedures be followed before an employee can be dismissed. Speaking as a manager, I can tell you that if you are a good employee job security at USC is very high."

So my choice was clear: good salary/good job security/partnership status/board certification at Kaiser, but only very limited time off vs. acceptable salary/good job security/no board certification but the opportunity—one that is very important to me—to earn extra time off in the summer at the UPHC, in an employment opportunity that might come along only once in a lifetime.

Last but not least, of course, was the opportunity and privilege of taking care of the wonderfully-interesting students of the University of Southern California.

So I Chose To Become A Member of The Trojan Family

Kaiser-Permanente gave me until November, 1989, to make up my mind. After giving it much thought, I decided to stay at the UPHC where, because of my background in both obstetrics-gynecology and family practice (I had moon-lighted for about 40 hours per week at Kaiser's busiest Family Practice Urgent Care Center during the last two years of my residency), I was perceived as a very desirable new employee.

And treated as such: In addition to the benefits described above, Interim Director Ron Mandel granted virtually all my requests, including the purchase of a $2500 Cervicscope from the National Testing Laboratories, plus a camera-ready colposcope, instruments that I had become familiar with as a result of my fellowship with the American Society for Colposcopy and Cervical Pathology (ASCCP). As the many letters in my personnel file regarding this equipment will attest, the students were extremely pleased that the University authorized the purchase of such equipment, mostly because they liked having the opportunity to view their lesions—usually condylomata—both "before-treatment" and "after-treatment." (See further discussion below.)

In short, apart from attractive employee benefits, I joined the Trojan Family because I was made to feel that I would be a highly-valued employee who would be encouraged to introduce to the UPHC the latest techniques and equipment for the care of my gynecology patients.

Unfortunately, The "Honeymoon" Was Short

Unfortunately, my use of this equipment caused much consternation among some of the staff (primarily some of the R.N.'s and some of the medical assistants). Although I gave a number of all-staff talks and demonstrations regarding this equipment and the reason for its use, controversy abounded. Interim Director Dr. Ron Mandel explained this to me as follows:

> You have to understand the mentality of some of the employees. For many years, the UPHC has employed certain individuals who believe that male students should be seen only by male practitioners, while female students should be seen only by female practitioners. You are the first full-time staff we've had who's been trained in obstetrics-gynecology, and, you being a male, it may take them some getting used to.

"But there's Dr. Howard Mandel, who's also an obstetrician-gynecologist and male" I replied.

"Yes, but he's only here for one or two half-days a week. Let's have you give another talk regarding your equipment. Explain to the R.N.'s and M.A.'s once more what you are doing with your cameras and why you are doing it. Show them some examples."

We closed the UPHC for one-half hour so all the interested personnel could come to my office and view the equipment plus sample photographs and slides. After my presentation, the then-Director of Nursing said to me,

"But why is your practice so different from that of the others gynecologists, like Dr. Mandel?"

I replied that since I had the conferences of the American Society for Colposcopy and Cervical Pathology (the mouthpiece of the American College of Obstetrics-Gynecology regarding diseases of the female lower genital tract) I had learned about these techniques, which the instructors utilize in the conferences and seminars, and then begun to utilize them myself.

"Many of the patients really like being able to see the progress of treatment and that their genital warts are gone," I said.

"Also, because in many cases patients have elected to have minor-grade lesions of the cervix serially followed rather than treated, cervicography and colpophotography allow the patient and I to keep a serial record of whether their lesions are disappearing without treatment," I added.

"If serial observation does not show that their lesions are regressing, then there is a legitimate reason for therapy. This is exactly what the American Society for Colposcopy recommends for compliant patients who can be relied on to come in for regular follow-up and who elect serial observation over treatment, as most of my patients do."

"But why aren't the other gynecologists using these techniques?"

"For the answer to that question, you'll have to ask them," I replied.

And I gave more talks. Just after the arrival of our former Executive and Medical Director, Stephen Gardner, M.D., M.P.H., I gave a talk on Human Papilloma Virus (HPV) infections and genital condylomata. One of the practitioners, a physician, raised her hand and asked this question:

"What about oral sex? Can patients become infected in the oropharynx from oral-genital contact?"

Now Larry, I thought this was a very reasonable question when asked among a group of medical practitioners, R.N.'s and M.A.'s who are providing care to young people on a college campus. But as I began to answer the question, I noticed that the then-Director of Nursing, who was seated at the back of the room, became red in the face, covered it with her hands, and then began shaking her head. She was apparently appalled that such a question had been asked. As I went on to answer Dr. Weinheimer's question, the then-Director of Nursing continued to shake her head while it was buried in her hands.

It was after that experience that I informed Dr. Gardner that, in the future, I probably should give gynecology lectures only in the presence of the medical practitioners.

And there is still more to this topic of the discomfort of certain members of the staff regarding my practice.

In 1995, just after Brad King took over as Interim Director, the then-Director of Nursing (not the same one) reportedly approached him to complain:

"Dr. Tyndall, who is not even trained in obstetrics-gynecology but only has an interest in it, has been taking pictures of the female patients."

When, according to him, she was informed by Dr. Figatner that I was fully trained in obstetrics-gynecology, she replied, "I am not going to accept that." As I recall, it was shortly after that the allegation—"Some patients are cancelling their follow-up appointments with Dr. Tyndall"—first began circulating.

Based on the comment in my April, 1996 evaluation, it has become obvious to me that—even after the departure of the individuals who seemed to have a particular problem with my use of photography—there is still someone in the UPHC who is seeing to it that the innuendo continues and, it seems, my professional reputation *slandered*. Yet, to repeat, not one shred of evidence has ever been presented to me—or to anyone else to the best of my knowledge—that any of my patients have not wanted to follow up with me to a degree that is different from any other practitioner at the UPHC.

This innuendo as best I can tell has to do with two phenomena:

- the innovative photographic techniques—cervicography and colpophotography (techniques without which there would be no such thing as a textbook of colposcopy)—that I introduced to the UPHC in 1989; and
- nearly-unimaginable prudery among certain UPHC staff members for a field such as student health, in which problems with human sexuality, menstrual difficulties and sexually-transmitted diseases—to name just a few—are especially common.

And The Controversy Continues

Let's move on to other indicators of the degree to which I have been, in my view, unjustly controversial.

It so happens that I am a rather voracious reader. When I first arrived at the UPHC, it was my habit to distribute to the other practitioners photocopies of interesting articles I had come across in the obstetrics-gynecology literature. One day, I was informed that one of the R.N.'s, then the "Quality Assurance Coordinator "(there was no "Director of Quality Management" until Bernadette Kosterlitzky came along)—had complained to Dr. Figatner about "the filth that Dr. Tyndall is distributing."

"And he is wasting our Xerox paper, too," she reportedly added.

That "filth," Larry, turned out to be an article from *The Female Patient*, a recognized journal of importance in the obstetrics-gynecology literature.

Then another strange event occurred. I learned that a female physician had complained to Dr. Figatner that it was inappropriate that I nearly always ask reproductive-age female patients (the vast majority at the UPHC) the date of their last menstrual period (LMP), regardless of their complaint.

"That's an invasion of privacy," she reportedly said to him.

Now I ask you this question, Larry: Practically speaking, can you think of any significant medical complaint that a reproductive-age woman could have regarding which her LMP is not important? Apart from the fact that pregnancy is in the differential diagnosis of so many complaints in our population, virtually all medications, including those sold OTC, have some sort of disclaimer about usage in pregnancy. Strictly speaking (and how else should we be speaking in today's medico-legal environment), it may be a case of *prima facie* medical malpractice to prescribe most medications to a reproductive-age woman without first determining whether she might be pregnant. Yet, according to at least one UPHC physician, to ask such a question was not medically necessary but an "invasion of privacy."

A Hypothetical Courtroom Scenario

From that story, let's construct a short courtroom scenario.

Attorney for the plaintiff: "Now, Dr. X, the record shows that my patient's newborn infant has a severe birth defect. Isn't it true that you prescribed medication Y to her when she was about 7 weeks pregnant, that is, during the critical period of gestation in which organogenesis occurs?"

Dr. X: "Yes, I prescribed that medication, but I asked the patient whether she was pregnant, and she said, 'No.'"

Attorney for the plaintiff: "And you accepted that? Have you not heard during your medical training of the psychological concept called 'denial,' which is especially common among students, who don't want to believe that they could be pregnant, especially when they have two final exams coming up?"

Dr. X: "Yes, I'm familiar with the concept called 'denial.'"

Attorney for the plaintiff: "But did you ask your patient whether her menstrual periods are regular and when her last menstrual period was, whether it came at the right time and lasted the right number of days? In other words, did you make a careful attempt to ascertain that she was not pregnant before prescribing her medication?"

Dr. X: "Perhaps not as careful as I could have"

Attorney for the plaintiff: "Why not?"

Dr. X: "Because I think such questions are an invasion of the patient's privacy."

Larry, given such a mentality, here's a question for you: Are you beginning to see why I have given up on gynecology talks or handouts—now, even for the practitioners—at the UPHC?

The Snub

But there is still more to this sad story.

Last year, the *Continuing Quality Insurance (CQI) Committee*—which was then chaired by an R.N. (Bernadette Kosterlitzky) and which was composed mostly of medically-untrained members of the *allied health staff* (department heads and such)—implemented a new gynecology form without ever offering the UPHC's only fully-trained obstetrician-gynecologist—or any other members of the UPHC's *medical staff [D.O.'s and M.D.'s]*, to the best of my knowledge— any opportunity whatsoever to comment on it.

How's that for a snub, Larry?

And the stated reason for creating the new form?

"Some patients are uncomfortable with questions about orgasm, frequency of intercourse, and such."

Now, I'm sure we'll be discussing this topic later in great detail but for now, as you very well know, oral contraceptives (OC's) can and do affect libido and, in turn, frequency of intercourse as well as the ability to achieve orgasm. Thus, a question about orgasm or changes in libido is perfectly legitimate on an "Oral Contraceptive Follow-Up" form. Over the years, I have had many patients describe near-breakups (including marital breakups) because of changes in libido that subsequently could be traced to an OC. That is one reason—just one among many, as you can see from the enclosed memo dated February 22, 1995—why I do not utilize the new "Oral Contraceptive Follow-Up" form.

Questions For Larry Neinstein

Larry, with regard to the OC follow-up form: Could we have here still another example of prudery on the part of certain members of the UPHC staff taking precedence over good medical/gynecologic care?

If it is really true that "some patients are objecting to certain questions on the form," then is that an acceptable reason to lower our standard of care for the majority of patients, who appear to have no problem at all with these questions?

Many of our patients know nothing of Masters and Johnson and their description of the stages of human sexual response and many have never heard of USC's own Arthur Kegel and his *Kegel exercises*. Having the question about orgasm on the form lets these many patients know that this topic is suitable for discussion, *if they are so inclined*. Those few who are uncomfortable with the question regarding orgasm usually leave it and the following question ("Concerns_____?") blank, in which case we might never discuss the issue.

But then again, we might, if the patient gives any indication that she wishes to do so. Larry, as you very well know, every medical school in America teaches that a Sexual History is an integral part of the Medical History. And articles on human sexuality permeate today's magazines and periodicals that are targeted at the general public.

Yet, think about this: Dr. Figatner once said to me during a discussion regarding the OC follow-up form, "I think you are the only practitioner who gives a handout on Kegel exercises if the patient indicates that she has concerns about anorgasmia. The other gynecologists don't even address the issue, as far as I know."

Larry, my handout on Kegel exercises comes from an issue (an old issue at that) of—are you ready for this?—the *Reader's Digest* which, as you may know, is read by more people throughout the world than any other single publication.

Are you understanding what I am saying here? The editors of the most widely-read publication on Planet Earth believe that the subject of anorgasmia is suitable for discussion in their publication, yet here at the UPHC—a practice-setting in which issues of human sexuality are ubiquitous—I am reportedly the only gynecologist who responds when a patient writes down that she has concerns about problems achieving orgasm.

That is why I continue to believe that the relevant question ought to be *not* "Why is Dr. Tyndall's practice so different from that of the other gynecologists?" but rather, "Why are their practices so different from mine?"

When I happened, by pure chance, to learn that the new OC form was about to be implemented, I presented a very lengthy and detailed memorandum (a copy is in the enclosed set of documents) concerning the inadequacies of this new form. Yet I never received so much as an acknowledgment of that memorandum, on which I had spent many hours of my personal time. The new form was simply implemented by the *CQI Committee* without further discussion.

Larry, would you not be offended if a form pertaining to pediatrics or adolescent medicine was implemented by mostly untrained members of the *allied health staff* without so much as a solicitation of your views?

You indicated in our meeting of April 24 that we will be discussing our medical forms during the summer. I look forward to presenting you with my views at that time. Enough said for now.

This Is Why In The Case Of The UPHC A Separate Women's Clinic And Men's Clinic Is Retrogressive

With that history, you can perhaps see why, in my paper of May 15, I saw these clinics as a not-so-well-disguised attempt to retrogress to the UPHC's not-so-distant past, when male patients were assigned mostly to male practitioners and female patients mostly to female practitioners.

The proponents of these clinics would have us believe that such clinics provide superior care. Yet, they have offered not one iota of evidence in support of this claim. The concept that *we should do this because other student health centers are doing it* has no more credibility, in my view, than the concept (one I know you dislike, too) that *we do it this way because we've always done it this way*.

As I said in my paper of May 15, if it is our intention to become accredited by the AAAHC then proposals such as this one should be submitted—with sufficient detail regarding where the clinics will be located, who will staff them, what the costs are, etc.—to the *medical executive committee* prior to submission to the *medical staff [D.O.'s and M.D.'s]* as a whole, for consideration, per ARTICLE XII of the *Model Bylaws* of the AAAHC.

We May Still Not Be Properly Organized For Accreditation

Which brings us to this final section of Part One of this paper.

As you know, the accreditation process involves interviews with many, if not most, of the UPHC staff. A "Guiding Principle" of accreditation, whether by the AAAHC or the JCAHO, is that "The medical staff will be self-governing with respect to all professional activities." Should AAAHC surveyors learn that the *medical staff* has not been self-governing, that is, that changes in their professional activities were made without their express approval, then our years of effort prior to the survey may well have been wasted.

Larry, I don't know any good way to say this tactfully, but I am going to try my best. You have said that Bernadette Kosterlitzky, R.N. will be attending an upcoming AAAHC conference, and I assume that means that you will be relying on her for advice and guidance as we proceed through the process of becoming accredited. Since she purportedly has years of experience in the area of accreditation, she is a logical choice to attend the seminar. All I am going to say at this time is that a number of the staff, including me, have attempted on a number of occasions to confirm the authority for some of the directives and statements that she has issued but we have been unable to do so. Our perception is that Bernadette has a very strong yen to be seen as a manager and as a person in authority and that this yen sometimes, how shall we say, *clouds* her interpretation of what she reads.

A good example is the current composition of our *medical executive committee*. I know she says that it is commonplace to have non-physicians sitting as voting members on the *medical executive committee* but despite being invited to do so, she has never furnished even one example of an ambulatory health organization that is so organized. We are aware that sometimes the *medical executive committee* will invite, say, the Director of Nursing or the Quality Assurance Coordinator—excuse me, the Director of Quality Management (a title, by the way that came to the UPHC with Bernadette's arrival) to attend certain parts of a *medical executive committee* meeting if their presence is necessary, but we have been unable to confirm an instance in which any non-physicians have actually sat as regular voting members of this committee.

By the way, I hope you can find the time to review the attached documents which summarize the definitions, guidelines and requirements of the AAAHC regarding the structural organization that an ambulatory health center (AHC) that seeks to become accredited should possess. I have spent hours upon hours plus a fair amount of my own money (mostly on phone calls) researching these issues over the past years. Here's what is contained in that set of documents:

- Paper A is a summary of the *Model Bylaws* of the AAAHC. The most important points are these:
  - *allied health professional* includes physician assistants, nurse practitioners, podiatrists, psychologists or, in general, "licensed health care professionals other than a physician"
  - *medical staff* is defined as D.O.'s and M.D.'s
  - *allied health staff* includes all other professionals at the AHC (R.N.'s, M.A.'s, medical records professionals, lab techs and so on)
  - *governing body* means the Division of Student Affairs or, in general, the management staff of the University of Southern California, including the UPHC's Executive Director
  - appointment authority to the *medical staff* lies with the *medical staff* together with the *governing body*
  - applications for such appointment should be developed by the *medical executive committee*
  - *the governing body* may accept the recommendation of the *medical executive committee* or refer it back
  - *medical staff* privileges are granted, continued, modified or terminated by the *medical executive committee* or, in the case of the UPHC, by the *governing body* upon recommendation of the *medical executive committee*
  - in the case of hearings involving an *arbitrator* the *hearing officer* shall be an *attorney at law*
  - the *officers of the medical staff* include the *medical director*, the *assistant medical director* and, probably not in our case, a *secretary-treasurer*
  - the *medical director* is the chief officer of the *medical staff* (thus, when there is a combined Executive Director/Medical Director such as at the UPHC, that person both heads the *medical staff* and is a member of the *governing body*
  - *committees*—Larry please note that the functions of these committees are to be "performed by a solo practitioner or group of practitioners acting as a committee of the whole"—that is to say, if there are separate committees, each of these committees should be headed by a *practitioner* and this chairperson and the members of the various committees "shall be appointed by the medical director subject to consultation with and approval by the *medical executive committee*"(this is in line with "the guiding principle" for accreditation; namely, "the medical staff will be self-governing with respect to all professional activities")
  - the *medical executive committee* "shall consist of the officers of the *medical staff* [the *medical director* and the *assistant medical director*, in our case]" and, optionally, "the standing committee chairpersons" [as defined in the last paragraph]—note that all members of the *medical executive committee* should thus be D.O.'s and M.D.'s
  - the *medical records committee* shall have a chairperson [who is a member of the *medical staff* appointed by the *medical director*] and "it shall consist of [] *medical staff* members [note the plural]" plus, optionally, "a nurse representative and employees in charge of maintaining medical records"

- similarly, the *utilization review committee* "shall consist of [] *medical staff* members"—note once again that these committees are composed primarily of members of the *medical staff*, in other words, the D.O.'s and M.D.'s
- as another example, the *pharmacy and therapeutics committee* "shall consist of at least [] *medical staff* members" plus, optionally, "a voting representative from the pharmaceutical service, a non-voting representative from the nursing service" and, again optionally, "a non-voting representative from the *governing body*"
- the *quality assurance committee* "shall consist of [] *medical staff* members of the organization, a member of the nursing service" and, optionally, "a member of the *governing body*"
- and so on for the rest of the committees, with the exception of the *joint conference committee*—note that this committee consists of "an equal number of members of the *governing body* and of the *medical executive committee*" and "the chairmanship of the committee shall alternate yearly" between the two groups
- I have already discussed elsewhere ARTICLE XII regarding rules and regulations, which can concisely be summed up as follows: "The *medical staff* shall initiate and adopt such rules and regulations as it may deem necessary for the proper conduct of its work" by submitting proposed changes to the *medical executive committee* "for review and evaluation prior to presentation for consideration by the *medical staff* as a whole under such review or approval mechanism as the *medical staff* shall establish." According to the *Model Bylaws*: "The mechanism described herein shall be the sole method for initiation, adoption, amendment, or repeal of the *medical staff* rules and regulations."

To sum up, in matter affecting the professional activities of the *medical staff*, the *medical staff* shall be self-governing. The *medical executive committee* represents the interests of the *medical staff* at annual meetings of the *joint conference committee*. The *joint conference committee* should have an equal number of members coming from each side —the *medical executive committee* and the *governing body*—and the chair alternates between the two sides. Each of the various committees is chaired by a *practitioner* who has been appointed by the *medical director*. This is all part of a "guiding principle" that attempts to maintain the autonomy of the *medical staff* in matters relating to the practice of medicine.

- **Paper B** is a memo which I wrote to Brad last year after a phone conversation with Ms. Pat Ferrigno of the AAAHC. Please note the lengthy quotation from our phone conversation.
- **Paper C** is also a memo that I wrote last year. Note that the *medical executive committee* that you have created, which also includes two R.N.'s who are regular voting members, would quite possibly not pass muster for the accreditation purposes. That's why it seems to me that the best course of action would be to have only members of the *medical staff* on the *medical executive committee* as is done in other organizations and as is clearly suggested in the *Model Bylaws*, which specify that the composition of the *medical executive committee* shall include the *medical director*, the *assistant medical director* and, optionally, "the standing committee chairpersons."
- **Paper D** is a lengthy effort I made to communicate to the members of the *CQI Committee* directly that we were not properly organized. Larry, I don't expect that you will actually read this through, but I am including it here anyway to give you an idea of
  - what was going on here before your arrival
  - how much time and effort I have expended with this issue.
- **Paper E** was written in March, 1995, when I was informed that the new "Oral Contraceptive Follow-Up" form was about to be implemented. Bernadette never responded to my request to be allowed to review the ACOG documents.
- **Paper F** is my February 22, 1995, memo on the deficiencies of the new "Oral Contracepitve Follow-Up" form—a memo that was simply disregarded.
- **Paper G** depicts how Bernadette tried during Brad's tenure to set herself up as a *hearing officer* regarding a dress code, even though the *Model Bylaw* specifically state that any *hearing officer* will be an *attorney at law*. This is another example of what I meant above when I mentioned Bernadette's yen to be seen as an authority figure. Another good example is how she convinced Brad to allow her to change her title from Quality Assurance Coordinator (which suggests the traditional advisory capacity for this position) to Director of Quality Management (which suggests a management role).

Part Two

Five Requests

With that extensive backgroud in mind, I would like to proceed with the following requests.

1) Allegations That Patients Do Not Wish to Follow Up With Me

Please conduct a full investigation of this allegation—an allegation which has caused me great emotional distress—that patients do not wish to follow up with me at a rate that is greater than that of any other of the UPHC practitioners. (As I'm sure you know, it is not at all uncommon—throughout the medical profession and not just at the UPHC—for *isolated cases* to occur of patients not wanting to see again a given practitioner.) As I have already stated, if such an allegation can be substantiated, then I am more than ready to accept constructive criticism and take corrective action, as it is my intention to offer only the very best care to our clients.

Request #1

Please advise me as soon as possible of the results of your investigation of this allegations. If it is groundless, then I trust it will be removed from annual performance evaluation forthwith and the person or persons responsible for slandering my professional reputation promptly sought out and disciplined.

2) Your Proposal To Change Practitioners' Office Locations

Also during our meeting of April 14, you mentioned that, in the interest of continuity of patient care, you are considering a strategy that might involve practitioners changing their office locations. As I mentioned to you at that time, a problem regarding the (in)ability of patients to obtain follow-up from the same practitioner has in fact existed for some time at the UPHC. But that problem has to do with the inadequacy of our appointment system, which does not allow for the booking of patients more than a week or ten days hence. If *continuity of care* means the ability of a patient to follow up with the *one and the same practitioner* who first saw him or her, then I do not see how moving practitioners' office locations to establish *practice groups* would improve the desired continuity. Furthermore, there are other issues involved with the concept of moving the office locations of the practitioners, including:

Request #2

As I detailed above, Room 218 was specifically offered to me during negotiations regarding my employment. It is my understanding that verbal promises made by an employer during contract negotiations carry the same weight as written promises (see Appendix). If, as a representative of the *governing body*, it is your intention to breah the implied contract between me and the University (the details of which can be substantiated by the behavior of the two parties to the contract since 1989), then please so inform me as soon as possible.

3) Your Proposal To Change The System For Granting Compensatory Time

At your meeting with the practitioners in your office on Friday, May 3, you indicated that you are considering a change in the system of compensating practitioners for carrying the on-call beeper during evenings/nights and weekends. You stated, "Since some practitioners are complaining that they receive inadequate funds for continuing medical education, perhaps the present system should be changed to one in which additional CME money could be earned by carrying the beeper."

With all due respect, Larry, that idea makes little or no sense. There are only a handful of physicians willing to carry the beeper under the *current* system which—although it provides rather minimal compensation—is certainly better than the compensation that you proposed. I have received as many as twenty calls while carrying the beeper over the 63-hour Friday 5 p.m.-Monday 8 a.m. weekend, many in the wee hours of the night, so that my weekend plans are often ruined. The compensation for the physicians, to repeat, is really quite minimal: 4.2 hours compensatory time off, for example, for taking calls throughout the 63-hour weekend starting at 5 p.m. Friday through 8 a.m. Monday morning. (Two-thirds of those 4.2 compensatory-time hours off, as I said, must be taken during the lower-patient-census summer months.)

Larry, does 4.2 hours off during the summer for being available to over 20,000 students for 63 hours on a weekend seem excessive to you? How about 1.4 hours for being available to them from 5 or 7 p.m. to 8 a.m.—13-15 hours per evening/night—on a weekday? Perhaps the best evidence that this compensation for carrying the beeper is minimal is the fact that, of the 10 physicians at the UPHC who are eligible to carry the beeper, only 3 or 4 of us regularly sign up for it.

The system is a great deal for the University. In return for a practitioner being available to the students 24 hours a day during the busy part of the school year, the practitioners take their compensatory time off during the lower-patient-census summer months. *Thus, it costs the University nothing beyond the practitioner's base salary to have this coverage available 365 days a year.*

I know you are not a fan of history/the past, but please consider the following:

- The current system of allowing compensatory time (CT) to physicians for various activities—including staying beyond the end of their assigned shifts to see patients—has existed for much longer than the seven years that I have worked at the UPHC. Current 15-year+ employees of the UPHC confirm that the system was in existence when *they* arrived. Thus, it seems that the current system has been in existence for *decades*.
- Presumably, your reason for suggesting a change is to save on costs. *But is it correct to state that the existing system costs the UPHC any significant money?* As you know, current UPHC rules and regulations stipulate that two-thirds of all vacation and CT must be taken during the summer months, when the UPHC patient-census is lower. Medical staff who accrued a few hours of CT as a result of staying late to see patients during the busy part of the school year usually take their CT during this slower part of the year. In short, the existing CT system efficiently reallocates or redistributes compensatory off-time from the busy time of the school year to the slow part of the year and, it seems to me, everyone benefits:
    - *The 20,000+ USC students benefit* from having practitioners who are willing to take as much time as necessary for their care, regardless of when the practitioner's shift ends and her of his off-time begins; and
    - *The practitioners benefit* from being compensated—on an hour-for-hour basis (*not* time and one-half as "non-exempt" employees would receive)—for taking care of patients during their scheduled time off.

One observer has stated, "If you were in private practice, you would be expected to see the extra patient without getting compensatory time off." I disagree. If we were in private practice we would be receiving extra compensation for seeing the additional patient—and the extra compensation might very well pay for extra time off at a future date. (See box below.)

Regarding specifically CT for carrying the beeper, the current system for compensating physicians for taking after-hours beeper-call has been in existence, according to my research, for *decades*. It is a *long-established benefit of employment at the UPHC*, one which was specifically offered to me during negotiations regarding my employment with the UPHC. Larry, please excuse the legalese, but I believe that a decision to change the current system would constitute a breach of contract and should be considered in that light. Personally, I doubt that the University of

Southern California administration has any intention of breaching a contract with any of its employees, especially benefits that are so great for the students and for the University and that cost the University as little as this one does.

Request #3

If it is your intention to take away or modify the current method of compensating physicians with compensatory time, then please so inform me as soon as possible.

Is It Appropriate To Compare Employment at a Student Health Center With Private Practice?

I believe that it is fundamentally inappropriate to compare employment at the UPHC either with the private practice of medicine or with other situations in which one is an employee-physician. Why? Because student health centers, precisely because they care for student populations with the usual vacation times, are unique places of employment that offer unique lifestyle advantages that are only rarely found in private practice.

But there is also quite literally a price to be paid for these lifestyle advantages; namely, far lower dollar compensation, as I detailed for you earlier with regard to my own case.

Now, I'll be the first to admit that USC and the UPHC offer attractive benefits to its employees—that is one reason the University is able to attract good employees who are willing to work for it for little more than half what they could earn elsewhere. And I, for one, am quite proud of the "civilized" manner in which the University treats its professional staff.

With regard to this subject of compensation, I am not aware of any evidence that we are overpaid for what we do. It was only two or three years ago that the salary schedules for the **medical staff** and the **allied health professional staff (Physician Assistants)** and some of the **allied health staff** (R.N.'s) were raised (in some cases dramatically)—after an official salary survey by the University's personnel office revealed that some of us were being underpaid.

I'm sure that you can find examples of physicians who earn less than us, but given that our salaries are based on a professionally-run survey, would such a finding indicate that we are overpaid—or, rather, that the physicians you have found are in fact *underpaid*?

4) Your Proposal To Alter The Current System Of Staffing The UPHC Between The Hours Of 5 p.m.-7p.m.

Also at your meeting with the practitioners on Friday, May 3, and again at the May 12 retreat, you voiced the idea of changing the current system of staffing the UPHC during the hours of 5 p.m.-7 p.m. I am not a lawyer (and hate sounding like one, believe me), but once again your proposal appears to raise the issue of breach of an implied contract between the University of Southern California and its employees.

As you know, the current system came about as a result of complaints by evening students many years ago that, although they, too, were paying the health fee, they were being denied access. You propose to have physicians work staggered shifts (for example, 10:30 a.m. - 7 p.m. with an hour for lunch) as opposed to working an extra two hours, from 5 p.m.-7 p.m., for extra compensation under the current system.

My research into the pertinent history reveals that when practitioners and other employees, who had originally been hired to work from 8:30 a.m.-5 p.m., were told a number of years ago that they would have to work staggered shifts, they refused. Subsequently, the University offered extra compensation for working late, but even then the shifts were difficult to fill. In fact, that is the reason I was offered, when I was hired in 1989, the opportunity to

work all four nights that the UPHC is open—Interim Director Ron Mandel told me that there were insufficient volunteers even with the extra pay.

For me, as detailed above, coming to work for the UPHC involved a loss in the first year alone of about $30,000 *per annum* compared to Kaiser, therefore, I gladly accepted the opportunity to work every evening for extra compensation. Since 1989, I have been earning about $10,000 *per annum* in extra compensation as a result of working eight extra hours per week in the evenings at the UPHC. Any change in the current system would cause me substantial financial distress. You have not stated any reason for changing the present system. (It is widely known throughout the UPHC that certain personnel who do not have the opportunity to earn extra compensation are extremely dissatisfied—not to say envious—of the current system. But I doubt your proposal is based on such concerns.)

I presume that your proposal is based on budgetary considerations. And although the cutting of staff and staff costs in the name of a "fiscal emergency" has recently been successfully challenged in a court of law (see "CUNY Misused Fiscal 'Emergency' To Cut Staff and Costs, Judge Rules," *The New York Times*, May 3, 1996), I am cognizant of, and agree with you regarding, the need for the UPHC to provide the best care at the fowest possible cost to the students. As I said above, I am behind you 100% with your pro-active concept of trying to provide service more efficiently and more cost-effectively—even to the extent of taking a pay cut.

Request #4

Therefore, since:

- I work more hours in the evening clinic than any other practitioner—and thus have the most to lose financially from a change in policy; and
- I was the only employee in 1989 to accept the University's request for additional volunteers to work in the evening clinics; then
- I would like to be offered the following by the University:
  - The *first opportunity* to work the proposed 1030 a.m.-7 p.m. shift on a *permanent basis*.
  - A raise in my base pay of $5,000-$7,500 *per annum* to *partially* offset the $10,000 in annual income that I will lose from a change in the current system.

5) The Proposal For A "Women's Clinic" and "Men's Clinic" In The Context Of My Employment Contract

On May 15, 1996, I distributed my paper on the subject proposal. The purpose of that paper was to show that there are a great many issues lurking below the surface of the proposed change in how the *medical staff* will practice medicine at the UPHC. There is one issue, however, that I did not take up in that paper, as it involves a matter solely between me and the University (whereas the May 15 paper was simply a response by a member of the medical staff to a proposal that had been submitted to it).

When I was hired in 1989, I was told by Interim Director Ron Mandel that I would be dividing my time approximately equally between gynecology and general-practice patients. From 1989 until the present, I have in fact conducted at least three formal half-day gynecology clinics per week, in addition to seeing a smattering of gynecology patients in my regular non-gynecology clinics.

As I pointed out in my paper of May 15, if it is the intention of the proponents of the Women's Clinic that it be "preferably staffed, for the most part, by female medical personnel," as stated in their memorandum of April 26, then I need to know what their intention is with regard to my practice. I am presuming that, since I am the only fully-trained obstetrician-gynecologist at the UPHC, I am the exception envisioned by the phrase, "for the most part"—and I do fully expect to continue with my three formal gynecology clinics each week.

Request #5

If the proposal for a Women's Clinic will in any way result in a breach of the contract between me and the University, then please so inform me as soon as possible. Specifically, if it is *not* the intention of the proponents of the Women's Clinic to include me as part of it so that as my current patients graduate I will have no gynecology

patients to care for, then please so inform me so that we may begin discussion of this attempt to breach my contract immediately.

Appendix—Special Note To Larry Neinstein

Larry, regarding this Appendix, please do not misunderstand why I am quoting the text below herein. The farthest thing from my mind at present is to get into a legal dispute with an exceptional employer for whom I have great admiration, pride and regard; namely, the University of Southern California. I quote this piece only to demonstrate that with this paper I am simply doing what is suggested therein, that is, "try to negotiate." I don't know you personally, but I am assuming that, like me, you are a person of integrity. Thus, if you were in my situation, I dare say you would find yourself forced to write to your superior just the way I am writing to you now. After you've had time to digest the contents contained herein, please let me know so I can schedule a follow-up appointment. At your leisure—but as soon as possible—please ask Lucy to schedule a one-hour (or more) appointment between the two of us so we can discuss the issues that I have raised in this paper in detail.

Thank you very much for taking the time to read this.

California Contract Law—Lawsuits Over Contracts

> A contract is an agreement between two people in which each promises to do something for the other. The key to a contract is that each side must promise or do something of value. . . . Many everyday transactions are contracts, such as opening a checking account. . . . In most cases, an oral contract is legally valid and binding. . . . If one person doesn't keep his or her promise, the contract has been broken ('breached'). The other person may try to negotiate, seek mediation or arbitration to settle the dispute, or take the breaching party to court.[1]

[1]Guerin, Attorney Lisa; Gima, Patti; Nolo Press Editors. *Nolo's Pocket Guide to California Law, Third Edition*. Berkeley: Nolo Press, 1995. Chapter entitled "Courts and Lawsuits," pp. 43-57.

Tab 03

October 16, 1996

[redacted]

Dear [redacted]

I wish to express my concern that you felt your care was not what you would have hoped for at the University Park Health Center. It is our desire to provide the highest quality and cost-effective care possible. I have discussed your concerns with the practitioner involved in your care. I have always suggested to students that if they are not happy with their care to let us know and also that there are choices of practitioners at the Health Center. If you would like follow-up care at the University Park Health Center with another gynecologist, we would be happy to accommodate you.

As a gesture of our concern that you paid twice for this problem, I have asked our business office to credit your USC account the $65.25 that you paid us. If you have any further concerns, I would be happy to discuss those with you.

Sincerely yours,

Lawrence Neinstein, MD
Associate Professor of Pediatrics and Medicine
Executive Director
University Park Health Center

LN/srp

cc: Dr. Tyndall

Tab 04

USC
UNIVERSITY OF SOUTHERN CALIFORNIA

USC-University Park Health Center

Student Health and Counseling Services

DATE: May 12, 1997
TO: Larry Neinstein, M. D., Executive Director
FROM: George Tyndall, M.D., Staff Physician and Gynecologist
RE: Our meeting of May 9, 1997

As always, I enjoyed the opportunity to engage in still another wide-ranging private discussion like the one we had for about an hour on May 9. In particular, I was glad that you showed me the comments that had been made by three students with regard to my practice style. During the weeks that the Student Satisfaction Survey (SSS) was conducted, I was careful not to "spruce up" or otherwise alter in any way my usual manner of interacting with the students, precisely so I might learn of any possible problems.

As you know (see "Mzuri Box Updat" in *The Script* of March 1997 in which a student states "What a great gentleman Dr. Tyndall is. I really enjoyed our conversation....") I nearly always attempt to engage my patients in short conversations during their visits. I like to get to know my patients personally—what year they are in, what their major is, what their career plans are, and so on. That is because I am a firm believer in the UPHC "core value" referred to in the UPHC Mission Statement as *the biopsychosocial approach* to providing care.

Unfortunately, based on the three comments that you showed me on May 9, it appears that not every single one of all my many patients—past surveys have shown that I see more patients per month than most of the other practitioners—is necessarily happy with this approach. On the other hand, the vast majority of my patients *do* appear to enjoy my personalized approach to care so, as I left your office on May 9, the message that I took with me is that perhaps I need to be a bit more careful not to give patients the impression that, in the process of conversing with them, I have forgotten their needs, that is, that I have forgotten the reason that they visited in the first place. Thank you for bringing this minor problem of practice *style* to my attention.

My purpose in writing to you now is that after our meeting I happened to mention our discussion to Dr. Figatner. He asked me whether you had informed me that, as a result of these comments about my style of practice, you were intending to award me on July 1 a *less* than *average* salary adjustment. Upon hearing this, I was aghast.

As you know, I wrote to you on May 7 to ask you for a *larger than average* salary adjustment on July 1 in recognition of the many financial and other efforts and sacrifices that I have made for you, the UPHC and the other practitioners over the past year, as detailed in that May 7 letter. To suddenly learn that you are considering a *lower than average* adjustment merely because a tiny fraction of my many patients do not like my *style* of practice is no less than flabbergasting.

To my mind, a legitimate reason for awarding me a less than average salary adjustment is that I have in some way seriously compromised a patient's *care*. For example, about three weeks ago (as we discussed at the noontime Journal Club meeting of April 16) I helped to save the life of one of our students, who was literally bleeding to death. If as his primary physician I had missed the diagnosis of GI bleeding, then that would be a reason for an adverse action by you against me. But no such serious compromise was demonstrated by you to me at our meeting of May 9; on the contrary, only issues of *style* were presented.

Therefore, at your earliest convenience, please arrange another meeting at which both the *SSS comments* and the *medical charts* of the three patients that you presented on May 9 are on hand. Then, we shall discuss in detail whether it appears that the medical care of these patients was in any way compromised.

Would you kindly set aside an hour during the week of May 12 for such a discussion? Thank you.

University of Southern California
849 West 34th Street
Los Angeles, California 90089-0311
Tel: 213 740 9344

USC
UNIVERSITY OF SOUTHERN CALIFORNIA

Date: May 07, 1997
To: Lawrence S. Neinstein, M. D.,Executive Director
From: George Raymond Tyndall, M.D., Staff Physician
Subjects: 1)Withdrawal of My Proposal for Reduction in Annual Hours (My Memo of February 11, 1997)
2) the July 1, 1997, Salary Adjustment

USC-University Park Health Center

Student Health and Counseling Services

As you know, I would like to do my part in helping to make the University Park Health Center (UPHC) leaner and more efficient, especially if it will help to prevent a hostile take-over by an outside organization, as we've discussed on many occasions this past year. That is one reason why I submitted to you on February 11 a proposal for reduction in annual hours.

But since that time, new developments have taken place. Recently, I consulted my tax adviser for the purpose of filing my annual tax return. At that time he informed me that, because I will be losing some deductions, I need to reduce the number of personal exemptions that I claim on my W-4 to be sure that I am witholding enough income for next year's tax bill.

This reduction in witholding exemptions has had a disastrous effect on my take-home pay—so disastrous that now it has become impossible to make ends meet even at my current full-time pay. This is especially true because of the fact that, by accepting your call to work "flexible hours" in lieu of "overload hours" for extra compensation, I have incurred a loss of some $10,000 per year. For these reasons, I must hereby withdraw my February 11 proposal to reduce my annual hours to less than 100% of full time.

Further, because it has now become impossible to make ends meet even at full pay, and because you will soon be deciding pay raises for the upcoming year, I wanted to remind you once again of the contributions and sacrifices that I have made to help ensure smooth operations at the UPHC:

- from 1989 through 1996, I alone of all the practitioners accepted—for all 4 nights that we are open beyond 5 p.m.—the call of the Director to work overload
- since January of 1997, I alone of all the practitioners accepted—again, for all four nights that we are open beyond 5 p.m.—your request for volunteers to work flexible hours in lieu of overload; as a direct result of this action on my part, much dissension among the practitioners has been avoided (my understanding is that, if there was a shortage of volunteers, you were intending to simply assign the hours, whether the practitioner(s) liked it or not and regardless of any family, ride-sharing or other obligations that might prevent him/them from working beyond 5 p.m.)
- then most recently, upon learning that, because of a shortage of practitioners, it was unlikely that practitioners would be able to have 3-day weekends this summer like all the UPHC employees have enjoyed for many years in the past, I alone volunteered to work both Monday and Friday while taking my day off during the middle of the week; as a result, all the other practitioners have gotten the schedules they'd requested and the dissension that would otherwise surely have arisen has once again been avoided thanks to me.

As you contemplate the amount of my salary adjustment for July 1, I will be very pleased to learn that you do value the efforts and sacrifices that I have made over the past years to maintain morale among the practitioners —so much so that the result is an above-average salary adjustment.

University of Southern California
849 West 34th Street
Los Angeles,
California 90089-6311
Tel: 213 740 5344

On The Phone

		Very Poor	Poor	Fair	Good	Very Good
1.	Ease of getting through to the person or service you wanted	1	(2)	3	4	5
2.	Courtesy and professionalism of person who took your call	1	2	3	4	(5)
3.	Availability of staff to talk on the phone	1	2	(3)	4	5
4.	How promptly your calls were returned	1	2	3	4	(5)
5.	Clarity of information given to you by the Advice Nurse	(1)	2	3	4	5

Comments: Poor voicemail system — Rookie to press too many buttons just to get a recording.
= areas held by med care co. advice nurse could authorize follow up visit to specialist – nurse let me explain entire sit. before telling me she couldn't authorize such referrals.

Appts./ Registration

		Very Poor	Poor	Fair	Good	Very Good
1.	How was your appointment made? ☒ By Phone ☐ Inperson					
2.	Courtesy and helpfulness of person making your appointment	1	2	3	(4)	(5)
3.	Ease of getting an appointment	1	2	3	(4)	(5)
4.	Courtesy and professionalism of personnel at the patient registration area (front desk)	1	2	3	4	(5)
5.	Speed of your visit registration at the reception area	1	2	3	4	(5)

Comments:

Patient Visit

		Very Poor	Poor	Fair	Good	Very Good
1.	Courtesy and professionalism of person taking your temperature, blood pressure, weight, height, etc.	1	2	3	4	(5)
2.	Comfort and pleasantness of waiting area	1	2	3	(4)	5
3.	Courtesy and professionalism of medical assistants or nurses	1	2	3	4	(5)
4.	Concern medical assistants or nurses showed for your problem	1	2	3	(4)	5
5.	Attention to your needs during treatment	1	2	3	(4)	5
6.	Helpfulness of education received regarding your care	1	2	3	(4)	5
7.	Respect and interest practitioner showed for your questions	1	2	3	(4)	5
8.	How clearly did your practitioner explain your problem or condition	1	2	3	(4)	5
9.	Practitioner's concern to make your treatment as convenient and comfortable as possible	1	2	3	(4)	5
10.	Adequacy of time the practitioner spent with you	1	2	3	4	(5)
11.	Do you feel your confidentiality was respected	1	2	3	4	5
12.	Cleanliness of patient care areas	1	2	3	(4)	5
13.	Overall rating of treatment received from medical assistants, nurses and practitioners	1	2	3	(4)	5
14.	After you were seen by the medical assistant, how long was your wait to see a practitioner	☐ Less than 10 minutes	☒ 10-20 mins.	☐ 20-30 mins.	☐ More than 30 minutes	

Comments: I have received outstanding care from Dr. ___. She has been patient + thorough in her explanations, and I feel treats me with respect. I was dissatisfied with care I previously received from Dr. Tyndall. Though he might have been well-intentioned, I felt put off that he talked about his political views during our orientation. I felt he was unclear about what I would receive, and this caused me great anxiety. (See back page)

Lab/X-Ray/Pharmacy

		Very Poor	Poor	Fair	Good	Very Good
1.	Courtesy and professionalism of laboratory personnel	1	2	3	4	5
2.	Skill with which tests were taken (quick, little pain, etc.)	1	2	3	4	5
3.	Courtesy and professionalism of x-ray personnel	1	2	3	4	5
4.	Courtesy and professionalism of pharmacy personnel or pharmacists	1	2	3	4	5
5.	Education/Instructions received on medication	1	2	3	4	5
6.	Was your waiting time:					
	Less than 10 mins. to have your blood drawn in the Lab	☐ Yes	☐ No			
	Less than 15 mins. to have your x-ray taken	☐ Yes	☐ No			
	Less than 30 mins. to have your prescription filled	☐ Yes	☐ No			

Other Services

Please rate the quality of service you received in each of the areas whose services you used:

		Very Poor	Poor	Fair	Good	Very Good
1.	Health Promotion and Prevention Services	1	2	3	4	5
2.	Physical Therapy	1	2	3	4	5
3.	Medical Records Department	1	2	3	4	5
4.	Student Insurance Office	1	2	3	4	5
5.	The Measles Office	1	2	3	4	5

Comments: _____

Billing & Cashier

		Very Poor	Poor	Fair	Good	Very Good
1.	How adequately were you informed of costs from each department	1	2	3	4	5
2.	If you had questions about a bill, or a charge you incurred, how well were your questions answered	1	2	3	4	5
3.	Courtesy of cashier	1	2	3	4	5
4.	How long was your wait for the cashier	☐ Less than 10 minutes	☐ 10-19 mins.	☐ 20-30 mins.	☐ More than 30 minutes	

Comments: _____

Final Rating

		Very Poor	Poor	Fair	Good	Very Good
1.	Decor of Patient Care Area	1	2	3	4	5
2.	Convenience of office/clinic hours	1	2	3	4	5
3.	Adequacy of signs and directions	1	2	3	4	5
4.	Likelihood of your recommending our clinic to others	1	2	3	4	5
5.	Overall satisfaction with your health care	1	2	3	4	5

Comments: Dr. Tindell, A doctor I have seen in the past — but will never see again — is the worst doctor I have ever seen in my life. He has mis-diagnosed myself + probably 20 other people I could name off-hand, including killing a girl I know that she had cancer when she didn't.

When you've completed this survey, please place it in the survey box. For your convenience, there are survey boxes located throughout the Health Center.

If you don't want a huge future lawsuit on your hands, I highly suggest the termination of this MAN. (please see over →)

(2)

On The Phone

		Very Poor	Poor	Fair	Good	Very Good
1.	Ease of getting through to the person or service you wanted	1	2	3	4	5
2.	Courtesy and professionalism of person who took your call	1	2	3	4	5
3.	Availability of staff to talk on the phone	1	2	3	4	5
4.	How promptly your calls were returned	1	2	3	4	5
5.	Clarity of information given to you by the Advice Nurse	1	2	3	4	5

Comments:

Appts./ Registration

		Very Poor	Poor	Fair	Good	Very Good
1.	How was your appointment made? ☒ By Phone ☐ Inperson					
2.	Courtesy and helpfulness of person making your appointment	1	2	3	4	5
3.	Ease of getting an appointment	1	2	3	4	5
4.	Courtesy and professionalism of personnel at the patient registration area (front desk)	1	2	3	4	5
5.	Speed of your visit registration at the reception area	1	2	3	4	5

Comments:

Patient Visit

		Very Poor	Poor	Fair	Good	Very Good
1.	Courtesy and professionalism of person taking your temperature, blood pressure, weight, height, etc.	1	2	3	4	5
2.	Comfort and pleasantness of waiting area	1	2	3	4	5
3.	Courtesy and professionalism of medical assistants or nurses	1	2	3	4	5
4.	Concern medical assistants or nurses showed for your problem	1	2	3	4	5
5.	Attention to your needs during treatment	1	2	3	4	5
6.	Helpfulness of education received regarding your care	1	2	3	4	5
7.	Respect and interest practitioner showed for your questions	1	2	3	4	5
8.	How clearly did your practitioner explain your problem or condition	1	2	3	4	5
9.	Practitioner's concern to make your treatment as convenient and comfortable as possible	1	2	3	4	5
10.	Adequacy of time the practitioner spent with you	1	2	3	4	5
11.	Do you feel your confidentiality was respected	1	2	3	4	5
12.	Cleanliness of patient care areas	1	2	3	4	5
13.	Overall rating of treatment received from medical assistants, nurses and practitioners	1	2	3	4	5
14.	After you were seen by the medical assistant, how long was your wait to see a practitioner	☐ Less than 10 minutes	☐ 10-20 mins.	☐ 20-30 mins.	☐ More than 30 minutes	

Comments: attn: Dr Nemstein (re: Dr. Tyndall)
he was shredding papers when I came
in para had me open my mouth and
asked me what I should have on medica
he turned back the records to the last time
I was and noticed I was not going this

(2)

On The Phone

		Very Poor	Poor	Fair	Good	Very Good
1.	Ease of getting through to the person or service you wanted	1	2	3	4	5
2.	Courtesy and professionalism of person who took your call	1	2	3	4	5
3.	Availability of staff to talk on the phone	1	2	3	4	5
4.	How promptly your calls were returned	1	2	3	4	5
5.	Clarity of information given to you by the Advice Nurse	1	2	3	4	5

Comments:

Appts./ Registration

		Very Poor	Poor	Fair	Good	Very Good
1.	How was your appointment made? ☒ By Phone ☐ Inperson					
2.	Courtesy and helpfulness of person making your appointment	1	2	3	4	5
3.	Ease of getting an appointment	1	2	3	4	5
4.	Courtesy and professionalism of personnel at the patient registration area (front desk)	1	2	3	4	5
5.	Speed of your visit registration at the reception area	1	2	3	4	5

Comments:

Patient Visit

		Very Poor	Poor	Fair	Good	Very Good
1.	Courtesy and professionalism of person taking your temperature, blood pressure, weight, height, etc.	1	2	3	4	5
2.	Comfort and pleasantness of waiting area	1	2	3	4	5
3.	Courtesy and professionalism of medical assistants or nurses	1	2	3	4	5
4.	Concern medical assistants or nurses showed for your problem	1	2	3	4	5
5.	Attention to your needs during treatment	1	2	3	4	5
6.	Helpfulness of education received regarding your care	1	2	3	4	5
7.	Respect and interest practitioner showed for your questions	1	2	3	4	5
8.	How clearly did your practitioner explain your problem or condition	1	2	3	4	5
9.	Practitioner's concern to make your treatment as convenient and comfortable as possible	1	2	3	4	5
10.	Adequacy of time the practitioner spent with you	1	2	3	4	5
11.	Do you feel your confidentiality was respected	1	2	3	4	5
12.	Cleanliness of patient care areas	1	2	3	4	5
13.	Overall rating of treatment received from medical assistants, nurses and practitioners	1	2	3	4	5
14.	After you were seen by the medical assistant, how long was your wait to see a practitioner	☐ Less than 10 minutes	☐ 10-20 mins	☐ 20-30 mins	☐ More than 30 minutes	

Comments: attn: Dr. Nemstein (re: Dr. Tyndall)
He was shredding papers when I came in. Asha had me open my mouth and asked me what I should have on medicine. He turned back the records to the last time

(3)

Lab/X-Ray/Pharmacy

		Very Poor	Poor	Fair	Good	Very Good
1.	Courtesy and professionalism of laboratory personnel	1	2	3	4	5
2.	Skill with which tests were taken (quick, little pain, etc.)	1	2	3	4	5
3.	Courtesy and professionalism of x-ray personnel	1	2	3	4	5
4.	Courtesy and professionalism of pharmacy personnel or pharmacists	1	2	3	4	5
5.	Education/instructions received on medication	1	2	3	4	5
6.	Was your waiting time:					
	Less than 10 mins. to have your blood drawn in the Lab	☐ Yes	☐ No			
	Less than 15 mins. to have your x-ray taken	☐ Yes	☐ No			
	Less than 30 mins. to have your prescription filled	☐ Yes	☐ No			

NA

Other Services

Please rate the quality of service you received in each of the areas whose services you used:

		Very Poor	Poor	Fair	Good	Very Good
1.	Health Promotion and Prevention Services	1	2	3	4	5
2.	Physical Therapy	1	2	3	4	5
3.	Medical Records Department	1	2	3	4	5
4.	Student Insurance Office	1	2	3	4	5
5.	The Measles Office	1	2	3	4	5

Comments: NA

Billing & Cashier

		Very Poor	Poor	Fair	Good	Very Good
1.	How adequately were you informed of costs from each department	1	2	3	4	5
2.	If you had questions about a bill, or a charge you incurred, how well were your questions answered	1	2	3	4	5
3.	Courtesy of cashier	1	2	3	4	5
4.	How long was your wait for the cashier	☐ Less than 10 minutes	☐ 10-20 mins.	☐ 20-30 mins.	☐ More than 30 minutes	

Comments: Not my friendly

Final Rating

		Very Poor	Poor	Fair	Good	Very Good
1.	Decor of Patient Care Area	1	2	3	4	5
2.	Convenience of office/clinic hours	1	2	3	4	5
3.	Adequacy of signs and directions	1	2	3	4	5
4.	Likelihood of your recommending our clinic to others	1	2	3	4	5
5.	Overall satisfaction with your health care	1	2	3	4	5

Comments: I am not usually a complainer, even I was concerned about my feedback, I filled it out with the awesome nurses in room 215, and they referred me to

When you've completed this survey, please place it in the survey box. For your convenience, there are survey boxes located throughout the Health Center.

The [illegible]

(3)

Lab/X-Ray/Pharmacy

		Very Poor	Poor	Fair	Good	Very Good
1.	Courtesy and professionalism of laboratory personnel	1	2	(3)	4	5
2.	Skill with which tests were taken (quick, little pain, etc.)	1	2	3	(4)	5
3.	Courtesy and professionalism of x-ray personnel	1	2	3	4	5
4.	Courtesy and professionalism of pharmacy personnel or pharmacists	1	2	(3)	4	5
5.	Education/instructions received on medication	1	2	(3)	4	5

6. Was your waiting time:
   - Less than 10 mins. to have your blood drawn in the Lab — ☑ Yes ☐ No
   - Less than 15 mins. to have your x-ray taken — ☐ Yes ☐ No
   - Less than 30 mins. to have your prescription filled — ☑ Yes ☐ No

forgot to run a couple of tests that PA requested and performed some he didn't request. (again, PA was very agitated)

Other Services

Please rate the quality of service you received in each of the areas whose services you used:		Very Poor	Poor	Fair	Good	Very Good
1.	Health Promotion and Prevention Services	1	2	3	4	5
2.	Physical Therapy	1	2	3	4	5
3.	Medical Records Department	1	2	3	4	5
4.	Student Insurance Office	1	2	3	4	5
5.	The Measles Office	1	2	3	4	5

Comments: _____

Billing & Cashier

		Very Poor	Poor	Fair	Good	Very Good
1.	How adequately were you informed of costs from each department	1	2	(3)	4	5
2.	If you had questions about a bill, or a charge you incurred, how well were your questions answered	1	2	(3)	4	5
3.	Courtesy of cashier	1	2	3	(4)	5
4.	How long was your wait for the cashier	☑ Less than 10 minutes	☐ 10-20 mins.	☐ 20-30 mins.	☐ More than 30 minutes	

Comments: _____

Final Rating

		Very Poor	Poor	Fair	Good	Very Good
1.	Decor of Patient Care Area	1	2	3	(4)	5
2.	Convenience of office/clinic hours	1	2	3	(4)	5
3.	Adequacy of signs and directions	1	2	3	(4)	5
4.	Likelihood of your recommending our clinic to others	1	2	(3)	4	5
5.	Overall satisfaction with your health care	1	2	(3)	4	5

Comments: _____

When you've completed this survey, please place it in the survey box. For your convenience, there are survey boxes located throughout the Health Center.

(2)

On The Phone

		Very Poor	Poor	Fair	Good	Very Good
1.	Ease of getting through to the person or service you wanted	1	2	3	(4)	5
2.	Courtesy and professionalism of person who took your call	1	2	(3)	4	5
3.	Availability of staff to talk on the phone	1	2	3	(4)	5
4.	How promptly your calls were returned	1	2	3	4	5
5.	Clarity of information given to you by the Advice Nurse	1	2	3	(4)	5

Comments:

Appts./ Registration

		Very Poor	Poor	Fair	Good	Very Good
1.	How was your appointment made? ☑ By Phone ☐ Inperson					
2.	Courtesy and helpfulness of person making your appointment	1	2	(3)	4	5
3.	Ease of getting an appointment	1	2	3	(4)	5
4.	Courtesy and professionalism of personnel at the patient registration area (front desk)	1	2	(3)	4	5
5.	Speed of your visit registration at the reception area	1	2	(3)	4	5

Comments:

Patient Visit

		Very Poor	Poor	Fair	Good	Very Good
1.	Courtesy and professionalism of person taking your temperature, blood pressure, weight, height, etc.	1	2	(3)	4	5
2.	Comfort and pleasantness of waiting area	1	2	(3)	4	5
3.	Courtesy and professionalism of medical assistants or nurses	1	2	(3)	4	5
4.	Concern medical assistants or nurses showed for your problem	1	2	(3)	4	5
5.	Attention to your needs during treatment	1	2	(3)	4	5
6.	Helpfulness of education received regarding your care	1	2	(3)	4	5
7.	Respect and interest practitioner showed for your questions	1	2	(3)	4	5
8.	How clearly did your practitioner explain your problem or condition	1	2	(3)	4	5
9.	Practitioner's concern to make your treatment as convenient and comfortable as possible	1	2	3	(4)	5
10.	Adequacy of time the practitioner spent with you	1	2	(3)	4	5
11.	Do you feel your confidentiality was respected	1	2	(3)	4	5
12.	Cleanliness of patient care areas	1	2	(3)	4	5
13.	Overall rating of treatment received from medical assistants, nurses and practitioners	1	2	(3)	4	5
14.	After you were seen by the medical assistant, how long was your wait to see a practitioner	☐ Less than 10 minutes	☑ 10-20 mins.	☐ 20-30 mins.	☐ More than 30 minutes	

Comments: during my visit, the phone rang about 6-7x (receptionist?/screening person?) This was very disruptive! In addition, I felt that Dr Mayo carried himself very unprofessionally because he abruptly picked up the phone each time & responded in a very irritated fashion each time which didn't seem to be very unprofessional to a patient at any time.

(2)

On The Phone

		Very Poor	Poor	Fair	Good	Very Good
1.	Ease of getting through to the person or service you wanted	1	2	3	4	**5**
2.	Courtesy and professionalism of person who took your call	1	2	3	**4**	5
3.	Availability of staff to talk on the phone	1	2	3	4	**5**
4.	How promptly your calls were returned	1	2	3	4	**5**
5.	Clarity of information given to you by the Advice Nurse	1	2	3	4	**5**

Comments: The tape is kind of long. If somebody's been here before, you need to repeat the [illegible]

Appts./Registration

		Very Poor	Poor	Fair	Good	Very Good
1.	How was your appointment made? [X] By Phone [ ] Inperson					
2.	Courtesy and helpfulness of person making your appointment	1	2	3	4	**5**
3.	Ease of getting an appointment	1	2	3	4	**5**
4.	Courtesy and professionalism of personnel at the patient registration area (front desk)	1	2	3	4	**5**
5.	Speed of your visit registration at the reception area	1	2	3	4	**5**

Comments:

Patient Visit

		Very Poor	Poor	Fair	Good	Very Good
1.	Courtesy and professionalism of person taking your temperature, blood pressure, weight, height, etc.	1	2	3	4	**5**
2.	Comfort and pleasantness of waiting area	1	2	3	4	**5**
3.	Courtesy and professionalism of medical assistants or nurses	1	2	3	4	**5**
4.	Concern medical assistants or nurses showed for your problem	1	2	3	4	**5**
5.	Attention to your needs during treatment	1	2	3	4	**5**
6.	Helpfulness of education received regarding your care	1	2	3	**4**	5
7.	Respect and interest practitioner showed for your questions	1	2	3	**4**	5
8.	How clearly did your practitioner explain your problem or condition	1	2	3	4	**5**
9.	Practitioner's concern to make your treatment as convenient and comfortable as possible	1	2	3	4	**5**
10.	Adequacy of time the practitioner spent with you	1	2	3	**4**	**5**
11.	Do you feel your confidentiality was respected	1	2	3	**4**	**5**
12.	Cleanliness of patient care areas	1	2	3	4	**5**
13.	Overall rating of treatment received from medical assistants, nurses and practitioners	1	2	3	4	**5**

14. After you were seen by the medical assistant, how long was your wait to see a practitioner — [ ] Less than 10 minutes [X] 10-20 mins [ ] 20-30 mins [ ] More than 30 minutes

Comments: Dr. Hayo made an unpatient impression.

Tab 05

Date: September 15, 1997
To: George Tyndall M.D.
From: Lawrence Neinstein M.D.
Regarding: multiple memos

Regarding your request about comments from patients. I have always had the philosophy and always will to get as much feedback from patients to all staff as possible. Comments, compliments and concerns that I receive from students are given to involved staff.

Regarding [redacted] As I mentioned I have already explained to her that ultrasounds are not always needed in the case of ovarian cysts and that the presence of ovarian cysts are not necessarily correlated to abdominal pain. I always explain to students that our practitioners are working to provide them with the best care possible. However, I also always explain to them, that if they are not satisfied with their individual practitioner, then they are free to choose another practitioner on staff. One possible approach that may have facilitated less negative response from this student was in the method of referring to Dr. Mandel. Another statement may have been: "I understand that you would like to obtain an ultrasound and I appreciate your knowledge of your condition, however, I would like to refer you to Dr. Mandel to get another opinion regarding the need for an ultrasound. In addition, this approach may be able to save you money." Rather than "you should not demand" which might put certain students on the defensive, this other approach might validate the student's feelings and opinions.

George, I did not mention this patient to predominantly discuss the validity or lack of validity of her complaint. This was a very upset student. That was real and her feelings were real. I am looking for other approaches whenever situations like this arise to help facilitate communication with students who may be more difficult to deal with.

Regarding [redacted]
Comparisons between birth control pills are very difficult to make because precise studies that have randomized them all have never been done. Even the comparison sheet that you attached states that "these rates are derived from separate studies conducted by different investigators in several population groups, and therefore, a precise comparison cannot be made". The estrogenic content of O/N 7/7/7 and O/N 10/11 is an identical 35 micrograms. The progestational component is slightly higher in O/N 10/11 giving rise to the slightly higher endometrial activity of O/N 10/11. However, this is all academic. The reality is that in most of the newer second and third generation pills there is no exact rhyme or reason for one pill leading to BTB and another not. I have seen many, many women who have BTB resolve when they switch from one pill to another, regardless of dose. The BTB rates are related to not just estrogen activity, but progestational activity and the relative amounts of both. These are also related to the type of estrogen, mestranol versus ethinyl estradiol. Mestranol is converted at about a 70% rate so that 50 micrograms of mestranol is equal to about 35 of EE. In addition, each woman metabolizes these compounds differently.

I have enclosed the chapter from my book on OCPS that Anita Nelson and I have written than summarizes my thoughts on this topic. In addition, I have included the

chapter from my book on contraception and women with chronic illness on cardiac problems as well as the index. If other chapters are of interest to you, let me know.

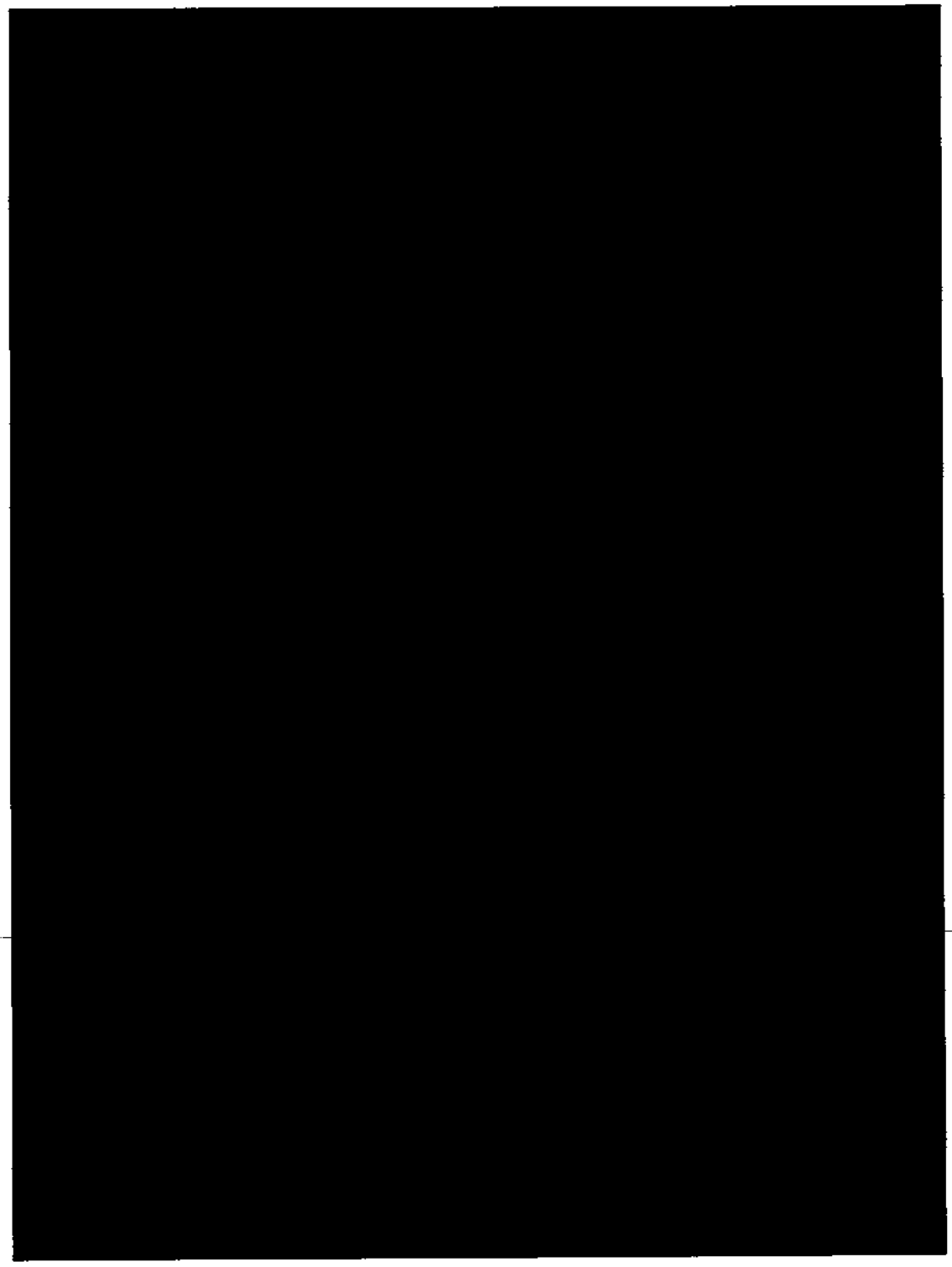
I would agree that OCPs are not contraindicated in [redacted] My concern with [redacted] is whether she needs OCPs with her elevated cholesterol when she is not sexually active and not in the need of contraception. While she may very well prefer to stay on OCPs for other reasons, this is not an unreasonable conversation to have with her. In addition, the best OCPs regarding lipids at the moment contain either norgestimate or desogestrel. This is also a consideration in further deciding her OCP choice.

Regarding active problem list: I have mentioned at multiple times in past two years that we need to implement some type of active problem list. I appreciate your suggestion and think this needs to be discussed at a practitioner meeting to decide on the best method to do this until the information system allows us to record this.

Regarding by laws: I will try to get these together this week and get xeroxed to you. Thanks for your input.

Tab 06

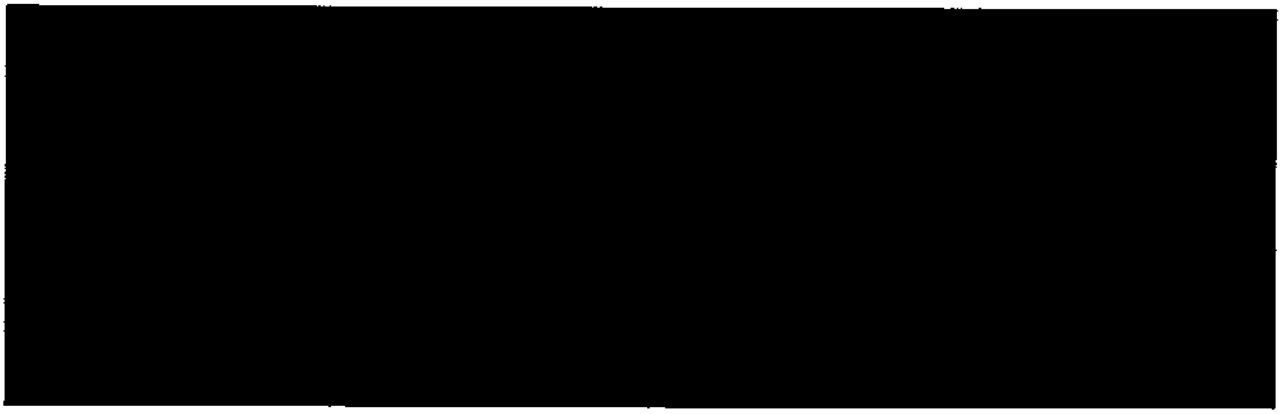
UPHC PATIENT SATISFACTION SURVEY 1998
PRACTITIONERS



[redacted]

While the care I have received here has in general been good, I had a very upsetting experience last year that I would like to mention. I came in with a concern about a lower abdominal pain that I thought was gynecologically-related. I was first treated with sensitivity and concern by a practitioner. This practitioner referred me to another doctor here at the clinic. Although I prefer to see only female doctors this individual proceeded to alarm me extremely about the worst case scenario of my symptom (which I truly believe was just stress related). Then during a gynecology exam, this practitioner suddenly, unannounced, examined me anally as well. This was essentially a shocking, invasive procedure that upset me extremely for the next few days. Please, please, please [underlined] impress upon the doctors that any genital exam is an extremely sensitive procedure, psychologically as well as physically. I was shocked at me treatment and too near tears to discuss this with the doctor at that time. My care here otherwise has been fine, but I am relieved to have the opportunity to mention this finally.

[redacted]



While the care I have received here has in general been good, I had a very upsetting experience last year that I would like to mention. I came in with a concern about a lower abdominal pain that I thought was gynecologically-related. I was first treated with sensitivity and concern by a female practitioner. She was concerned about one symptom I had, and referred me to a male doctor here at the clinic for internal medicine. Although I prefer to see only female doctors for gyn. exams. He proceeded to alarm me extremely about the worst case scenario of my symptom (which I truly believe was jjust stress-related). Then during a gynecology exam, he suddenly, unannounced, examined me anally as well. This was essentially a shocking, invasive procedure that upset me extremely for the next few days. Please, please, please [underlined] impress upon the doctors that any genital exam is an extremely sensitive procedure, psychologically as well as physically. I was shocked at me treatment and too near tears to discuss this with the doctor at that time. My care here otherwise has been fine, but I am relieved to have the opportunity to mention this finally.

Tab 07

From: Tammie Akiyoshi <akiyoshi@rcf.usc.edu>
To: Lawrence Neinstein <neinstei@rcf.usc.edu>
Sent:
Subject: Re: upset student

Larry,
I spoke with Sona, Summer, Corinne and Bernie. Susie is not here today.
Sona took the advice call. She took all the information and conferred
with Dr. Walker who was in ACC. Dr. Tyndall was at lunch so the options
were to come to ACC or wait for Dr. Tyndall to return. She placed the
message on Dr. Tyndall's door to call ASAp and told Morlina to help expedite. Dr.Tyndall
(who usually dictates)still had the chart so all they had to go by was what the boyfriend
was saying. The boyfriend called back and told Summer "I will give you one minute to give
me a doctor and that is someone with a PhD" Summer then got Corinne who caught Bernie in
the hallway. Bernie took the call and asked him to bring his girlfriend to ACC. They
presented within minutes and Dr. Walker saw the student in ACC. This is when [redacted] asked
for directions to your office.
Did anyone confer with Dr. Tyndall after he returned from lunch - I don't know.
Do we have a mechanism for coverage for a MD who is out - yes when they are
out for a day, not for hours (lunch or meeting) If needed, ACC who was
consulted in this case.
At no point did anyone talk to the patient until she presented in ACC.
Would someone prescribe Pyridium over the phone by verbal history only - when
Dr. Tyndall will be back in an hour?

Tammie
At 03:58 PM 4/14/98 -0700, you wrote:
>I talked with a student this afternoon named [redacted] He was
>referred by Bernie because he was quite upset yesterday. He came with his
>girlfriend yesterday because of severe UTI. She was treated in AM but only
>given antibiotics and not Pyridium. She continued to have severe pain in
>her room. boyfriend tried to reach the MD but was told no MD could talk
>with him until afternoon. I believe he spoke with Summer, Corrine, Susie
>and Bernie. I am a little unclear why a practitioner could not get on the
>phone at some point and perhaps prescribe pyridium, even if the original
>practitioner was not here. Any thoughts?
>Larry
>
>Lawrence Neinstein M.D.
>Executive Director
>USC University Park Health Center
>Associate Professor of Pediatrics and Medicine
>USC School of Medicine
>
>

Tab 08

From: [redacted]
To: neinstei@almaak.usc.edu
Sent: 10/19/1998 12:13:44 AM
Subject: Re: Not receiving call backs

Dear Dr. Neinstein~

Wow, I am so impressed that you did get back to me--and so quickly. Last year your assistant suggested I email you about a concern I had, saying that you read all your email and were very conscientous. You have proved her right.

I want to tell you some of the people on your staff are supportive and responsive. I'm sorry I did not think to mention that during my first correspondance. The advice nurse, Suzi Gomez, was very helpful during a crisis I had last year, and was willing to spend some time on the phone with me to direct me toward help. The nurses upstairs that take your blood pressure, etc. are all just excellent. They seem to put the patients first, they are sympathetic and nonjudgemental, and have made me feel comfortable when I was nervous.

In addition, I have never had to wait an undue length of time to be seen by any of the doctors. That, itself, is a feat in this medical world. Dr. Walker has always been very helpful when I have had an appointment with her. She is thorough in her exam and questions and she takes the time to explain to me what is happening. In fact, she explained to me that all migraine medications do not help all people & that we may have to experiment to find the best for me.

I appreciate all that you have done to make the clinic operate this smoothly. Thank you for your prompt response to my problems.

Sincerely,

[redacted]

On Sun, 18 Oct 1998 10:40:42 -0700 (PDT) Lawrence Neinstein <neinstei@almaak.usc.edu> writes:
>We are committed to getting back to students on a timely manner and
>are
>working hard to redo our telephone and communications systems. I
>apologize
>for the difficulty you have had. I will forward your insurance
>concern to
>Cathy Defrancesco our associate director for administration and also
>insurance coordinator and will see if she can help with your first
>issue. I
>will also forward your message to Dr. Tyndall and Dr Walker with your
>first
>and second issues to help facilitate this.
>Again my apology.
>Dr. Neinstein
>
>
>At 10:06 PM 10/16/98 -0700, you wrote:
>>
>>Dear Dr. Neinstein:
>>
>>Incident #1
>>I called an advice nurse to request that Dr. Tyndall, Dr. Price or
>Dr.
>>Walker write a letter to Chickering Insurance telling them that the
>>Estrace & Provera that they have prescribed is for Hormone Therapy,
>not

>>birth control.
>>
>>She connected me to an answering machine to leave a message for Dr.
>>Tyndall. I did that about 3 weeks ago. I never received a call
>back. I
>>did leave my telephone number.
>>
>>I called 5 or so days later to check, left another message. Still no
>>call back.
>>
>>Since I am nervous that Chickering won't pay since they are no longer
>our
>>insurance company, I call the Business & Personnel listing
>(740-0242).
>>Middle of the day but no one answered the phone, but I left a
>message,
>>including my id # & tel. #.
>>
>>No call back a/o today (Oct 16). Called again & left a message, I
>think.
>> The answering machine does not identify the department, nor say why
>no
>>one is answering the phone.
>>
>>Incident #2
>>I also called last Friday with a terrible migraine & left a message
>on
>>the advice nurse's answering machine if she would please ask Dr.
>Walker
>>if she could call a different migraine medication into my drugstore,
>>since the Midrin (she had prescribed months earlier) had not worked
>for
>>me. I left my tel. number & probably my id # & the drugstore #. I
>>never received a call back from the nurse or the doctor.
>>
>>Is there any policy about returning students phone calls? This is so
>>very different from any experience I've had with other doctors.
>>
>>Can I expect to be called or emailed about either one of these
>matters?
>>
[redacted]
>>You don't need to buy Internet access to use free Internet e-mail.
>>Get completely free e-mail from Juno at http://www.juno.com
>>or call Juno at (800) 654-JUNO [654-5866]
>>
>>--QAA16550.908581519/micar.usc.edu--
>>
>>
>>---------- End forwarded message ----------
>>
>>
>>You don't need to buy Internet access to use free Internet e-mail.
>>Get completely free e-mail from Juno at http://www.juno.com
>>or call Juno at (800) 654-JUNO [654-5866]
>>
>>
>
>

You don't need to buy Internet access to use free Internet e-mail.
Get completely free e-mail from Juno at http://www.juno.com
or call Juno at (800) 654-JUNO [654-5866]

Tab 09

From: Susan Biddlecomb
To: wleavitt; neinstei
CC: saakian; defrance
Sent: 3/9/1999 8:49:53 PM
Subject: clinician issue

Larry and Bill,

There is an issue Eric and I would like you to bring up with the clinicians. We do not feel comfortable doing computer support in a clinician's office when a patient is present for an appointment. There are a couple of clinicians who call us in under those circumstances, and one in particular who insists on Eric going in even when Eric has told him that this is uncomfortable for him. As a side issue, there was a situation today where this clinician forced Eric into a situation where he had to either argue about the appropriateness of coming in in front of the patient or just come in even though he was uncomfortable. Eric chose to do the latter (which I think was a good call), but then he found something that made him even more uncomfortable, which is that the clinician was demonstrating a Pyramed problem to the patient in a way that let the patient see the entire clinical workplace (other patients with appointments and their complaint/reason for that visit!). This seems like a big confidentiality problem to me (especially for the clinician to show it to the patient).

What I would ask of you is:

1 - If Eric and I are wrong about not wanting to do computer support while a patient is present, let me know. I think it is different from calling an MA in because that is clinical support and the MA's relate to the patients in the clinical context. But, I could be wrong.

2 - Address with the clinicians as a group the issues of whether appropriate to call in computer support with a patient there and the appropriateness of showing the patient the complaint/reason for visit of other patients. The former issue has come up with more than one clinician although it mainly comes up with one particular one. A reminder to the others will not hurt.

3 - Address the issues specifically with Dr. Tyndall (the one in question).

If I'm out of line in asking for this, please let me know.

Thanks
Susan

Susan Biddlecomb Phone: (213)740-8312
Diractor of Information Systems Fax: (213)740-0214
University of Southern California E-Mail: biddleco@usc.edu Student Health & Counseling Services

From: Lawrence Neinstein
To: 'Susan Biddlecomb'
Sent: 3/9/1999 9:07:50 PM
Subject: Re: clinician issue

this sounds appropriate i will bring up
larry

At 12:49 PM 3/9/99 -0800, you wrote:
>Larry and Bill,
>
>There is an issue Eric and I would like you to bring up with the
>clinicians. We do not feel comfortable doing computer support in a
>clinician's office when a patient is present for an appointment. There are
>a couple of clinicians who call us in under those circumstances, and one in
>particular who insists on Eric going in even when Eric has told him that
>this is uncomfortable for him. As a side issue, there was a situation
>today where this clinician forced Eric into a situation where he had to
>either argue about the appropriateness of coming in in front of the patient
>or just come in even though he was uncomfortable. Eric chose to do the
>latter (which I think was a good call), but then he found something that
>made him even more uncomfortable, which is that the clinician was
>demonstrating a Pyramed problem to the patient in a way that let the
>patient see the entire clinical workplace (other patients with appointments
>and their complaint/reason for that visit!). This seems like a big
>confidentiality problem to me (especially for the clinician to show it to
>the patient).
>
>What I would ask of you is:
>
>1 - If Eric and I are wrong about not wanting to do computer support while
>a patient is present, let me know. I think it is different from calling an
>MA in because that is clinical support and the MA's relate to the patients
>in the clinical context. But I could be wrong.
>
>2 - Address with the clinicians as a group the issues of whether
>appropriate to call in computer support with a patient there and the
>appropriateness of showing the patient the complaint/reason for visit of
>other patients. The former issue has come up with more than one clinician
>although it mainly comes up with one particular one. A reminder to the
>others will not hurt.
>
>3 - Address the issues specifically with Dr. Tyndall (the one in question).
>
>If I'm out of line in asking for this, please let me know.
>
>Thanks
>Susan
>
>Susan Biddlecomb Phone: (213)740-8312
>Director of Information Systems Fax: (213)740-0214
>University of Southern California E-Mail: biddleco@usc.edu Student
>Health & Counseling Services
>
>
>

Lawrence Neinstein M.D.
Executive Director
USC University Park Health Center
Associate Professor of Pediatrics and Medicine
USC School of Medicine

Tab 10

11/10/99 POB

The Student Health Center is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. **Overall, how satisfied were you with your visit at the Student Health Center?**
( ) Very Satisfied ( ) Satisfied (√) Dissatisfied

2. **How satisfied were you with the appointment system?**
( ) Very Satisfied (√) Satisfied ( ) Dissatisfied

3. **How satisfied were you with the sign-in process?**
( ) Very Satisfied (√) Satisfied ( ) Dissatisfied

4. **How satisfied were you with your encounter with the medical assistants in room 100 or 215?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

5. **How satisfied were you with your encounter with the nurses?**
(√) Very Satisfied ( ) Satisfied ( ) Dissatisfied

6. **How satisfied were you with your encounter with the Laboratory?**
( ) Very Satisfied ( ) Satisfied (√) Dissatisfied

7. **How satisfied were you with your encounter with the Pharmacy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. **How satisfied were you with your encounter with the X-Ray Department?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. **How satisfied were you with your encounter with Physical Therapy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. **How satisfied were you with your encounter with the Cashier?**
(√) Very Satisfied ( ) Satisfied ( ) Dissatisfied

11. **How satisfied were you with your encounter with the medical practitioner?**
( ) Very Satisfied ( ) Satisfied (√) Dissatisfied

12. **Did the practitioner:**

Pay attention to your concerns and worries?	YES	NO
Inform you about your problem or disease?	YES	NO
Explain procedures and treatment?	YES	NO
Instruct you about your continuing care?	YES	NO
Introduce him or herself?	YES	NO

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit, and the best time to contact you.

Dr Tindel was treating me for a sear throat and told me that it would go away → It has gotten worse + worse and friends of mine with the same problem exactly got antibiotic and feel fine now. I can't even eat solid food, and haven't for 2 days now

[redacted]

Time to call: _____

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the Student Health Center.

11/19 - no answer
11/6 - message left

ESN

11/16/99 DOB

The Student Health Center is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. **Overall, how satisfied were you with your visit at the Student Health Center?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

2. **How satisfied were you with the appointment system?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

3. **How satisfied were you with the sign-in process?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

4. **How satisfied were you with your encounter with the medical assistants in room 100 or 215?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

5. **How satisfied were you with your encounter with the nurses?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

6. **How satisfied were you with your encounter with the Laboratory?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

7. **How satisfied were you with your encounter with the Pharmacy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. **How satisfied were you with your encounter with the X-Ray Department?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. **How satisfied were you with your encounter with Physical Therapy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. **How satisfied were you with your encounter with the Cashier?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

11. **How satisfied were you with your encounter with the medical practitioner?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied
One of the 2 best doctors I've visited in my life!

12. **Did the practitioner:**

Pay attention to your concerns and worries?	YES	NO
Inform you about your problem or disease?	YES	NO
Explain procedures and treatment?	YES	NO
Instruct you about your continuing care?	YES	NO
Introduce him or herself?	YES	NO

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit, and the best time to contact you. (No need to call – Thanks.)

I greatly appreciate Dr. Tyndall's thoroughness. He listens and addresses all of my concerns and has a wonderful personality. Additionally, I appreciate the time built into the appointment process, so that I am able to be educated on necessary medical treatments.

[redacted]

[redacted] Time to call: evening

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the Student Health Center.

cc Tyndall
Jewett

SSN

Tab 11

From: Tammie Akiyoshi
To: Lawrence Neinstein
Sent: 2/8/2000 10:41:54 PM
Subject: Re: Concerns about the Health Center (fwd)

At 12:08 PM 2/8/00 -0800, you wrote:
>tammie,cathy, can you problem solve with nursing/front desk as to what went wrong with this student?
>bernadette can you log this student concern and I will be writing back to her.
>larry
>
>Forwarded message:
>> From [redacted]Tue Feb 8 10:52:54 2000
>> Date: Tue, 8 Feb 2000 10:52:51 -0800 (PST)
>> X-Sender: [redacted]
>> [redacted]
>> [redacted]
>> [redacted]
>> [redacted]
>> From: [redacted]
>> Subject: Concerns about the Health Center
>>
>> Dr. Neinstein,
>>
>> I write you as a concerned student. I have recently had to make several
>> visits to the health center as a result from a nagging cold I haven't been
>> able to shake in the past few weeks. One week ago I made an appointment
>> and after less than five minutes with the doctor, his recommendation was to
>> continue to take Sudafed and the cold would clear up.
>
Student was seen 12/16/99 by Emily for cold symptoms. Was given Symmetrel and told to increase fluids and rest.

The student then saw Dr. Tyndall on 2/1. "the patient is in no acute distress"
assessment "viral upper respiratory infection" plan: sudafed, cold-eeze and afrin, RTC if no improvement, and discusses lack of efficicacy of antibiotics for viral illness.

> Instead, it got worse and after another appointment, this one with a
>> different doctor, yesterday afternoon, I have been diagnosed with
>> bronchitis. I was very satisfied with the through nature of the diagnosis
>> and care given during my visit with Dr. McKinney.

Saw Dana yesterday during her regular clinic. There are no notes in the chart as of yet. What I am told is that the student was told he has bronchitis and given an aerosol treatment in ACC. Apparently Dana told the front desk and the student to return today to ACC for another aerosol treatment. This was not conveyed to the ACC doc or nurse so when the student was checked in to ACC and determined to be in no acute distress, he was redirected to the front desk for an appointment. The student was informed that this was to establish continuity of care.

>> This was complicated, however, by her recommendation that I return Tuesday
>> morning to the health center to listen to my breathing and determine if
>> another breathing treatment would be in order. Since Dr. McKinney would
>> not be in today, both she and the front desk staff instructed me to return
>> this morning and check in for acute care and they would take care of it.
>> I did just that and after checking in and having the nurse check my
>> temperature, pulse, and blood pressure, the nurse in charge of acute care
>> said I couldn't be seen through acute care. I was taken back out to the
>> front desk to make yet another appointment. At this time, the nurse again
>> came out and made it very clear to myself and the front desk staff that I
>> was not to be seen through acute care and that Dr. McKinney had been wrong.

Dr. Lim and Sharon were in ACC. By looking in Pyramed and the chart and the student, it appeared not to be "acute".
The problem with discussing anything like this in front of the student, is that it splits the staff and appears that one doesn't want to see the patient and the other does.

>> All in all, the ordeal took 30 minutes and I received zero treatment.
>> Luckily I am feeling well and my breathing feels clear, but I feel the way
>> in which my case was handled was very poor and I fear other students may be
>> treated the same way. I feel this is not in line with the ultimate goal of
>> the health center and all in the health profession- the care and well-being
>> of the patients.

The student was given an appointment after 5:00 today per his request.

>> After having two experiences with the health center which were less than
>> satisfactory, I felt the need to inform you. I hope cases such as mine are
>> isolated, but I hope you follow up on these instances to help ensure
>> students receive the best and most convenient health care possible at the
>> health center.

Issues:

1. Front desk/ACC communication has been strained. They both feel the other is telling them what to do. Regardless, this shouldn't have taken place in front of the student.
2. Dana failed to communicate her plan, and is this where the follow-up should take place.
3. The ol' "what is ACC" question. Is it only acute?
4. There appears to be some question about the use/overuse of aerosol treatments.

I'm sure there are more issues but that's all for now.

Tammie

>> Thank you for your time,
>>
>> [redacted]
>> [redacted]
>>
>>
>
>

Tammie Akiyoshi, BSN, MA
Director of Nursing
University of Southern California
University Park Health Center
(213) 740-0233

Tab 12

The Student Health Center is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. **Overall, how satisfied were you with your visit at the Student Health Center?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

2. **How satisfied were you with the appointment system?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

3. **How satisfied were you with the sign-in process?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

4. **How satisfied were you with your encounter with the medical assistants in room 100 or 215?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

5. **How satisfied were you with your encounter with the nurses?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

6. **How satisfied were you with your encounter with the Laboratory?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

7. **How satisfied were you with your encounter with the Pharmacy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. **How satisfied were you with your encounter with the X-Ray Department?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. **How satisfied were you with your encounter with Physical Therapy?**
( ) Very Satisfied ( ) Satisfied ( ) Diss...fied

10. **How satisfied were you with your encounter with the Cashier?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

11. **How satisfied were you with your encounter with the medical practitioner?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

12. **Did the practitioner:**

Pay attention to your concerns and worries?	YES	NO
Inform you about your problem or disease?	YES	NO
Explain procedures and treatment?	YES	NO
Instruct you about your continuing care?	YES	NO
Introduce him or herself?	YES	NO

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit, and the best time to contact you.

Bopni is fabulous. She's helped me a few times & each visit is great.
Dr. Tyndall is the practitioner I usually visit & he is also exceptional!

These staff members should be commended!

(Optional)
Name: _____

Tele.#: _____ Time to call: _____

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the Student Health Center.

P.O.B. 04-19-00P02:58 RCVD

WJ

TA esn

The Student Health Center is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. **Overall, how satisfied were you with your visit at the Student Health Center?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

2. **How satisfied were you with the appointment system?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

3. **How satisfied were you with the sign-in process?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

4. **How satisfied were you with your encounter with the medical assistants in room 100 or 215?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

5. **How satisfied were you with your encounter with the nurses?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

6. **How satisfied were you with your encounter with the Laboratory?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

7. **How satisfied were you with your encounter with the Pharmacy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. **How satisfied were you with your encounter with the X-Ray Department?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. **How satisfied were you with your encounter with Physical Therapy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. **How satisfied were you with your encounter with the Cashier?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

11. **How satisfied were you with your encounter with the medical practitioner?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

12. **Did the practitioner:**

Pay attention to your concerns and worries?	(YES)	NO
Inform you about your problem or disease?	YES	(NO)
Explain procedures and treatment?	(YES)	NO
Instruct you about your continuing care?	(YES)	NO
Introduce him or herself?	(YES)	NO

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit, and the best time to contact you.

I have been here 4 times for various reasons. When I hurt my wrist and when I had to get an emplouee physical, the Drs where great. But, I saw Tyndall 3yrs ago for an infection & he misdiagnosed me and treated me w/ antibiotics that could have had serious consequences →

[redacted]

o call: after 5pm
SHC IS 12-4 MW

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the Student Health Center.

P.O.B. 04-19-00P02:58 RCVD

WJ

ESN

Tab 13

From: Elizabeth Davenport
To: neinstei
Sent: 4/20/2000 5:56:09 PM
Subject: appointment

Larry,
I have an appointment on your calendar for Monday morning with student [redacted] and I just wanted to brief you a little. It's concerning an incident with Dr. Tyndall, whom she saw at the end of March. Her RA escorted her to the Health Center, and witnessed what happened. The RA then encouraged [redacted] to work with me and Casey (my grad assistant), which [redacted] has been doing. I've been encouraging her to tell you what happened with Dr. Tyndall, and I'm really pleased that she's summoned up the courage to do so. I'm not sure whether the RA will be present or not on Monday, but the RA will certainly be willing to talk with you about it also.

Elizabeth

Elizabeth J.L. Davenport
Assistant Dean for Student Affairs
University of Southern California
Los Angeles, CA 90089-0890
213.740.4900

Tab 14

George Raymond Tyndall, M.D.
849 West 34th Street
Los Angeles. CA 90089-0311

Dear Dr. Tyndall,

This letter is in regard to your extremely unprofessional behavior during my appointment on Tuesday, April 11, 2000. The story you told me about the rock guitarist from Megadeth and his experience having sexual relations on the street in Chicago with the woman who had to first remove her tampon was disgusting and inappropriate. It was degrading and humiliating for me to listen to such talk from anyone, let alone a supposed professional in a very intimate and invasive field of expertise such as gynecology. After such a repulsive display of un-professionalism, I have lost all trust in you as my physician.

In addition, when you recommended I take birth control pills to prevent cancer, I said I would like to do some research on my own before taking a hormone medication. You completely ignored my wishes and ordered the prescription anyway. You are practicing cookbook medicine by prescribing a medication that could deplete my mineral balance and alter my hormonal balance when *I have no menstrual problems.* Because of your lack of consideration, I will never return to you again. It is my sincere hope that the University addresses this problem so that another innocent woman does not have to suffer the stress and shame that I have anguished over since our visit.

Consider this my formal request to release my medical records and test results so I can seek the care of another, more professional, physician.

[redacted]

CC: Larry Neinstein M.D.

20001:34 90

The Student Health Center is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. **Overall, how satisfied were you with your visit at the Student Health Center?**
( ) Very Satisfied ( ) Satisfied (✓) Dissatisfied

2. **How satisfied were you with the appointment system?**
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

3. **How satisfied were you with the sign-in process?**
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

4. **How satisfied were you with your encounter with the medical assistants in room 100 or 215?**
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

5. **How satisfied were you with your encounter with the nurses?**
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

6. **How satisfied were you with your encounter with the Laboratory?**
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

7. **How satisfied were you with your encounter with the Pharmacy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. **How satisfied were you with your encounter with the X-Ray Department?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. **How satisfied were you with your encounter with Physical Therapy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. **How satisfied were you with your encounter with the Cashier?**
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

11. **How satisfied were you with your encounter with the medical practitioner?**
( ) Very Satisfied ( ) Satisfied (✓) Dissatisfied

12. **Did the practitioner:**

Pay attention to your concerns and worries?	YES	(NO)
Inform you about your problem or disease?	YES	NO
Explain procedures and treatment?	YES	NO
Instruct you about your continuing care?	YES	NO
Introduce him or herself?	YES	NO

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit, and the best time to contact you.

(Optional)
Name _____

Tele # _____ Time to call _____

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the Student Health Center.

04-28-00P01:34

Tab 15

Re: [redacted] 5/1/00: talked with student and her concerns and she is feeling better. She will be making an appointment with another clinician in the future. She felt that the discussion of her health care was unprofessional but appreciated both the letter from Dr. Tyndall and my phone call.

Two items:

1) you are welcome to send the letter that you typed out, However, just some feedback. Sometimes your written responses are very long (I can have the same tendency). Often it is better received and heard if it is kept short and to the point. Below is one example of how this might be done.
2) Lucy is setting up a short meeting with Elizabeth davenport and myself to discuss a student who had some concerns. Thanks, larry

Thank you for your letter post marked April 19. I am always happy to hear back from students with both positive and negative feedback. First let me assure you, that all students always have a choice of clinicians. If you are unhappy with the care I provided, than absolutely, you should seek another clinician. However, I would like to respond to you concerns.

First, let me apologize, if you misunderstood the intent of the Megadeth conversation. It is my medical practice to utilize the biopsychosocial approach to health care. This involves, not just knowing about the medical complaint but also how the student is functioning in terms of psychological and social health. I thought that since you are a music major and interested in the music industry that this recent article in The New York Times Magazine might be of interest and a good lead in to a discussion of safe and unsafe sexual practices. I apologize if you found the conversation unprofessional.

Regarding the use of oral contraceptive pills. It is common practice to prescribe oral contraceptive pills to women in their 40s for both contraception and the non-contraceptive benefits of lowering significantly the risk of uterine and ovarian cancer. Because you indicated you wanted to explore this further, I offered you a prescription at the pharmacy that you could pick up, if you decided you wanted the Ortho-Cyclen. Since you indicated that this was okay, I sent the script over. There was no intention that you must pick up and utilize the prescription. There are woman whose lives could have been saved by the use of oral contraceptive pills in preventing these unfortunate cancers. Again, I apologize if there was a misunderstanding about this prescription.

Again, than you for you feedback, As you reqeusted etc.

Tab 16

The Student Health Center is interested in providing you with the possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. **Overall, how satisfied were you with your visit at the Student Health Center?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

2. **How satisfied were you with the appointment system?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

3. **How satisfied were you with the sign-in process?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

4. **How satisfied were you with your encounter with the medical assistants ~~in room 100 or 215~~?** hallway
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

5. **How satisfied were you with your encounter with the nurses?**
~~( ) Very Satisfied~~ (X) Satisfied ( ) Dissatisfied

6. **How satisfied were you with your encounter with the Laboratory?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

7. **How satisfied were you with your encounter with the Pharmacy?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. **How satisfied were you with your encounter with the X-Ray Department?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. **How satisfied were you with your encounter with Physical Therapy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. **How satisfied were you with your encounter with the Cashier?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

P.O.B. 06-09-00 P02:33 IN
CC: Dr. Leavitt

Pt message
TRC

11. **How satisfied were you with your encounter with the medical practitioner?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

12. **Did the practitioner:**

Pay attention to your concerns and worries?	YES	NO
Inform you about your problem or disease?	YES	NO
Explain procedures and treatment?	YES	NO
Instruct you about your continuing care?	YES	NO
Introduce him or herself?	YES	NO

?

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit, and the best time to contact you.

Tindel - I had the most cursory pap & exam I've ever had last semester.
The following day I developed a yellow discharge (vaginal) I thought it was the jelly used for exam. I've had it ever since - never before.

[redacted]

Time to call: pm

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the Student Health Center.

I was there because I had a UTI different problem - his advice was I should take the pill. It has no connection to the problem I have.

Tab 17

The S[illegible]nt Health Center is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. **Overall, how satisfied were you with your visit at the Student Health Center?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

2. **How satisfied were you with the appointment system?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

3. **How satisfied were you with the sign-in process?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

4. **How satisfied were you with your encounter with the medical assistants in room 100 or 215?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

5. **How satisfied were you with your encounter with the nurses?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

6. **How satisfied were you with your encounter with the Laboratory?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

7. **How satisfied were you with your encounter with the Pharmacy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. **How satisfied were you with your encounter with the X-Ray Department?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. **How satisfied were you with your encounter with Physical Therapy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. **How satisfied were you with your encounter with the Cashier?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

11. **How satisfied were you with your encou[illegible]r with the medical practitioner?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

12. **Did the practitioner:**

Pay attention to your concerns and worries?	YES	NO
Inform you about your problem or disease?	YES	NO
Explain procedures and treatment?	YES	NO
Instruct you about your continuing care?	YES	NO
Introduce him or herself?	YES	NO

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit, and the best time to contact you.

Dr's Tyndal and Creamer are terrible. I knew more about what was wrong & what to do about it. Additionally, I had to wait for an hour and a half to see the doctor.

(Optional)
Name: _____

Tele.#: _____ Time to call: _____

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the Student Health Center.

Sept. 2000

cc: Dr. Leavitt SSN

Tab 18

From: William Leavitt
To: Larry Neinstein
Sent: 9/7/2000 3:20:04 PM
Subject: Re: 2 cases of concern

Dear Larry:

In response to your inquireys:
>
>1) student came in today to see carmella for murmur. She was seven minutes
>late and Carmella did not see her. She was rescheduled with Dr. Tyndall.
>He saw her but said he could not see her because he was a gynecologist and
>not a cardiologist. Student was rescheduled tomorrow to see you. Student
>is less than pleased.

This happens here a lot, you just do not hear about it. Part of the problem is that the UPHC Clinical Staff has drawn boundrys over what they consider primary care. To everyone except myself and Dr. Walker, a murmur is an Internal Medicine problem. Irregardless of whom the patient saw, she would have been referred to Internal Medicine and that visit considered waisted. This is by no means restricted to Dr. Tyndall.

>
>a) We need to look at that late policy fairly soon and see about
>implementation

As for the late policy, we discussed my recommendation yesterday. The sooner we implement the proposed policy, the better.
>
>b) I thought George was primary care clinician and hired as such and not as
> gynecologist?

Dr. Tyndall's training is in Gynecology. I do not know the specifics of the terms of his hiring. In the past he has served as a Gynecologist who also sees primary care cases.
>
>2) We had pap smear that was done by George in april and came back as CIN
>II. there was never any followup. We finally traced student down to
>Berkely this week and she assumed everything was alright. There is
>sign-off on pap slip by George but nothing in chart about followup and
>student was never called.

I will look into this. Could you provide me with the students name and or Social Security Number?

Bill
>

William Leavitt, MD, FAAP
Staff Physician
University Park Health Center
University of Southern California
849 West 34th Street #216
Los Angeles, California 90089-0311
(213) 740-0456 Office
(213) 740-0214 Fax
wleavitt@bcf.usc.edu E-Mail

Tab 19

Appointment Department
Research Data Sheet

Date: 11/16/01

Patient's Name [redacted]

SS#/USC ID# [redacted] Telephone nu [redacted]

Appt. time: 11:40 AM Date 11/12/01 Practitioner: Dr. Tyndall

Explanation: Pt. was seen on monday by Dr. Tyndall. Pt. was not informed of the stu. health fee prior to appt. — Pt. feels that she should not pay the stu. health fee! If pt. would have been informed prior to seeing the Dr. Pt. would have opted to Cancelling the appt. instead.

R.P. 11/16/01 12 PM
Given To: Date: Time:

Complaint submitted by: Pt. - in person

Research:

Do not Bill for visit. Approved by Ida Nerenstein

[X] Approved [ ] Denied [ ] More Research Needed

Resolved By: RN

11-19-01
Date:

Tab 20

From: Larry Neinstein
To: wleavitt@usc.edu
Sent:
Subject: Fwd: Interviews with the Health Center

<html>
i think we need to discuss this email and the two student concerns this week regarding Dr. Tyndall.
In looking at pyramed, this student has positive mono and hgb of 14.2 and mcv of 94.4.
why would George tell this patient her mono is negative but that she is anemic and start her on iron.
also starting OCPs in the midst of acute mono with no need for contraception is not ideal.

thanks,
larry

<blockquote type=cite class=cite cite>From:
Date: Thu, 13 Dec 2001 16:10:54 EST
Subject: Interviews with the Health Center
To: neinstei@usc.edu

XXX, 18, a track runner majoring in psychology, said she was
stunned when Dr. Tyndall suggested birth control to her because she was an
athlete. "I'm not sexually active so I wasn't sure how I would benefit," she
said, "he then he told me I could skip my period for three months."
XXX said she was baffled because she was going to the health center to
get the results of a mono test she had taken three weeks prior and leaving
with a prescription for birth control. XXX said she was most upset
because Dr. Tyndall had previously told her the results of the mono test were
negative.
"Three weeks ago, I went to the health center to find out the results of
the mono test which I had just taken. The lady at the desk called him [Dr.
Tyndall] from downstairs and asked him," said XXX. The receptionist then
informed XXXX the results were negative but that Dr. Tyndall believes she
might be anemic. "He [Dr. Tyndall] told me that was why I had passed out at
a meet and that I should take iron supplements," XXXX said.
XXXX started taking iron supplements and continued to run. Her
symptoms did not get better so she went to another doctor. "I told him I had
already taken a mono test so he didn't give me another one," she said. The
doctor did however notice XXXs inflamed throat and diagnosed her with
strep throat.
Then three weeks later she Dr. Tyndall contacts her. "I get a call on my
cell phone as I'm leaving class. He [Dr. Tyndall] tells me 'Oh! I'm looking
at your file and it appears that you have mono." Dr. Tyndall then
recommended she come in so they could discuss her diagnosis.
By this point XXX was disturbed because "here I am taking iron
supplements and antibiotics for strep throat when all the time time I had
mono," she said, "I just wanted to get a copy of the blood test so that I
could bring it to my doctor."
After briefly meeting with Dr. Tyndall to obtain a copy of her positive
blood tests, XXXX was on her way out when Dr. Tyndall said "I did want to
talk to you about something before you left." XXX was then given the
prescribed lecture on birth control and all its benefits.
XXX confesses she was caught off guard and found the recommendation a
little weird. "Since I am a runner, he told me that when I have meets, I
probably want to be off my period . . . birth control would allow me to skip
my period for months at a time," she said, " So I asked him if there were any
side-effects to going on birth control and he said 'no not at all' and he
gave me the actual prescription."
XXXX was a little concerned because Dr. Tyndall hadn't even given her a
complete medical exam. "So I went home and asked my mom about it," she said.
After consulting with her mom and her regular doctor XXXX decided that
birth control wasn't for her.</blockquote></html>

EXHIBIT 3

Tab 21

From: Larry Neinstein
To: [redacted]
Sent:
Subject: Re: Sorry wrong info

<html>
First,
I am concerned that you would write a letter to me regarding a journalism article and not identify who you are and why you are writing.

Second, I would have been happy to discuss OCPs with you but have not received such a request but I have two patients waiting and so could not possibly do that before 4 PM.

However, it is not the standard of practice at the health center to prescribe OCPs to all women however, many, many women may benefit from ocps for other reasons that contraception including acne among other reasons.

Thanks for you email and input and I am sorry you did not contact me earlier.

I would have thought you would have discussed this issue with either myself as director or Dr. Leavitt our lead physician or dr. price our gynecology consultant before doing such an aritcle.

thanks,
Dr. Neinstein

At 04:37 PM 12/13/01 -0500, you wrote:

<blockquote type=cite class=cite cite>Hi my name is [redacted] and I am a student journalist here at USC.
For my investigative journalism class my final is to investigate an on campus
issue. I have chosen to investigate the Health Center's policy of
prescribing birth-control pills.
I have interviewed dozens of young women who have gone to the health center
and been told they should go on birth control regardless of whether or not
they are sexually active. Most of them were told by Dr. Tyndall who also
says that it is beneficial to skip your period for months at a time. Many
young women are concerned because they are going in for sinus infections and
headaches and are leaving with a prescription for birth control. I need to
get someone from the Health Center's reactions on this. I have been calling
for about 2 weeks and have got no response from Dr. Tyndall or anyone else.
My deadline is today at 4, do you have any recommendations of who I can talk
to.
I have spoken with Sharon Winer, a gynecologist in Beverly Hills and a
professor here but that is it.
Please e-mail me back or call me at [redacted]
Again my name is [redacted]

Tab 22

From: Linda M. Byrd
To: Tammie Akiyoshi
Sent: 4/22/2002 5:01:00 PM
Subject:

<x-flowed>
Good morning, Tammie.

I'm writing concerning assisting Dr.Tyndall. last month I was called in to asst. him . I went

behind the curtain to asst. but. was told to stand outside of the curtain. There was no value

even going in Dr. Tyndall office. What was the purpose of me going in if I couldn't see what was

behind that curtain. I could have taken care of another pt.

</x-flowed>

Tab 23

UNIVERSITY PARK HEALTH CENTER
PATIENT CONCERN/COMPLAINT/SUGGESTION/COMPLIMENT
2002 LOG

Date Received	Patient Name	SS#/ID# or Telephone #	Description of (1) Concern (2) Complaint (3) Suggestion (4) Compliment	#	Review & Action Plan
[redacted]					

[redacted]

4/30/02	Anonymous		The doctors I have seen don't take the time to really examine you. The GYN asked one what my symptoms were but didn't bother to take a look another example – nurse listening to my breathing and heartbeat through two sweaters.	1	

[redacted]

Tab 24

From: Larry Neinstein
To: George Tyndall
CC: wleavitt@usc.edu
Sent: 6/6/2002 8:18:46 PM
Subject: Re: student

<x-flowed>
Bill needs to review a chart with you.
You saw a student in March with a positive chlamydia test and signed off on the test and your initial note.
However, you did not have the student treated. They were treated by another clinician two months later by chance when student wanted to check up on a problem.
it is critical to followup on positive tests and with STDs - treat and document that student is treated.
thanks,
larry
Lawrence Neinstein M.D.
Executive Director
USC University Park Health Center
Professor of Pediatrics and Medicine
USC Keck School of Medicine
Associate Dean of Student Affairs

</x-flowed>

From: george tyndall
To: Larry Neinstein
Sent: 7/11/2002 1:50:07 AM
Subject: Re: student

I am anxious to have the opportunity to review the subject chart with either you or Bill. Although I receive literally dozens of lab slips each and every day, I don't see how I could have missed something so important.

----- Original Message -----
From: Larry Neinstein <neinstei@usc.edu>
Date: Thursday, June 6, 2002 1:18 pm
Subject: Re: student

> Bill needs to review a chart with you.
> You saw a student in March with a positive chlamydia test and
> signed off on
> the test and your initial note.
> However, you did not have the student treated. They were
treated
> by
> another clinician two months later by chance when student wanted
> to check
> up on a problem.
> it is critical to followup on positive tests and with STDs - treat
> and
> document that student is treated.
> thanks,
> larry
> Lawrence Neinstein M.D.
> Executive Director
> USC University Park Health Center
> Professor of Pediatrics and Medicine
> USC Keck School of Medicine
> Associate Dean of Student Affairs
>

Tab 25

[redacted]

7/18/02	Anonymous		In two different occasions, transactions were posted twice and I had to prove I had paid them by bringing all documentation. This should not have to happen. Dr. Tyndall on cell on occasions I had	2	

			a GYN appt with him. He had been late 20 mins. This is not fair for the patients who have to come to the SHC 15 mins. Before appt.		

[redacted]

The Student Health Center is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. **Overall, how satisfied were you with your visit at the Student Health Center?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

2. **How satisfied were you with the appointment system?**
(X) Very Satisfied ( ) Satisfied ( ) Dissatisfied

3. **How satisfied were you with the sign-in process?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

4. **How satisfied were you with your encounter with the medical assistants in room 100 or 215?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

5. **How satisfied were you with your encounter with the nurses?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

6. **How satisfied were you with your encounter with the Laboratory?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

7. **How satisfied were you with your encounter with the Pharmacy?**
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

8. **How satisfied were you with your encounter with the X-Ray Department?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. **How satisfied were you with your encounter with Physical Therapy?**
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. **How satisfied were you with your encounter with the Cashier?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

07-18-02 P01:25 IN

11. **How satisfied were you with your encounter with the medical practitioner?**
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

12. **Did the practitioner:**

Pay attention to your concerns and worries?	(YES)	NO
Inform you about your problem or disease?	(YES)	NO
Explain procedures and treatment?	(YES)	NO
Instruct you about your continuing care?	(YES)	NO
Introduce him or herself?	(YES)	NO

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit, and the best time to contact you.

-Two comments.

-CASHIER: ~~For~~ In two different occasions, transactions were posted twice, and I had to prove I had paid them by bringing all documentations. This should not have to happen.

-DR TYNDALL: On all occasions I have had a gynecological appointment with Dr. Tyndall, he has been late about 20 min. This is a lot of time for the patient, who has to come from CT. 15 min. before

(Optional)
Name: _____

Tele.#: _____ Time to call: _____

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the Student Health Center.

Tab 26

To: wleavitt@usc.edu[wleavitt@usc.edu]
From: Larry Neinstein
Sent: Fri 10/11/2002 10:55:57 PM
Subject: gt room, do not forward

<x-flowed>
i was very very concerned along with tammie, bernadette among others of the condition of GT room when he left and his compliance.
this email is for you and not george, however, it is your responsibility to monitor this issue as his supervisor before accreditation.

1) he did not complete health forms after several requests
2) he left room with books, papers, misc items all over floor, surrounding his exam table, all over the overhead bins.
the room was unacceptable for an office exam room in this health center and will not reoccur,
we have to hire temporary help and a moving company to move this at considerable expense to the health center.

I would strongly consider a written message from you about these issues to gt

you need to review with him that these items will only be returned slowly and I would ask you to monitor that everything is off the floors and in neat location if and when they return.

larry

</x-flowed>

Tab 27

The University Park Health Center (UPHC) is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. Overall, how satisfied were you with your visit at the University Park Health Center?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

2. How satisfied were you with the appointment system?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

3. How satisfied were you with the sign-in process?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

4. How satisfied were you with your encounter with the medical assistants?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

5. How satisfied were you with your encounter with the nurses RN's, LVN's
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

6. How satisfied were you with your encounter with the Laboratory?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

7. How satisfied were you with encounter with the X-Ray Department?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. How satisfied were you with your encounter with Physical Therapy?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. How satisfied were you with your encounter with the Cashier?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. How satisfied were you with your encounter with the medical practitioner M.D., PAC
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

11. Did the practitioner:

Pay attention to your concerns and worries?	( ) Yes	( ) No
Inform you about your problem or disease?	( ) Yes	( ) No
Explain procedures and treatment?	( ) Yes	( ) No
Instruct you about your continuing care?	( ) Yes	( ) No
Introduce him or herself?	( ) Yes	( ) No

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit and the best time to contact you.

I make a follow-up appt. w/ Dr. Miss Kumai regarding birth control. I had a problem w/ this time & so cancelled the next day, but still within a reasonable time frame before the appt was to take place. I then asked to reschedule assuming it would again be w/ Kumai, the Dr I had originally requested. I was instead given Dr. Tyndall, a nice doctor but a man who I felt very uncomfortable talking with. My major issue is that I was never asked about or told about this change. I merely arrived this morning to find the different doctor was assigned to me. I am very upset & dissatisfied w/ the health center's performance.

Name (optional): [redacted] (Last) (First) (M.I.)

Telephone Number: [redacted] Time to call: Fri 10-12

11-01-02 A09:13 IN

E-mail address: _____

Date & Time of Your Visit: 9 (am/pm) 10/31

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the University Park Health Center.

Chd Cindy to review w/ Front Desk

UNIVERSITY PARK HEALTH CENTER
PATIENT CONCERNS/COMPLAINTS/SUGGESTION/COMPLIMENT
LOG
2002 (October, November, & December)

10/13/02	(213) [redacted]	UPHC questionnaire returned	n/a	10/18/02 Telephone call. Left message on voice mail to call (213) [redacted]
[redacted]				

[redacted]

11/1/02	[redacted]	[redacted]	I made a follow-up appt. with Ms. Kumai regarding birth control. I had a problem with this time and so cancelled the next day, but still within a reasonable time frame before the appt. was to take place. I then asked to reschedule assuming it would again be with Kumai, the Dr. I had originally requested. I was instead given to Dr. Tyndall, a nice doctor, but a man who I felt very uncomfortable talking with. My major issue is that I was never asked or told about this change. I merely arrived this morning to find the different doctor was assigned to me. I am very upset and dissatisfied with the health center's performance.	2	Referred to department director and reviewed with front desk. Referred to CQI.

[redacted]

Tab 28

File date
7/8/13

Memo:

George this is summary of the meeting you had with Dr. Leavitt and me on 6.27.2013.I indicated that Bill and I needed to review some issues that have come up from comments of students and nursing staff. I explained that these are in context of the prior concern listed here as well.

IN 2003 we spoke about you not allowing medical assistants to be on the examining side of the curtain during an exam as well as a couple of other concerns from students. I explained that we deal with a highly vulnerable population, adolescents and young adults, and that women's health can be a particularly sensitive area.

In April 2010 we had discussed a student who was concerned about you examining them with ungloved finger. You indicated then and now that this did not occur.

In Apri, 2013 who filed a formal complaint and she was particularly concerned about her feeling that you discussed your "beautiful wife" who is "Filapina" and that you find "women so attractive". The student felt very uncomfortable with these comments. I know that you felt you did not say any of these comments.

I then explained that our nursing director and I met individually with nursing staff about our women's health program in general and any feedback about things that made them comfortable or uncomfortable and we requested feedback on what things made the students comfortable or uncomfortable. I indicated to you that almost all of the concerns were about things you did during the women's health visits.

I reviewed the following concerns regarding areas needing improvement:

1) Support: Whereas other women's health providers here and elsewhere want the MA to hold students hand and support the student through their anxiety, their understanding is that you do not want them to talk do the student during the exam or help them with their discomfort unless asked to.

2) **Door locking:** Nursing staff and students expressed discomfort about being locked in your office. I indicated that this is not good practice and should be stopped immediately. It is fine to lock your door when you leave the room on break or lunch etc.

3) Too personal: I mentioned that several students don't want to see you back as they felt you are too personal and they were uncomfortable with you.

4) Racially sensitive Comment: I mentioned that of great concern was the comment below stated by a nursing staff that you said on three occasions.

"Latinos are taking over and its going to be a recognista (take over)
Once to group of Mas one who said: isn't that racist"
Once with MA and student: student said she was stunned and felt uncomfortable In exam room:

You indicated this was in context of a student statement about race and I mentioned, we cannot be saying racial statements like this in the workplace PERIOD.

5) Other statement: I reviewed the comment by a couple of students who were uncomfortable about being asked "how would you feel if I asked you today if you looked nice" would you think that is sexual harassment? One said: not offended, one said yes a slippery slope and thought this was very odd. I indicated that this was potentially crossing a sensitivity line and is inappropriate. He should always avoid discussing a student looking nice especially in the context of a women's health visit or other medical appointment.

6) Survey passed out:

Nurses felt you passed out surveys. You denied this and I mentioned that any surveys passed out need approval of Executive Committee.

7) Patient handouts:

Nurses felt you passed out and zeroxed extensive handouts. You showed an example which was an extensive long page handout with consent signatures for OCPs. I indicated that we don't require consent but all forms like this need approval of our form committee and the same is true of patient education material

8) Late policy: Nurses were concerned that you would not see a patient in person if they were within the 20 minutes of their appointment. You indicated you always talked with them. I indicated that making a phone call from across the hallway was not acceptable and you should be meeting with them one on one.

I explained to you that we would review these items again at the end of the summer. I suggested that getting some coaching in these areas from Center for Work and Family Life would be a good thing. You were willing to do this. I indicated for a couple of these comments, I had to let Equity and Diversity be aware and they proceed with their normal procedure.

In summary: I hope that you understand that these concerns arose from both students and staff. We value your contributions and hope that you can avoid these perceptions from students and staff as well as a few other changes we recommended above. We will follow-up at the end of summer. If you decide to get coaching to help avoid misinterpretation of your comments from staff or students, you can call the Center for Work and Family Life and ask to talk with for John Gaspari. Note that any coaching is voluntary and the goals are set by you and any communication to me is up to you and not mandatory. Please be aware that failure to make changes in job performance in these areas in our patient care environment could result in disciplinary action. I am confident that you can improve your performance in these areas.

Tab 29

Nursing Satisfaction Survey Comments
January 13-29, 2003

[redacted]

- When nurses or Phys. Assistants take the patients from the waiting room to take blood pressure, talk about symptoms, they should do it in a PRIVATE ROOM, not in front of other patients! It is an invasion of privacy! Also, one doctor (gyn) told me a fact that was very untrue and could have confused many other patients!

[redacted]

Tab 30

From: george tyndall
To: Larry Neinstein
Sent: 1/29/2003 11:54:28 PM
Subject: Re: Patient displeasure with GYN care health science campus

The referral was in fact done by Debbie and the reason was persistent left adnexal pain and tenderness over a number of days that had become so increasingly severe as to prevent the patient from ambulating. It seemed to me that laparoscopy was indicated in this case. Agree that OCs are a are a treatment for presumptive endometriosis but have not heard of diagnosing treating a gynecologic patient without, at a minimum, doing a pelvic exam. The patient states that no diagnosis was offered. The patient states that all that Dr. Shoupe did was read over the referral then send her on her way with a pack of OCs. Please see the patient record for the details.

----- Original Message -----
From: Larry Neinstein <neinstei@usc.edu>
Date: Wednesday, January 29, 2003 8:21 am
Subject: Re: Patient displeasure with GYN care health science campus

> guess a few questions.
> since this was a gyn referral from a gynecologist, I am assuming
> you were
> thinking a gyn problem and perhaps more surgical if it was beyond
> what you
> could do here, i.e. ?laproscopy?
> not sure of your differential or what the consultant question was.
> The
> more direct the question to a consultant the better the result
> usually is.
> was the question one of pelvic thrombosis?
> in chronic pelvic pain either with cysts/endometriosis not
> uncommon to use
> trial of either OCPs or non steroidals or both for several months
> before
> any other intervention. However, it is unusual for a consultant
> not to do
> any exam but I have not seen the referral, eval here or her
> evaluation. Dr. Shoup's real special expertise is in
> contraceptive
> technology and sounds like a different referral through Debie
> Hansen might
> be better.
> Larry
>
>
> At 05:10 PM 1/28/2003 -0800, you wrote:
> [redacted]
> >
> [redacted] was referred to Gyn for persistent left lower quadrant pain
> and
> >tenderness with radiation down the left leg, after wu here was
> negative.>
> >Patient states that at her appointment with Dr. Shoupe she was
> told to
> >take a pack of oral contraeptives and to make an appointment for
> a later
> >date. The patient adds that Dr. Shoupe did not examine her in any
> way. The
> >patient also states that, as she had been advised, she tried
> numerous
> >times to make a follow-up appointment but was repeatedly told
> that Dr.
> >Shoupe had no appointments available. She is very unhappy with
> her care at
> >that facility.

Tab 31

STUDENT AFFAIRS DIVISION
Performance Appraisal I

NAME: Tyndall, George DATE: March 4, 2003

DEPARTMENT: UPHC Medicine

TITLE: Staff Physician GRADE: 95

☐ Probation Period Evaluation
- ☐ Continue employment
- ☐ Terminate employment
- ☐ Extend probation to _____ (Date).

☒ Annual Performance Evaluation
☐ Other: _____

Rating Scale

Inadequate	Needs Improvement	Meets Expectations	Exceeds Expectations	Superior
1	2	3	4	5

Note: Any rating below a "3" (Meets Expectations) requires a "comment" by the supervisor. Any rating of "3" and above, a "comment" is encouraged.

I. CUSTOMER/CLIENT SERVICE

A. The extent to which the employee is attentive to communication skills and customer service while interacting with the customer (students, staff, faculty, parents, alumni). Consider the attention given to customers, listening skills, eye contact and positive feedback.

1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐

Comments: Dr. Tyndall has good communication skills as evidenced by the positive feedback he receives on our University Park Health Center Patient Comment Forms.

B. The extent to which the employee is attentive to communication skills and customer service with co-workers in the office and at the university.

1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐

Comments: Dr. Tyndall has good rapport with suport staff

C. The extent to which the employee follows through on promises made to customers and co-workers.

1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐

Comments: Dr. Tyndall is generally organized and follows up on complicated and difficult cases. There was a failure to notify a student about an abnormal Chlamydia result. This is unacceptable. Improvement to the University

Park Health Center standard will be expected in the next year.

II. DEPENDABILITY
The extent to which the employee can be depended upon to be available for work and to fulfill position responsibilities. Consider the degree to which the employee is reliable, trustworthy, and persistent.

Inadequate	Needs Improvement	Meets Expectations	Exceeds Expectations	Superior
1 ☐	2 ☒	3 ☐	4 ☐	5 ☐

Comments: Dr. Tyndall worked no evening clinics, Saturday clinics nor provided any after hours call coverage in the last year. Dr. Tyndall did not help out the clinic during the Meningitis crisis last Fall. Assisting the clinic with the staffing of unpoppular shifts when the need arises will be a goal for next year.

III. JUDGMENT
The extent to which the employee makes sound job-related decisions. Consider how well the employee develops alternate solutions and recommends or selects a proper course of action.

1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐

Comments: Dr. Tyndall is able to develop an appropriate gynecologic differential diagnosis and treatment plan. His requests for diagnostic tests, laboratory work, and radiological studies for gynecology patients are appropriate and cost effective as evidenced at our most recent Peer Review session. His referrals for out side gynecology care are justifiable based upon utilization review. Dr. Tyndall's primary care skills need improvement to the point where he is comfortable managing challenging and difficult cases.

IV. PLANNING AND ORGANIZATIONAL EFFECTIVENESS
The extent to which the employee effectively plans, organizes, and implements tasks or programs. Consider the employee's effectiveness in the management of time, money, materials, equipment, and other resources. Consider the degree to which the employee meets deadlines, handles emergencies, and appropriately establishes goals and priorities.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒

Comments: Dr. Tyndall returns his monthly attendance calendars and preference requests by the stated deadline. Dr. Tyndall adheres to the Health Center standard when making requests. Dr. Tyndall's role does not involve the management of money, materials, equipment or other resources.

V. QUALITY OF ACCOMPLISHMENTS
The demonstration of accuracy, thoroughness and reliability of results. Consider organization, presentation, completeness, follow-through on projects and appearance of work.

1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐

Comments: Dr. Tyndall serves on no Health Center Committees and is not involved in any University sponsored extracurricular projects. An area of growth will be for Dr. Tyndall to become more involved in Health Center and University sponsored activities..

VI. WRITTEN COMMUNICATION

The extent to which the employee effectively conveys ideas, information and directions to others. Consider the clarity of written communication within the context of the employee's responsibilities.

1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐

Comments: Dr. Tyndall's documentation of gynecologic history and physical exam is thorough and complete. He has met the goal of completing the medical record at the time of patient disposition. He has met the Health Center expectation of legibility through use of the dictation system.

VII. JOB KNOWLEDGE

The demonstration of technical, administrative, managerial, supervisory, or other specialized knowledge required to perform the job. Consider degree of job knowledge relative to length of time in the current position.

Inadequate	Needs Improvement	Meets Expectations	Exceeds Expectations	Superior
1 ☐	2 ☐	3 ☒	4 ☐	5 ☐

Comments: Dr. Tyndall demonstrates excellent knowledge for his role as a Gynecologist. Dr. Tyndall is available for consultation to the Primary Care Physicians and the Physician Assistants, assisting in the management of Gynecology cases. The role of the Primary Care Provider has changed as the patients have become more complex. Dr. Tyndall needs to update his primary care knowledge base so that he is comfortable managing complex or challanging cases.

VIII. SUPERVISORY SKILLS (if applicable)

To what extent is the employee successful in guiding people so that they work together toward a common goal? Consider evidence of demonstrated skill in eliciting interest and enthusiasm in subordinates rather than solely relying on authority to get the job done.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Comments: Not Applicable

A. To what extent does the employee train and develop personnel so that they are effective in their assignments?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Comments: Not Applicable

B. To what extent is the employee effective in selecting personnel? Consider success in implementation of affirmative action goals.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Comments: Not Applicable

PERFORMANCE CHECKLIST (Check one)
NOTE: A "comment" is required for "Not Satisfactory" mark.

	Satisfactory	Not Satisfactory
1. Observation of working hours	☒	☐
2. Attendance	☐	☒
3. Observation of policies	☒	☐
4. Attire appropriate to job function	☒	☐
5. Employee health requirement met	☒	☐
6. Environment of care (e.g., safety, hazardous waste)	☐	☒

SUMMARY

SUPERVISOR'S COMMENTS:

Dr. Tyndall works in Gynecology and in Primary Care performing all duties with enthusiasm. Dr. Tyndall is one of two staff Gynecologists and runs a Colposcopy Clinic for further work up and treatment of gynecological problems. This provides a usefull service to the Health Center.

In the past year Dr. Tyndall requested a significant amount of time off during the Fall and Spring semesters. This is a deviation from his past behavior where he took virtually all of his time off when the majority of students were not present (summer & winter breaks). Excessive absence during the semester has a negative impact on the clinic and on Dr. Tyndall's peers who have to cover for him. A goal in the next year will be for Dr. Tyndall to limit the amount of time off taken during the semester

The Environment of Care in-service was given on a day that Dr. Tyndall was absent. Adaquate provision of a make-up in a timely manner was not provided. Dr. Tyndall will meet this requirement by the next performance review.

An area of professional growth and development will be for Dr. Tyndall to update his knowledge in Primary Care. Overall Dr. Tyndall's performance meets most expectations.

Goals for Professional Growth and Development in the next Academic Year:
- Continue to encourage and support teamwork.
- Continue to provide quality patient care.
- Continue to serve as a role model both professionally and clinically.

- Continue to support management in changes within the University Park Health Center.
- Continue to share concerns and comments about patient care with management.
- Continue to work collaboratively with peers, ancillary staff, and management.
- Continue to educate and assist in the training of medical students.
- Continue to document legibly on patient charts and complete the medical record at the time of the patient's disposition.
- Continue to communicate concerns and suggestions about patient care with management.
- Consistently follow University Park Health Center policies and procedures.
- Continue to participate in peer review, staff meetings and continuing medical education.
- Continue to adhere to University Park Health Center standards of attendance, punctuality, and professional attire.
- Continue to utilize time effectively during slow periods by engaging in health center related tasks.
- Continue to assist in the supervision of Physician Assistants'

Supervisor's Signature: [signature] Date: March 4, 2003

Department: Medicine

Title: Lead Physician

EMPLOYEE COMMENTS (If you disagree with any part of this appraisal or wish to make specific comments on it, please do so here):

Please see Attached document (9 pgs) Dated 030703

I certify that this report has been discussed with me.

Employee's Signature: [signature] Date: 030703

Tab 32

From: Larry Neinstein <neinstei@usc.edu>
Sent: Tuesday, March 11, 2003 1:01 AM
To: george tyndall
Subject: Re: Oral Contraceptives

<x-flowed>
Think you are still missing my point.
yes information for students is good.
however suggesting that going on OCPs without an indication including:

- dysmenorrhea
- contraception in sexually active or soon to be sexually active woman
- hirsutism/PCOS
- acne
- Hypoestrogenic state.

is not standard of practice.
It is not standard of practice to inform patients that this is a medication that will reduce their incidence of ovarian cancer so it is recommended or should be considered in women without the above indications but will control their menses or chose their period time structure. I think you are suggesting for them to make an informed decision to go on OCPs to either prevent ovarian cancer or change their menses. You are providing them a structure to chose OCPs without one of the above indications but for prevention of diseases. This is not currently to my knowledge standard of practice in the United States or recommended by any medical group. What I am trying to say is, that currently prevention of ovarian cancer or uterine cancer is not an indication to go on OCPs in women without some other indication for OCPS.
It may be in the future but not in 2003. If you have literature that suggests this is an indication or any books on contraceptive technology that recommends woman going on OCPs for just chosing their periods etc, please let me know.
thanks,
larry

Here are the indications as listed in contraceptive technology
Indications:
Contraception in women with:
heavy, painful menses
recurrent ovarian cysts
PMS
family history of ovarian (note that even here it is listed in women needing contraception) desire for reversible contraception recent delivery endometriosis and not ready to get pregnant post TAB acne, hirsutism or chronic anovulation past experience using OCs correctly Need for emergency contraception

thanks,
larry

At 03:04 PM 3/10/2003 -0800, you wrote:
>Whatever their complaint, it has never been my practice to make
>decisions for patients. To the contrary, I insist that patients make
>their own decisions. My role, as I see it, is to inform them of the
>current status of the medical/surgical literature with regard to their particular issue.
>
>Regardless of the presenting complaint, and whether my patient is male
>or female, I have instructed my MAs that I need a current history form
>on their charts so that I may have the opportunity to address issues
>other than than the one (or sometimes two, or three or more) that brought them in.
>
>In the case of female patients who are not taking any hormone therapy,
>I almost try to find the time to inform them that no other medication
>has been as intensively studied as the combined oral contraceptive,
>then I go on to describe to them some of the diseases that are markedly
>less common in women who have taken the medication for at least 10
>years, including ovarian and uterine cancer, plus a variety of other
>less serious diseases, including acne and dysmenorrhea. In addition, I
>also advise them that it has become acceptable medical practice for a
>woman to use the combined oral contraceptive to control when she will have her withdrawal bleed.
>
>I always conclude the discussion with oneor another variation of the
>following statement: "I have reviewed your history, and I have found no
>reason that you cannot take either the pill or the patch if ever you
>become so inclined. Further, I do not require that you undergo a pelvic
>exam if you wish to take the medication." I then give the patient my
>card and ask her to make another appointment once she has given the
>issue some thought. (My dictations in such cases always end with the
>statement, "I advised the patient to make a follow-up appointment for
>further discussion if she is so inclined.")
>
>I completely agree that it is very important that the patients
>understand that it is not the current standardof care to advise all
>women without contradictions that they should take hormonal therapy,
>and that is why I have never done that. As I said, my role as a primary
>care clinician, as I see it, is to provide patients with the

>information that they need to make their own decisions.
>
>I hope clarifies the issue.
>
>
>---- Original Message -----
>From: Larry Neinstein <neinstei@usc.edu>
>Date: Monday, March 10, 2003 12:44 pm
>Subject: Oral Contraceptives
>
> > hi,
> > We have received over the past couple of years, several students who
> > have been concerned and written to us about getting advised about
> > taking oral contraceptives regardless if they have ever been
> > sexually active or not. In other words, that the pill would be of
> > benefit to their overall health.
> >
> > Few comments:
> > 1) History: You obviously know I am committed to getting a good
> > psychosocial history on students. This may include drug history,
> > sexual history etc.
> > 2) Hormones in non sexually active individuals: I believe, and the
> > literature supports, that there are many non contraceptive benefits
> > to birth control pills. Far too often these are ignored the the
> > press and by the lay public. There are also many non contraceptive
> > reasons for going on the pill including acne, menstrual control,
> > bone density issues, etc. However, at present, I have not found any
> > major medical organizations that in their preventative health
> > recommendations, advice women to go on birth control pills as a
> > health prevention measure. The data for this is not out there and I
> > am unfamiliar with any randomized studies that have addressed this
> > question. I have asked recently our speaker who is a worlds expert
> > on contraception and she did not feel that this was advisable yet.
> > I do believe that in 10 years there will be changes in our pill
> > prescribing methods including 3 on 1 off to less off time and
> > including consideration of use for preventing certain health
> > problems. However, I do not believe this is community standard yet.
> > I also believe that if we advised a student with
> > no medical indication for the pill

> > not sexually active
> > not requesting to go on pill as they might become sexually
> > active
> soon
> > and the student had a medical complication of the pill, we would
> > have trouble in a malpractice case.
> >
> > I know you feel strongly about the pros of OCPs and I do not
> > disagree with the many pros of the pill. However, I do not think we
> > should be advising women who have no current indication to go on the
> > pill for health prevention reasons.
> >
> > thanks
> > larry
> >
> >

</x-flowed>

Tab 33

Staff	Date	Issue
gt	8.2.2002	[redacted] student positive CT 3/2002 and not treated but chart and lab signed off, treated later
gt	8.6.2002	cannot ready lab signature or dictation signature
gt	9.10.2003	brought up that once again GT not allowing Mas to be behind curtain when chaperoning md during pelvic exams, told once before, bill will document and tell once again
GT	12.10.2003	student complained about GT and how fast he is and that exam hurt, he was not going to see her even though she was on time she was feeling very negative about exam and his skill,s mentioned that MA was moved behind curtain
gt	12/12/2003	discussed with gt about the student above, he did not remember student also went over his room and explained that curtain needs to be open enoug that there is no perception by student or MA that it it closed. he understood.
gt	12/1/2004	student emailed bernadette since GT talked with other patients while patien in room. This included discussions of their name and dx. Student mentionn that their were two patients that this occurred with Bl. spoke with GT who said he does not remember doing this and during a refill would not mention on speakerphone a dx or name and that usually Mas do not put calls through.

Tab 34

From: Theresa Colmenares
To: wleavitt@usc.edu
CC: neinstei@usc.edu
Sent: 9/11/2003 11:39:27 PM
Subject: Gyne chaperones

<x-flowed>
Dr. Leavitt,

It has come to my attention that Dr. Tyndall is doing Gyn exams with the MA standing behind the curtain. I have instructed the MA's that in order to chaperone Dr. Tyndall they are required to stand with him while he does his exam, not behind the curtain.

Please can you speak to Dr. Tyndall regarding this issue.

Thanks,
Terri

</x-flowed>

Tab 35

UNIVERSITY PARK HEALTH CENTER
PATIENT CONCERN/COMPLAINT/SUGGESTION/COMPLIMENT
2003 LOG

Date Received	Patient Name	SS#/ID# or Telephone #	Description of (1) Concern (2) Complaint (3) Suggestion (4) Compliment	#	Review & Action Plan
[redacted]					

[redacted]

9/24/03	Anonymous		The lack of privacy and respect to the patient is appalling. I was in the middle of a gynecological exam when an assistant walked in. The doctor was callous doing the procedure and the office was dirty with trash overflowing	2	No response.

Tab 36

2003

[redacted]

COMMENT
Date: Wed, 12 Nov 2003 23:31:40 -0800 (PST)
From: USCweb Visitor <webfoot@usc.edu>
Subject: (Health Center Comment Form) feedback
To: uphcweb@usc.edu
Reply-to: [redacted]
Original-recipient: rfc822;uphcweb@email.usc.edu

Comments: hi,

2003

I had an appointment with a doctor(sorry I forgot his name) on wednesday the 12th of november at 10:20am. I went to the university park health center. I had a wierd experience. The discussion with the doctor was like filling out a questionare. The doctor read questions from the computer and once I answered, he was busy typing my response. I would wait for a couple of minutes for the next question. The doctor seemed to be more interested in filling the form than in my problem. At the end, he did not suggest any specific medication. The visit to the health center was disappointing. I just learnt that my friend had the exact same experience.

my contact information
email id : [redacted]
cell-phone - [redacted]

RESPONSE

Date: Thu, 13 Nov 2003 17:18:27 -0800
From: Larry Neinstein <neinstei@usc.edu>
Subject: Re: Fwd: (Health Center Comment Form) feedback
X-Sender: neinstei@email.usc.edu
To: [redacted]
X-Mailer: QUALCOMM Windows Eudora Version 5.1

first let me thank you for sending us your feedback and I am sorry that you had a disappointing visit. We take this feedback very seriously.

First, I have given feedback to the clinician involved but without your name used. He is a very conscientious and caring clinician and took this feedback very seriously. I gave him some suggestions and I think he will follow through.

Second: We have many clinicians at the health center, both physicians and physician assistants. Their backgrounds and interests are all listed on our web site. I would encourage you to find a clinician that you like and make sure you make an appointment with that individual.

Our total feedback has shown student satisfaction ratings going from the 70% level six years ago to 96.5% this past year and over 95% the past several years. However, all patient-clinician encounters are not perfect. I will also present your concerns at the quality assurance meeting we have monthly. Again, your feedback will be anonymous both in regards to you and the clinician.

Thank you for your feedback. If there is anything else we can do, please let me know.
Sincerely,
Dr. Lawrence Neinstein

Y

Tab 37

Student Services Survey
Front Desk
November 19-26, 2003
CONFIDENTIAL

[redacted]

- Have hours for individual sections and posted. I had one of my worst experiences with Dr. Tyndall today. He was too quick to do my pap smear: it was very unpleasant. Never do it again at USC.

[redacted]

Tab 38

From: Larry Neinstein
To: tyndall@usc.edu
CC: wleavitt@usc.edu
Sent: 11/21/2003 6:00:43 PM
Subject: student feedback

<x-flowed>
I will discuss this with the student involved and find out their particular concerns, but this was recent feedback from a student you saw.
larry

"Please advise me, to whom could I write about my bad experience today at the gynecologist? It was quite an unpleasant appointment today as my physician acted without any care. Therefore, I would prefer to withdraw from being treated and insured at USC."

</x-flowed>

From: george tyndall
To: Larry Neinstein
CC: wleavitt@usc.edu
Sent: 11/25/2003 12:46:53 AM
Subject: Re: student feedback

If the complainant is who I think she is, then I am not the least bit surprised that she is still complaining.

By the way, you CCd Dr. Leavitt, who does my annual performance evaluations, with this complaint but I do not see that you similarly CCd him with the highly laudatory email that you forwarded to me on November 4. Am I correct?

----- Original Message -----
From: Larry Neinstein <neinstei@usc.edu>
Date: Friday, November 21, 2003 10:00 am
Subject: student feedback

> I will discuss this with the student involved and find out their
> particular
> concerns, but this was recent feedback from a student you saw.
> larry
>
> "Please advise me, to whom could I write about my bad experience today at
> the gynecologist? It was quite an unpleasant appointment today as my
> physician acted without any care. Therefore, I would prefer to withdraw
> from being treated and insured at USC."
>
>

Tab 39

From: [redacted]
To: larry neinstein
Sent: 11/27/2003 7:03:56 AM
Subject: USC

Dear Mr. Neinstein,

I am so sorry not to get back to you since the end of the last week. Earlier this month, I wanted to make an appointment with a gynecologist. There was no available time with anyone for the following two weeks. Hence, I wanted to make an appointment for the third week, but there was no schedule yet made for that week.
Anyway, I called later, and wanted to have the first available appointment. Later, the lady who assisted me in finding an appointment asked me if it was ok for me to go to a male doctor. "Certainly", I said. This is why I did not go back to the same physician as before.

It is not in my personality to complain and cause trouble for anyone, but my experience with Dr. Tyndall made me do so, just for the good of his future patients.
I had an appoinment at 2:15 on the 20th of November, and I arrived at the Health Center at 2:05pm. I got in his office after 3 o'clock, and he right away told me to set another appointment, because of me being late. I told him that I wasn't late and to, if possible, do the test (according to the fact of how hard it is to get an appoinment, especially with the holidays and the end of the semester). So he did the test, but unfortunatelly he did it fast, with whatsoever no care and patience.

This kind of exam should not hurt at all, I had many in my life with many professional and gentle doctors. Indeed, even when I was making it apparetnly obvious to him that the procedure hurt -I tried to "climb up" on the bed I was lying on - he did not seem to care too much and did it anyway in the same way. The pap smear test does not last for a few seconds. It lasts approximately 2 minutes. I find this too long to be so unpleasant.

After the test, I was very upset and felt unrespected as a patient and as a woman for the whole afternoon. Unfortunately, I did not have a chance to complain right away and, frankly, really wanted to leave the building of the Health Center as soon as possible.

Thank you, sincerely yours,

[redacted]

Tab 40

[redacted]

12/1/03	Anonymous		I had an appointment at __ on the __ of November and I arrived at the health center at __. I got into his office one hour later, and he right away told me to set another appointment, because of me being late. I told him that I wasn't late and to, if possible, do the test (according to the fact of how hard it is to get an appointment, especially with the holidays and the end of semester). So he did the test, but unfortunately he did it fast, with whatsoever no care and patience. This kind of exam should not hurt at all; I had many in my life with many professionals and gentle doctors. Indeed, even when I was making it apparently obvious to him that the procedure hurt – I tried to "climb up" on the bed I was lying on- he did not seem to care too much and did it anyway in the same way. The pap smear test does not last for a few seconds. It lasts approximately 2 minutes. I find this too long to be so unpleasant. After the test, I was very upset and felt unrespected as a patient and as a woman for the whole afternoon. Unfortunately, I did not have a chance to complain right away and frankly wanted to leave the building of the health center as soon as possible.	2	Referred to CQI. Referred to clinician involved.

[redacted]

Tuesday 5.4.2010

Talked with student: [redacted] and confirmed this was Dr. tyndall, In chart he was the only male to do a gyn exam. I discussed with [redacted] that since 2004 we have required a female chaperon in the room with all female patients for any sensitive exam. I discussed that the physician involved did document her concern, i.e. sexual dysfunction and his approach to teach her kegel exercises and what he was doing. I told her I would also express her concern to the physician but not use her name. she felt this was appropriate and she was relieved with our approach.

Same day I reviewed chart and the chart clearly indicated her concern, clearly reviewed what he was doing, i.e. discussion and teaching her via photos and text Kegel exercises and demonstrating that the muscles that were involved.

Same day I read the concern to the physician. He indicated he never would do this exam without a female in the room as chaperone and he would never do an exam with an ungloved hand.

Same day I also reviewed the above with Claudia Borzutzky and that I felt that at this point that this particular event was closed but would be documented in case there were any further instances.

11.11.2009

Received concern from student regarding in march GT commented to exam about her pubic hair and the nice laser procedure. She was upset with this but took months to sent something in.

I spoke with George and recommended that if he was going to talk about pubic hair and find out was the student not having hair from medical issue or laser or other method to do this when students was dressed. And if he found someone who might have a good procedure that could be recommended to other students he would phrase it this way.

He understood

gt	6.2.2002	[redacted] student positive CT 3/2002 and not treated but chart and lab signed off, treated later
gt	6.6.2002	cannot ready lab signature or dictation signature
gt	9.10.2003	brought up that once again GT not allowing Mas to be behind curtain when chaperoning md during pelvic exams, told once before, bill will document and tell once again
GT	12.10.2003	student complained about GT and how fast he is and that exam hurt, he was not going to see her even though she was on time she was feeling very negative about exam and his skill,s mentioned that MA was moved behind curtain

gt	12/12/2003	discussed with gt about the student above, he did not remember student also went over his room and explained that curtain needs to be open enough that there is no perception by student or MA that it it closed. he understood.
gt	12/1/2004	student emailed bernadette since GT talked with other patients while patient in room. This included discussions of their name and dx. Student mentioned that their were two patients that this occurred with BL spoke with GT who said he does not remember doing this and during a refill would not mention on speakerphone a dx or name and that usually Mas do not put calls through.
gt	3/25/2005	discussed with BL and GT that we could not accommodate during the semesters fall/spring unpaid leave arranged more than one month in advance. Visits have increased and this would be unfair to other clinicians. GT stated he understood and is not taking unmpaid leave and would submit his vacation requests. in addition he was upset about the way BL discussed some of these issues with him in hall way. We discussed that briefly together and I discussed that with BL

Comments: Dear Sir, or Madame,

Please advise me, to whom could I write about my bad experience today at the gynaecologist? It was quite an unpleasant appointment today as my physician acted without any care. Therefore, I would prefer to withdraw from being treated and insured at USC.
Thank you,
Yours sincerely,
[redacted]

I am so sorry not to get back to you since the end of the last week. Earlier this month, I wanted to make an appointment with a gynecologist. There was no available time with anyone for the following two weeks. Hence, I wanted to make an appointment for the third week, but there was no schedule yet made for that week.
Anyway, I called later, and wanted to have the first available appointment. Later, the lady who assisted me in finding an appointment asked me if it was ok for me to go to a male doctor. "Certainly", I said. This is why I did not go back to the same physician as before.

It is not in my personality to complain and cause trouble for anyone, but my experience with Dr. Tyndall made me do so, just for the good of his future patients.
I had an appoinment at 2:15 on the 20th of November, and I arrived at the Health Center at 2:05pm. I got in his office after 3 o'clock, and he right away told me to set another appointment, because of me being late. I told him that I wasn't late and to, if possible, do the test (according to the fact of how hard it is to get an appoinment, especially with the holidays and the end of the semester). So he did the test, but unfortunatelly he did it fast, with whatsoever no care and patience.

This kind of exam should not hurt at all, I had many in my life with many professional and gentle doctors. Indeed, even when I was making it apparetnly obvious to him that the procedure hurt -I tried to "climb up" on the bed I was lying on - he did not seem to care too much and did it anyway in the same way. The pap smear test does not last for a few seconds. It lasts approximately 2 minutes. I find this too long to be so unpleasant.

After the test, I was very upset and felt unrespected as a patient and as a woman for the whole afternoon. Unfortunately, I did not have a chance to complain right away and, frankly, really wanted to leave the building of the Health Center as soon as possible.

Tab 41

File date
12/12/03

Comments: Dear Sir, or Madame,

Please advise me, to whom could I write about my bad experience today at the gynaecologist? It was quite an unpleasant appointment today as my physician acted without any care. Therefore, I would prefer to withdraw from being treated and insured at USC.
Thank you,
Yours sincerely,
[redacted];

I am so sorry not to get back to you since the end of the last week. Earlier this month, I wanted to make an appointment with a gynecologist. There was no available time with anyone for the following two weeks. Hence, I wanted to make an appointment for the third week, but there was no schedule yet made for that week. Anyway, I called later, and wanted to have the first available appointment. Later, the lady who assisted me in finding an appointment asked me if it was ok for me to go to a male doctor. "Certainly", I said. This is why I did not go back to the same physician as before.

It is not in my personality to complain and cause trouble for anyone, but my experience with Dr. Tyndall made me do so, just for the good of his future patients.
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This kind of exam should not hurt at all, I had many in my life with many professional and gentle doctors. Indeed, even when I was making it apparetnly obvious to him that the procedure hurt -I tried to "climb up" on the bed I was lying on - he did not seem to care too much and did it anyway in the same way. The pap smear test does not last for a few seconds. It lasts approximately 2 minutes. I find this too long to be so unpleasant.

After the test, I was very upset and felt unrespected as a patient and as a woman for the whole afternoon. Unfortunately, I did not have a chance to complain right away and, frankly, really wanted to leave the building of the Health Center as soon as possible.

Tab 42

Student Feedback Comments
January 28, 2004
CONFIDENTIAL

- Dr. Tyndall is unprofessional about gynecological procedures. Made me feel uncomfortable and violated!

[redacted]

The University Park Health Center (UPHC) is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. Overall, how satisfied were you with your visit at the University Park Health Center?
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

2. How satisfied were you with the appointment system?
( ) Very Satisfied ( ) Satisfied (✓) Dissatisfied

3. How satisfied were you with the sign-in process?
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

4. How satisfied were you with your encounter with the medical assistants?
( ) Very Satisfied (✓) Satisfied (✓) Dissatisfied

5. How satisfied were you with your encounter with the nurses RN's, LVN's
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

6. How satisfied were you with your encounter with the Laboratory?
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

7. How satisfied were you with encounter with the X-Ray Department?
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

8. How satisfied were you with your encounter with Physical Therapy?
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

9. How satisfied were you with your encounter with the Cashier?
( ) Very Satisfied (✓) Satisfied ( ) Dissatisfied

10. How satisfied were you with your encounter with the medical practitioner M.D., PAC
( ) Very Satisfied ( ) Satisfied (✓) Dissatisfied

11. Did the practitioner:

01-28-04 01:36 PM

Pay attention to your concerns and worries?	(✓) Yes	( ) No
Inform you about your problem or disease?	(✓) Yes	( ) No
Explain procedures and treatment?	( ) Yes	(✓) No
Instruct you about your continuing care?	( ) Yes	(✓) No
Introduce him or herself?	( ) Yes	(✓) No

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit and the best time to contact you.

Dr. Tindall is unprofessional absent gynecological procedures. Made me feel uncomfortable and violated! cc: Levitt, MD cc: Newstein

Name (optional): _____
Last First M.I.

Telephone Number: (___) _____ Time to call: _____

E-mail address: _____

Date & Time of Your Visit: _____ (am/pm) _____

Once completed, please fold and drop into the suggestion box located on the wall, next to the reception desk, in the main lobby of the University Park Health Center.

[redacted]

1/28/04	Anonymous		Dr. Tyndall is unprofessional, abent gynecological procedures. Made me feel uncomfortable and violated	2	Referred to lead physician and exec director.

[redacted]

EXHIBIT 4

Tab 43

From: Theresa Colmenares
To: wleavitt@usc.edu
Sent: 2/25/2004 10:50:33 PM
Subject: Mtg re concern

<x-flowed>
I need to talk to both of you sometime regarding Dr. Tyndall and pelvic exam chaperones.
I don't believe this problem has been resolved.
Thanks,
Terri

Terri Colmenares R.N.
Director of Clinical Nursing
USC University Park Health Center
(213)821-2573
burdette@usc.edu

</x-flowed>

From: Larry Neinstein
To: burdette@usc.edu; wleavitt@usc.edu
Sent: 2/26/2004 8:17:17 PM
Subject: Dr. Tyndalls office

<x-flowed>
as per our discussion today, because of continued concerns from MAs about working behind a curtain, I have asked Sheila to do two things:

1) get estimate from Michelle for moving current curtain from middle of office to curving around door.

2) estimate on new file cabinet that would be more flat against the wall and could be moved closer to door so that tray could be moved closer to foot of exam table.

thanks
larry

Bill you might want to mention to George about the issue of the monitor and also that we are exploring making the room more ergonomic and alleviate the curtain problems.
thanks,
larry

</x-flowed>

Tab 44

From: William Leavitt
To: Larry Neinstein
Sent: 2/27/2004 3:17:06 PM
Subject: Re: Dr. Tyndalls office

Dear Larry:

FYI: After you left Dr. Tyndal's office Terri and I looked in his bathroom where we found his LCD Monitor on the floor as Susan had previously stated Eric had discovered. We also fount 3 Toshiba Televisions in there original shipping crates stacked on the floor. My guess is that George is running a durable goods business on the side and using the Health Centers resources: computer and Storage Space, to accomplish this.

Bill

William Leavitt, MD, FAAP
Lead Physician
University Park Health Center
University of Southern California
849 West 34th Street #216
Los Angeles, California 90089-0311
(213) 740-9355 Office
(213) 821-2781 Fax
wleavitt@.usc.edu E-Mail
as per our discussion today, because of continued concerns from MAs about working behind a curtain, I have asked Sheila to do two things:

1) get estimate from Michelle for moving current curtain from middle of office to curving around door.

2) estimate on new file cabinet that would be more flat against the wall and could be moved closer to door so that tray could be moved closer to foot of exam table.

thanks
larry

Bill you might want to mention to George about the issue of the monitor and also that we are exploring making the room more ergonomic and alleviate the curtain problems.
thanks,
larry

Tab 45

From: george tyndall
To: Larry Neinstein
CC: wleavitt@usc.edu
Sent: 3/2/2004 5:06:51 PM
Subject: Re: Changes to the layout of Room 217A

I have already set up the room in the way that I can work the most ergonomically efficiently, that is to say, in such a way that my patients can be examined in the absolute minimum amount of time.

Although you and Bill may not be aware of it, one of the reasons I have had a thriving practice in adolescent gynecology over the past 14 years, despite the fact that I am a male clinician, is that, according to my patients, I am very fast at completing their exams. As any of the MAs can verify, I regularly hear the comment "you are already done? That was fast."

I am, of course, always open to suggestions regarding how to further improve my practice. I will be happy to discuss methods of improvement with you and/or Bill at any time. But at this point I would like to say this: Over the past 14 years I have had only an insiginficant number of complaints about the way I practice.
You seem very concerned about the recent complaint that we discussed, however, as the MAs have confirmed for you, they cannot recall a single instance when a patient expressed dissatisfaction in their presence, nor can they recall any reason for a patient to be dissatisfied.

In short, as of the present time I see no reason whatsoever to change what has been a very successful practice for well over a decade.

----- Original Message -----
From: Larry Neinstein <neinstei@usc.edu>
Date: Monday, March 1, 2004 5:06 pm
Subject: Re: Changes to the layout of Room 217A

> We are trying to make the work area more ergonomic and Bill was going to
> talk with you when you got back from vacation. You were not here last
> week. Sheila is just checking what is involved.
> thanks,
> larry
>
> At 04:59 PM 3/1/2004 -0800, you wrote:
> >I was just informed by Sheila that on Wednesday she will be coming to Room
> >217A to make changes to its layout, including the file cabinet and the
> >curtain.
> >
> >I have read all my email and there is nothing from you regarding this.
> >
> >Are you intending to make changes to the office in which I practice without
> >consulting me first?
>
>

Tab 46

USC
UNIVERSITY
OF SOUTHERN
CALIFORNIA

April 13, 2004

Dear Dr. Tyndall,

The purpose of this memo is to describe the events that have occurred over the past two weeks, which have resulted in the need for disciplinary action, and to inform you of the conduct required on your part for continued employment with the University.

USC-University Park
Health Center

Student Health and
Counseling Services

On March 29, 2004 you telephoned the health center and indicated you would not be in due to illness. This was a day you had requested off, the request was approved, and then subsequently returned and cancelled by you, stating that you did not need the day off anymore. On April 5, 2004 and then again on April 6, 2004 you phoned the Health Center and indicated you would not be in due to illness. On April 7, 2004 you again called the Health Center and stated: "This is Dr. Tyndall calling again to be sure you didn't miss the message. I will be out today, April 7 due to illness and the rest of the week". You were on approved vacation from March 30, 2004 through April 2, 2004 and therefore called in sick immediately before and after your scheduled vacation. It is also concerning that you had previously requested all of these above stated sick days as vacation time, that you did not have enough time accrued to cover the time away and that you subsequently cancelled the request; then you called in sick. Upon your return to work April 12, 2004 you stated that you were, in fact not sick, and that you were out due to illness for a family member (your wife). This would constitute leave covered under the Family Medical Leave Act. Under University Policy you are required to report Family Leave at the start of the illness. You did not comply with this requirement and instead stated that you personally were sick.

As you are aware, scheduling in the health center during holiday periods can be problematic. Often employees' requests are turned down due to staffing shortages. When you cancelled your vacation, I scheduled other clinicians to have the time off. As a result of your sick call, we were short handed in the clinic.

As you know, I have discussed taking sick time before and after scheduled vacation with you on two prior occasions when you did this before. I also indicated to you in August, 2003 that your attendance when scheduled is important to the clinic function. You also received a memo from me dated November 1, 2002 in which you were reminded of the importance of attendance during peak busy periods (such as the current spring semester).

University of
Southern California
849 West 34th Street
Los Angeles,
California 90089-0311
Tel: 213 740 9355

This recent event has resulted in the culmination of a growing concern that I have experienced over the past several years relative to your overall performance. Any further incidents observed that are contrary to acceptable standards will be grounds for further disciplinary action, which will lead to termination. I hope that your acknowledgment of the seriousness of this situation will have a positive result on your future at USC.

Sincerely,

William Leavitt, M.D.

I have received a copy of this document.

_____

George Tyndall, M.D. Date

C: employee file
Lawrence Neinstein, MD

Tab 47

From: Larry Neinstein
To: mjackson@usc.edu
Sent: 4/16/2004 6:48:14 PM
Subject: confidential

<x-flowed>
michael,
thanks regarding nursing issue, hopefully we will be able to recruit those individuals.

please do not forward this email below.
as mentioned we are having some problems with Dr. Tyndall.
I have also sent Dr. tyndalls email to Sharon Haymond.

I am increasingly concerned about the tone of his correspondence. I believe that his issues below are from the following.

USC asked us to eliminate all future "comp time" kept on the time recording system for exempt employees. That was when we moved to flex the coverage for evenings, instead of having recorded comp time, where George worked all evenings and took off the whole summer. I was told that keeping of comp time should not be done. George was upset with that decision.
Bill has also expressed concerns that as Dr. tyndall is gynecology trained, that evening coverage, as our student's illnesses have become more complicated, is best performed by someone trained in a primary care specialty of either peds/internal medicine/family medicine etc.

when we put in a new alarm system and could eliminate keys and allow for individual access based on allowed hours, our management team decided that except for those needing emergency access that access would not be 24/7 in the health center and we gave George and other physicians access from about 5 or 6 am to about 10 or 11 pm and reasonable hours on saturday i believe. He wanted to be allowed access 24/7 everyday of the year. Management did not feel that line staff should have unlimited access at all hours to a health facility.

monitor: we have standard monitors, lcd screens that are picked by our IS department for all staff. They are 15 inch for most staff and a few department heads by nature have 17 inch. I have refused several department heads this semester who requested 19 inch monitors. Dr. Tyndall has in his office a 21 inch or larger non LCD monitor that he brought in that is probably about over 100 pounds and is not ordered by USC and our IS department. We have tried to keep our equipment standard. When we replace departmentalal computers we evaluate the computer needs, monitor needs and printer needs and change the standards when this assessment is done. We are on a three year replacement cycle.

Dr. Tyndall feels that as his ability to accrue "comp" time was "taken away" that I, Bill and USC have taken away his income and his internet access and he deserves access to work at the health center 24/7, 365 days/and with a monitor of his choosing. As far as I know he has no publications or on going research that is sanctioned as USC research. I am actually a bit unclear as to what he does for the hours and hours that he spends in evenings and weekends during his employement at USC here. I do think he occasionally looks up things for his professional development, but do not think that this is the majority of the time.

As I also mentioned to you, Dr. tyndall has in recent years used the pattern of either taking sick days at the beginning and end of vacation or planning vacation days, cancelling some and then calling in sick when he originally had scheduled vacation days. He has also informed us that during those times he was not actually sick but they were related to family issues.

I am concerned that we have an employee who is very disgruntled and is now

either blaming Dr. Leavitt, myself (in this letter), or USC for everything that is occurring in his life. He also is putting personal blame for his car problems, his eating, his nightlife on me. I have heard from Dr. Leavitt that he is personally concerned about his safety, if Dr. Tyndall were terminated from employement. After reading this last letter, I am also concerned about safety issues. While, I have not personally seen any threatening behavior or violent behavior from Dr. Tyndall, I believe that he was in an employment position before he went into medical school that was in an enforcement agency position that included possessing a gun.

below is his email.
larry

>Date: Thu, 15 Apr 2004 16:55:40 -0700
>From: george tyndall <tyndall@usc.edu>
>Subject: Re: monitor
>To: Larry Neinstein <neinstei@usc.edu>
>Cc: wleavitt@usc.edu
>X-Mailer: Sun ONE Messenger Express 6.0 HotFix 1.01 (built Mar 15 2004)
>X-Accept-Language: en
>Priority: normal
>
>Hi also,
>
>Larry, I am very concerned about this email. You are taking still another
>adverse action against me for no apparent reason. At the beginning of the
>fall
>semester 2002, you terminated a longstanding relationship between me and the
>UPHC in which I worked during the busy time of the year in return for time
>off
>during the slow time of the year. That adverse action forced me to begin
>taking UNPAID leave in order to honor the commitment that I made to my wife
>when we married. Because of the loss of PAID leave, I experienced an abrupt
>and drastic decline in my disposable incomeâ€"so drastic that I was forced to
>give up, among other things (see below), the costly broadband internet
>connection that I had once enjoyed in my home. It was as that point in time
>that I moved my 20-inch monitor into Room 217A so that by coming in early in
>the morning, prior to the beginning of the regular workday, I could continue
>my online research and study. But not long after I began doing so, you
>abruptly limited my access to Room 217A by terminating the 24/7 access to the
>UPHC that I had enjoyed for some 13 years. When you took this second adverse
>action against me I responded that I needed access immediately restored so
>that I could continue my online research and study. I sent you a number of
>emails in which I all but begged you to restore that access ASAP but you
>refused to do so, instead making me wait many weeks (if not months) before
>you
>decided that I could have LIMITED access outside of normal business hours.
>Now, in still another proposed adverse action, you are telling me that I may
>no longer use the 20-inch monitor that is essential to my research and study.
>
>The details follow.
>
>A. Just prior to the academic year that began in the fall of 2002, YOU (not
>Human Resources as you then informed me) took an extremely adverse action
>against me and my wife--an action that prevents me from earning PAID time off
>but that instead forces me to take UNPAID leave if I wish to continue to have
>the essential time off from the UPHC that I need for personal reasons (and
>that I explained in detail in the comments that I added to my recent annual
>performance evaluation).
>
>Here are some of the changes that my wife and I have had to make in our
>lifestyle as a result of your extremely adverse (but undeserved) action
>against in the fall of 2002:
>
>1) we continue to use an automobile that is approaching 20 years old
>and that
>is in severe need of repainting
>2) we no longer can afford to go out to a restaurant

>3) we no longer can afford such modest pleasures as a night out for a
>movie
>together4) I have been forced, as stated, to give up the costly
>broadband
>internet connection that I once had in my home and that I once used for
>online
>research and study (I long ago presented this justification to you as part of
>my request that you restore access to Room 217A outside of normal business
>hours after you severely limited it last year--see below)
>
>My wife and I have been forced by you to make these adjustments in our
>lifestyle so that we can continue to afford to purchase plane tickets for our
>frequent trips to the Philippines with the reduced income which results from
>having to take UNPAID as opposed to PAID leave.
>
>B. Subsequent to that adverse action against me and my wife in the fall of
>2002, you took another very adverse (but also undeserved) action against me,
>namely, you terminated my 24/7 access to my workspace within the UPHCÂ¬Â¬--
>access that I had enjoyed for some 13 years. You took this adverse action
>against me despite the fact that you had only recently put into place at the
>UPHC a security system that keeps an electronic record not only of who is in
>the building but also of what time s/he entered/departed.
>
>At the time of your decision to limit my access to the building, I had been
>coming to the UPHC (Room 217A) on a regular basis at about 5am every morning
>to use the UPHC computer in my workspace, plus the 20-inch personal monitor
>that I transferred from there from my home office, to perform the online
>research and study that I was no longer able to afford to perform at home
>(for
>the reasons stated above). Both you and Dr. Leavitt knew that I was coming in
>very early every morning to use the work space, nevertheless, you abruptly
>terminated my 24//7 access to Room 217A. I sent you a number of emails which
>explained to you that I needed access restored ASAP so that I would not get
>behind on my online research and study. However, despite emails that all but
>begged you to immediately restore the 24/7 access that I had enjoyed for over
>a decade, you chose to take many, many WEEKS to decide that you would restore
>only LIMITED access to my workspace outside of normal business hours.
>
>C. Now, you are taking still another adverse action against me, specifically,
>you are telling me that I may no longer utilize my personal 20-inch monitor,
>in conjunction with the UPHCâ€™s computer, to perform online research and
>study.
>
>Larry, I need a monitor that is larger than the 14â€ monitor you have
>provided
>for the clinicians for the same reason that you, plus certain other
>members of
>the UPHC staff, already have larger monitors installed in their
>workspaces: It
>is extremely inconvenient, when performing online research and study, to be
>forced to continuously scroll up and down the pages(s) that one is
>viewingâ€"and
>it is impossible to view more than one page simultaneously. If you are going
>to force me to remove my monitor, then you are severely limiting my
>ability to
>perform essential online research and study. Given the fact that I am working
>at one of the top research institutions in the country, why would you wish to
>do so?
>
>As I stated at the outset, I am very concerned about the series of adverse
>actions that you have taken, and continue to take, against me. To the best of
>my knowledge, I have done nothing to deserve this unfair and undeserved
>treatment.
>Specifically:
>
>Given the fact that I regularly, for over a decade, enjoyed annual
>performance
>evaluations with grades of 4 (exceeds expectations) and 5 (superior), there

>was no logical reason in the fall of 2002 for you to take an adverse action
>that severely limits my ability to earn PAID leave.
>
>Given the fact that you have had installed a security system that is far more
>secure than had existed in the past, there was no logical reason a year ago
>for you to take an adverse action that limited, and continues to limit, my
>access to Room 217A.
>
>Now, you are telling me, despite the fact that certain other members of the
>UPHC staff already have larger monitors THAT WERE PAID FOR WITH UNIVERSITY
>FUNDS, I can no longer use for my online research and study a monitor THAT
>COST THE UNIVERSITY NOTHING. What is the problem with this? I am most curious
>to know: Do you have any plausible reason and/or justification for taking
>this
>particular adverse action against me?
>
>Thanks,
>
>George
>
>
>----- Original Message -----
>From: Larry Neinstein <neinstei@usc.edu>
>Date: Monday, April 12, 2004 6:12 pm
>Subject: monitor
>
> > Hi George,
> > I understand you still had some questions about monitors. We have a USC
> > ordered monitor for every computer at the UPHC that is ordered and
> > supported through our IS department. We review appropriate sizes of
> > monitors when we reorder monitors for computers. We do not have computer
> > equipment at the UPHC that is not USC equipment. Thus, as Bill mentioned,
> > you will need to have your computer monitor replaced with our USC
> > purchased
> > LCD monitor this week. Please let Bill know when there is an appropriate
> > time so we can get staff to help remove the heavy monitor you brought in
> > and have IS put in our monitor.
> >
> > If you need help resizing the monitor display/fonts so they are easier to
> > read, we can certainly have IS help you with that. I resize the display
> > size on all the monitors i use so I can read the fonts easily. Thus, even
> > the 14 inch monitor i use at home, I can see easily with the change in
> > display size and fonts.
> >
> > However, if you need a special accomodation, please bring in a physician's
> > note explaining your disability and needed accomodation and that can be
> > reviewed by the appropriate USC staff to see what appropriate accomodation
> > can be made.
> >
> > Please be aware that the use of the monitor and its function are to
> > accomodate USC related work.
> >
> > Thanks for your understanding,
> > Larry
> > Lawrence Neinstein M.D.
> > Executive Director
> > USC University Park Health Center
> > Professor of Pediatrics and Medicine
> > USC Keck School of Medicine
> > Associate Dean of Student Affairs
> >
> >

</x-flowed>

Tab 48

UNIVERSITY PARK HEALTH CENTER
PATIENT CONCERN/COMPLAINT/SUGGESTION/COMPLIMENT
2004 LOG

Date Received	Patient Name	SS#/ID# or Telephone #	Description of (1) Concern (2) Complaint (3) Suggestion (4) Compliment	#	Review & Action Plan
[redacted]					

[redacted]

9/5/04	[redacted]	[redacted]	I would like to offer some feedback about service that I received at the health center about a year ago. I've procrastinated sending this message because (1) it's not an urgent issue and (2) it's not positive. Nevertheless, I would like to get it off my chest. When I first started graduate school in fall 2003, I made appointments for both a gynecological exam and a physical. Both doctors knew that it had been approximately six years since I had received any sort of medical exam because I previously didn't have access to health insurance. Dr. Price, the gynecologist was very professional. She was patient with my questions and her kind manner eased some worries that I had. The doctor who I saw for my physical however, was disappointing. In short I feel that I paid $25 for not much more than a rushed chat. After sitting down, he read over the issues I had listed on my forms, but in my view, showed no serious interest in understanding them further. They may not have been big problems, but at least to me they were concerns that he could have questioned a little further and on which he could have offered advice or explanations. At no point did I indicate to him that I was interested in birth control yet he spent a considerable amount of time telling me that after recently attending a conference, he was convinced that all women should take the pill. I see no point in spending time during my long overdue physical exam explaining my position on an issue that I'm not at all interested in. My health issues (allergies, sinus problems, itching skin, loose bowel movements) are minor but still persist. I am not enrolled at USC this term (and therefore don't have health insurance) and I'm not writing to seek another visit with a different doctor. I simply want that doctor to know that at least one patient was dissatisfied and I want to bring it to your attention. That said, I would like to mention that all other professionals I've encountered at the health center have been great, from the receptionists to the nurses to the lab workers. I had a second gynecological exam this August and again the doctor was very professional and informative. I hope that this feedback contributes to a better health center for everyone.	2	9/7/04 email from Dr. Neinstien Thank you for your feedback both positive and negative. I am sorry about your experience with one of our clinicians. I am glad your other experiences were positive. I always encourage all of our students to try and find a clinician that they connect with and stay with that clinician. I have found that different people relate better to different staff. I have passed on your feedback to our lead physician and our director of quality assurance. I have passed on your specific feedback to the physician involved without identifying information as well as your positive feedback to the other physician involved. If there is any other way I can help, let me know.

[redacted]

Tab 49

From: Larry Neinstein
To: tyndall@usc.edu
CC: wleavitt@usc.edu
Sent: 9/7/2004 4:18:43 PM
Subject: student feedback

<x-flowed>
George,

Welcome back,
Sorry about starting the year this way, but this email arrived on my email yesterday from a student.
I am forwarding it to you. I confirmed in pyramed that you saw the student for this physical exam in
2003,
thanks,
larry

Dear Dr. Neinstein,

I would like to offer some feedback about service that I received at the Health Center about one year ago. I've procrastinated sending this message because (1) it's not an urgent issue and (2) it's not positive. Nevertheless, I would like to get it off my chest.

When I first started graduate school in fall 2003, I made appointments for both a gynecological exam and a physical. Both doctors knew that it had been approximately six years since I had received any sort of medical exam because I previously didn't have access to health insurance.

Dr. XXXXX, was very professional. She was patient with my questions and her kind manner eased some worries that I had.

The doctor who I saw for my physical, however, was disappointing. In short, I feel that I paid $25 for not much more than a rushed chat. After sitting down, he read over the issues I had listed on my forms, but, in my view, showed no serious interest in understanding them further. They may not have been big problems, but at least to me they were concerns that he could have questioned a little further and on which he could have offered advice or explanations.

At no point did I indicate to him that I was interested in birth control yet he spent a considerable amount of time telling me that, after recently attending a conference, he was convinced that all women should take the pill. I see no point in spending time during my long overdue physical exam explaining my position on an issue that I'm not at all interested in.

My health issues (allergies, sinus problems, itching skin, loose bowel movements) are minor but still persist. I am not enrolled at USC this term (and therefore don't have health insurance) and I'm not writing to seek another visit with a different doctor. I simply want that doctor to know that at least one patient was dissatisfied and I want to bring it to your attention.

That said, I would like to mention that all other professionals I've encountered at the health center have been great, from the receptionists, to the nurses, to the lab workers. I had a second gynecological exam this August and again, the doctor was very professional and informative.
I hope that this feedback contributes to a better health center for everyone.

Sincerely,

</x-flowed>

From: george tyndall
To: Larry Neinstein
Sent: 9/7/2004 5:29:18 PM
Subject: Re: student feedback

"After sitting down, he read over the issues I had listed on my forms, but, in my view, showed no serious interest in understanding them further. They may not have been big problems, but at least to me they were concerns that he could have questioned a little further and on which he could have offered advice or explanations."

As you know, I've also gotten praise from students for precisely the opposite reason, specifically, for having been exceedingly thorough in discussing and attempting to address all the issues on their history form. If I did not go into detail with her, it may have been because she indicated that none was a current problem.

"At no point did I indicate to him that I was interested in birth control yet he spent a considerable amount of time telling me that, after recently attending a conference, he was convinced that all women should take the pill. I see no point in spending time during my long overdue physical exam explaining my position on an issue that I'm not at all interested in."

As I said in a previous email, based on the discussion at the conference she mentioned, I am nowadays recommening hormonal therapy only to nulliaparous women who have reached the age of 30. Please inform me of this patient's age.

Also, it is very difficult for me to understand why this patient waited over a year to complain.

Finally, please continue to send me all comments that you receive, whether positive or negative.

Thanks!

----- Original Message -----
From: Larry Neinstein <neinstei@usc.edu>
Date: Tuesday, September 7, 2004 9:18 am
Subject: student feedback

> George,
>
> Welcome back,
> Sorry about starting the year this way, but this email arrived on my email
> yesterday from a student.
> I am forwarding it to you. I confirmed in pyramed that you saw the
> student
> for this physical exam in
> 2003,
> thanks,
> larry
>
>
> Dear Dr. Neinstein,
>
> I would like to offer some feedback about service that I received at the
> Health Center about one year ago. I've procrastinated sending this message
> because (1) it's not an urgent issue and (2) it's not positive.
> Nevertheless, I would like to get it off my chest.
>
> When I first started graduate school in fall 2003, I made appointments for
> both a gynecological exam and a physical. Both doctors knew that it had
> been approximately six years since I had received any sort of medical exam
> because I previously didn't have access to health insurance.
>

> Dr. XXXXX, was very professional. She was patient with my questions and
> her
> kind manner eased some worries that I had.
>
> The doctor who I saw for my physical, however, was disappointing. In
> short,
> I feel that I paid $25 for not much more than a rushed chat. After sitting
> down, he read over the issues I had listed on my forms, but, in my view,
> showed no serious interest in understanding them further. They may not
> have
> been big problems, but at least to me they were concerns that he could
> have
> questioned a little further and on which he could have offered advice or
> explanations.
>
> At no point did I indicate to him that I was interested in birth control
> yet he spent a considerable amount of time telling me that, after recently
> attending a conference, he was convinced that all women should take the
> pill. I see no point in spending time during my long overdue physical exam
> explaining my position on an issue that I'm not at all interested in.
>
> My health issues (allergies, sinus problems, itching skin, loose bowel
> movements) are minor but still persist. I am not enrolled at USC this term
> (and therefore don't have health insurance) and I'm not writing to seek
> another visit with a different doctor. I simply want that doctor to know
> that at least one patient was dissatisfied and I want to bring it to your
> attention.
>
> That said, I would like to mention that all other professionals I've
> encountered at the health center have been great, from the receptionists,
> to the nurses, to the lab workers. I had a second gynecological exam this
> August and again, the doctor was very professional and informative.
> I hope that this feedback contributes to a better health center for everyone.
>
> Sincerely,
>
>
>

Tab 50

From: Paula Swinford
To: neinstei@usc.edu; swinford@usc.edu
Sent: 9/21/2004 11:07:46 PM
Subject: Fwd: interaction today

Larry,

Not that you need this today, but thought I would pass this on because you will probably hear about it from Mark, or already have.

Daisye assured me she was very polite. Paula

Date: Tue, 21 Sep 2004 12:42:41 -0700
From: Daisye Orr <daisyeor@usc.edu>
Subject: interaction today
X-Sender: daisyeor@email.usc.edu
To: swinford@usc.edu
X-Mailer: QUALCOMM Windows Eudora Version 5.1
Original-recipient: rfc822;swinford@usc.edu

Paula,

As I suspect there might be ramifications from this, I am writing to document this incident.

George Tyndall and Mark Figatner spoke in the HPPS hallway about referring a patient. They then went into the copy room and proceeded to talk about the patient's medical diagnosis and treatment. Although never using names, I could hear them clearly when I was sitting at the front desk. There was also a student sitting on the bench filling out a HEC assessment as well as at least two PHEs in the Resource Room. I went in and told them (after apologizing for interrupting) that this probably isn't the best place to have this kind of conversation as there were students around. George said, "Even if we're not using names?" I said, "yes, people don't want to hear about other people's..." (I said warts under my breath - which is what they were talking about - but by that time they had already closed the door). They stayed in the copy room with the door close for about 5 minutes or so.

Daisye

Paula Lee Swinford, MS, MHA, CHES
Director, Health Promotion and Prevention Services
University Park Health Center
Division of Student Affairs
University of Southern California
849 West 34th Street
LA, CA 90089-0311
(213) 740-HPPS
www.usc.edu/hpps

Past President, American College Health Association
www.acha.org

Tab 51

Date: Tue, 30 Nov 2004 16:09:22 -0800
From: [redacted]
Subject: written complaint
To: kosterli@usc.edu
X-Mailer: Microsoft Outlook, Build 10.0.2627
Importance: Normal
Original-recipient: rfc822;kosterli@usc.edu

Hey Bernadette –

Basically the story is this: I had a gynecology appointment with Dr. Tyndall (whoever the male GYN doctor is) and it was just for a prescription refill. I was in his office for a long time and we were talking about something completely off-topic, I think politics? Anyways he had a series of phone calls from patients that he not only took, but took on speakerphone WHILE I was in the room, which I was completely shocked and horrified with

Luckily I didn't know any of the girls who were calling him but his secretary announced on the phone both the first and last names of these patients, probably unaware that I was in the room. Both had to do with prescriptions, obviously confidential. The second prescription was from a girl who he had a question about and he asked, are you the one with the diarrhea? She replied, no I'm the one with the herpes. Again, her first and last name were announced in my presence.

I have since told my parents, who as you can imagine, are very upset and actually they're the ones who urged me to file a complaint with the office. I have also told all of my female friends, many of whom have had him before and we all swear we'll never go to him again for fear of an obvious violation of our privacy.

I would like this complaint to remain anonymous however if there are any more questions regarding my visit with him, or anything else, I'd be happy to answer them.

Thanks so much,

[redacted]

EXHIBIT 5

Tab 52

UNIVERSITY PARK HEALTH CENTER
PATIENT CONCERN/COMPLAINT/SUGGESTION/COMPLIMENT
2005 LOG

[redacted]

2/17/05	[redacted]	[redacted]	Our daughter, [redacted] came to the clinic on 2/17/05 with severely swollen tonsils and a fever. The clinic doctor, Dr. Tyndall told [redacted] that her throat was very red and that one of her tonsils was swollen and had puss on it. She explained how she had a severe case of strep throat over winter break and one last August. [redacted] requested a strep test but the doctor only dismissed her request saying that he was only wrong once in diagnosing strep and that she didn't have strep. Upon her insistence he took a culture and sent her and the culture to the lab, only giving her some over the counter Tylenol/flu meds. He refused to give her a rapid strep test. Also Dr. Tyndall complained t[redacted] about America's consumer culture	1	2/18/05 email from Dr. Neinstein Thank you for writing to our comment section and giving us feedback. It is always welcome and appreciated. I would be happy to discuss with your daughter her experience. I am sorry if your daughter felt that she did not receive adequate care. I have asked our lead physician to discuss your comments with the physician involved. I removed your daughters name from what I sent him. Few comments: Regarding strep infection.

			saying that the gloves worn by the clinicians shouldn't be thrown away. I think this was very unprofessional of Dr. Tyndall. We are aware that [redacted] has to make a formal complain and she will. However, my husband and I are very upset and angry about the care given to our daughter at USC shc. We felt it our responsibility to let it be known to the shc staff in charge.		The national "white paper" from the American College of Physicians which is the national organization for Internal Medicine has a couple of strong sentiments about upper respiratory infections 1. Antibiotics are rarely necessary and significantly overused in the United States. 2. Clinical judgement is as accurate or as good a method to proceed as either rapid tests or culturing everyone. I am actually not a big fan of the rapid tests and have not used them. When we compared our rapid tests to our cultures, they only were about 50% accurate or as sensitive. I tend to go with clinical judgement and do some cultures when I suspect an infection. The major reason to treat strep is to prevent rheumatic fever which is rare in California but also can wait for a

					culture result. However, I cannot second guess your daughter's symptoms or the exam. Gloves: I am confused on this one. We absolutely NEVER reuse disposable supplies including gloves and would never recommend that. We take great pride in our professional and quality of care and clean environment. So as mentioned, I will have our lead physician discuss this issue with the physician involved. In general student have been very happy with their care and I feel we are an excellent resource for students. Our satisfaction surveys have shown that in contrast to 6-8 years ago, in the past 5 years, satisfaction levels with the shc have been at 96-97% of students who have used the health center. However, there is always room to improve our services.

					I also recommend to all our students, that they find one clinician that they like and feel comfortable with and try and stay with that clinican. They will always get better ccare with continuity of care. I would be happy to recommend clinicians that might be good match for your daughter. Also I am very happy to talk with her. If I can be of any other help, please let me know. I again thank you for your honest feedback and we will absolutely follow up. Referred to COI.
[redacted]					

Tab 53

From: [redacted]
To: neinstei@usc.edu
Sent: 2/18/2005 4:58:19 PM
Subject: Fwd: (Health Center Comment Form) [redacted]

forwarded message
Sincerely,

[redacted]

Comments: Feb 17-2005
Our daughter, [redacted], came to the clinic on 2/17/05 with severly swollen tonsils and a fever.
The clinc doctor, Dr. Tyndall, told [redacted] that her throat was very red and that one of her tonsils was swollen and had puss on it. She explained how she had a sever case of strep throat over winter break and one last August. [redacted] requested a strep test, but the doctor only dismissed her request saying that he was only wrong once in diagnosing strep and that she didn't have strep. Upon her insistence, he took a culture and sent her and the culture to the lab, only giving her some over the counter tylenol/flu meds. He refused to give her a rapid strep test.
Also, Dr. Tyndall complained to [redacted] about America's consumer culture saying that the gloves worn by the clinicians shouldn't be thrown away. I think this was very unprofessional of Dr. Tyndall.
We are aware that [redacted] has to make a formal complaint and she will. However, my husband and I are very upset and angry about the care given to our daughter at USC's Health Center. We felt it our responsibility to let it be known to the Center's staff in charge.

FH_Email: [redacted]
FH_Name: [redacted]
[redacted]
FH_Recipients: uphcweb@usc.edu
FH_Subject: [redacted]
FH_Topic: Health Center Comment Form
submit: Submit

[redacted]

[redacted]

From: neinstei@usc.edu on behalf of larry neinstein
To: wleavitt@usc.edu
Sent: 2/18/2005 9:42:03 PM
Subject: parents/student comment

<x-flowed>
regarding the comment i sent you,
i can understand issues of not wanting to use a rapid strep which many of us do not use and not clear that it is very good test. However, it is hard to imagine saying that "I have only been wrong once in my career regarding strep infection" (that might make George the national gold standard for strep testing) and also saying that we should not throw our gloves away after using them. I would have some concerns if i were a patient and the staff wanted to reuse gloves after examinations. but one never knows what was actually said or heard.
thanks
larry

Comments: Feb 17-2005
"but the doctor only dismissed her request saying that he was only wrong once in diagnosing strep and that she didn't have strep.

"Also, Dr. Tyndall complained to xxx about America's consumer culture saying that the gloves worn by the clinicians shouldn't be thrown away. I think this was very unprofessional of Dr. Tyndall"

larry

</x-flowed>

Tab 54

2005 Nursing Survey
February – March 2005
Student Feedback Comments

[redacted]

- "More than the nurses, I feel USC should be concerned with the Doctors. I have been made extremely uncomfortable by a male gynecologist at USC who made comments about my sexual past and my sexual orientation. The comments were completely irrelevant to my appointment and made me feel uncomfortable."

[redacted]

Tab 55

Student Feedback Comments
7/31/2006-8/29/2006
CONFIDENTIAL

[redacted]

Patient Info:
[redacted]

July 2006

Dear USC Health Center:

I am writing this letter to express a great concern in regards to the USC health center's services. I will document an estimated timeline of how the events occurred that have resulted in complete dissatisfaction of the health center's medical services. I ended up receiving a couple diagnosis until I went outside of the USC Health Center. My diagnoses are as follows; had a hemorrhaging ovarian cyst that ruptured and healed on its own (caused by the use of the Minipill). I don't complain in regards to the prescription of the Minipill but rather the ignorance in monitoring and acknowledging warning signs to serious side effects), a fibroid on my uterine wall the size of a thumb, and possible magnesium and potassium deficiency:

Fall 2005:

Sought a Gynecologist to prescribe refills for the minipill as an oral contraceptive. This minipill was recommended by Planned Parenthood prior to attending USC. I used it for about two months by the time I arrived at USC. This was my first time ever using contraceptives and I was not too aware of side effects. Planned Parenthood had recommended the Minipill because it does not contain estrogen which is a risk to consume if one has migraines (I have had migraines for several years). Therefore, I

needed a refill and was given an appointment with Dr. Tindell. Dr. Tindell had told me that the combined pill was not an issue for the women with migraines. He recommended that I could take it without any worries about my migraine. I felt that the inconsistency of information was strange but I followed the doctor's recommendations.

In about a month of taking the combined pill, I felt tingling and numbness in both my arms. I sought an appointment to follow up with these symptoms and was given an appointment with Ms. Kumai. Ms. Kumai was excellent in checking my symptoms and ordered that I stop taking the combined pill immediately. She disagreed with me taking a combined pill due to my migraine issue. She recommended that I see Dr. Walker to discuss my birth control options with more precaution. After this visit, I felt frustrated with the inconsistent messages on birth control. It had me question who was "right?" Who has the information that I could trust? It made me question the health center's knowledge on birth control as a whole. It confused me in making a healthy choice on something so important and that involves a large part of my life (for my health, marriage, etc.)

I made an appointment with Dr. Walker and she had recommended a few options of birth control. A few, like the Depo shot, were not of interest to me. I thought of just using barrier methods but considering where I was at in my life, I felt that I could not afford an "accidental" pregnancy and, therefore, wanted a more secure option. Dr. Walker had stated that the Minipill was the safer route to go than the combined pill. She did say that a few other patients with migraines use the combined pill but those patients are at higher risk for health concerns. I decided to use the Minipill. What did worry me and I found it a little odd compared to my experience at Planned Parenthood was that Dr. Walker constantly referred to a book to understand more information about the Minipill. She kept researching what would be a better option for me in the choices of the Minipill. This became the first clue of the lack of familiarity with the Minipill and its side effects. The other uncomfortable moment in this doctor visit was that I had explained to Dr. Walker about the tingling and numbness of my arms while on the combined pill and she had assured me that it was not related to the combined pill. Funny enough when I stopped taking the Minipill, my circulation had greatly improved. I don't recall any other change in my lifestyle. So if it wasn't the combined pill, what was it? Who knows, never got a clear answer like all the other visits that would follow at the health center…

Winter/Spring 2006

So I began taking the Minipill consistently. I was following the doctor's orders to use a backup barrier method in conjunction with my Minipill.

By the end of February or beginning of March, I began to feel chest pain. Also, since August of 2005, I had developed chronic constipation. Not knowing what was causing it, I would take Fibercon thinking that it was a lack of fiber in my diet. In my previous visits, I would mention my chronic constipation and that I was taking up to four Fibercon pills a day and still would not completely alleviate my discomfort. Nothing was ever

Student Feedback Comments
7/31/2006-8/29/2006
CONFIDENTIAL

followed up on about that nor was my diet questioned at all to see what was causing the constipation. In regards to my constipation, I figured that there was nothing else I can do but eat healthier and put up with it. The doctors never told me otherwise. As for my chest pain, I called the advice nurse after a couple days of it being consistent. The pain was present throughout my entire day.

The advice nurse had me go to the ER version of the health center, I believe it is called the ACC unit or something similar. I went three times to this unit by recommendations of the advice nurses.

The first time: Dr. Levitt. He had me take a "cocktail" to numb my esophagus to see if it was related to heartburn, such as GERD. I felt the numbness but the chest pain remained. He had me do an EKG. It came out negative of any concerns. I had told him about my constipation and so his theory was that since the pain was not numbed, then the heartburn could be coming from my constipation issue and not GERD. He recommended that I take a laxative to clean out my system and then start taking Colace with one Fibercon (rather than four!). This did help my constipation(not completely, but helped). After following this treatment, my chest pain continued, as well as my discomfort in my pelvic region which was attributed to my constipation.

The second time: my chest pain continued with an addition of slight pain in my left arm and shortness of breadth. I was not necessarily constipated anymore, but I had discomfort in my pelvic region and it was difficult to pass bowel movement. This time I saw Dr. Milgram. He was pretty good. He did a chest x-ray and found nothing but at least he did more tests of some kind. I believe he either recommended me Prilosec or Dr. Levitt did but I was told to continue Prilosec and to take two a day. Again, no diagnosis, no follow-ups were recommended, once again left wondering what was wrong with me. It was considered heartburn and constipation, but no cause was identified. No major treatment was recommended.

The third time: my chest pain continued as well as all the other symptoms that were mentioned in my second visit to the ACC unit. This time I saw a doctor that I do not recall her name. She was (description of physical features). She was the worst of all the doctors that I have visited at the health center. The whole visit centered around my need to not be stressed out and to lose weight. That was it. My symptoms are caused purely because I was overweight (I am 5'5" and weigh 166 lbs.) and because I am stressed out. Unfortunately, I believed her. I went home even more discouraged and frustrated that I did not (know) what was wrong with me. Again no follow up, no diagnosis, and this time; no further tests of any sort. After this visit, I was embarrassed to continue to go to the health center and discuss my symptoms. I felt judged and unattended to. After this visit, I thought ***I*** *was causing my health issues by allowing myself to be overweight and stressed out (while I was recently married and attending Grad school!!)*

It was about April/May 2006.:

Student Feedback Comments
7/31/2006-8/29/2006
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I was taking Prilosec twice a day, Colace and Fibercon once a day, trying (to) watch my diet, and still my symptoms remained and began to worsen. After my last visit, I didn notice that I was gaining a lot of weight in my stomach region. In the past, I have gained weight, but I don't tend to gain weight in my stomach. I constantly felt bloated and heaviness in my stomach and pelvic region. I began to feel lightheaded for days in the row. I constantly felt tired. What worried me most was that I began to feel palpitations and my heart raced during times that I was doing very minimal exertion, like standing up. I got worried once again. Also I started to menstruate twice a month for three consecutive months (the first time that happened, I saw Ms. Kumai and she check for STDs and pregnancy. Both came out negative and she attributed it to my Minipill. She recommended that I take more close to the same time everyday.)

I tried to follow up with these symptoms to make an appointment with Dr. Walker (I was trying to remain consistent with the hope that if I go to the same person, I will have more follow up and further tests). Well, Dr. Walker was out. So I saw Ms. Kumai again. She was great during this visit. She ordered several blood tests. I was relieved at this idea. After all the tests were in, I set up an appointment with Dr. Walker because Ms. Kumai was out the following week. All my tests were negative. Nothing was found. Again no answer was found. Dr. Walker had suggested heartburn and to continue the Prilosec. I had told her in this visit that I had felt a large lump in my pelvic region as well (I had discovered this lump a few days prior to the visit). At this point, I felt great discomfort in my pelvic region. I had even called her a few days before the appointment worrying that it was ecoptic pregnancy that is a side effect of the Minipill.

Dr. Walker, as well as Ms. Kumai in the previous visit(s), felt my pelvic region. I stated that it hurt and no follow ups were given. I guess they figured I was constipated. I didn't understand my constipation because I had bowel movements, but yet this same lump remained there everyday. Dr. Walker had recommended a CT scan to "ease me" but she assured me that I was constipated. As for my heart palpitations, I kept advocating for myself that they continued. She assured me that it was my esophagus that was having spasms. I told her that I felt light headed when I would feel them. So, FINALLY, she referred me to a cardiologist. It took my own advocating and my own familiarity to my body to know that something is wrong. I constantly felt as if I was seen as overreacting to my symptoms.

Finally, one answer to my health issues came about shortly after this last visit with Dr. Walker. This was due to having a LARGE hemorrhaging cyst on my ovary. It ruptured and my body felt an indescribable pain. I couldn't breathe, talk, cough, or anything without feeling immense pain. I went to the ER thanks to the recommendation of the advice nurse. I was given narcotics and vicadin and the pain would not numb. Even the awful Good Samaritan Hospital thought I was constipated. Again, they did not think the issue was in my pelvic region and ordered only a stomach ultrasound. I again advocated for myself and BEGGED them to do a pelvic ultrasound. So they did and found the cyst. They are not a good hospital to partner with. They sent me home with the pain and with the risk of internal bleeding the day before the 4th of July. They referred me to a

gynecologist until Wednesday and the gynecologist and many others were not taking patients for the day. Finally when I found one from the recommendation of a close personal friend, she let me know that my cyst had ruptured and I was bleeding internally. After a long two weeks of pain and internal bleeding, my body seemed to recover from it on its own without much help from a doctor. By then, my new gynecologist found a fibroid as well. I was not at all happy with the diagnoses of such health problems, but at least I had a diagnosis. I believe the fibroid may be contributing to my pelvic discomfort and constipation. I am waiting to see a gastrointestinal doctor to see what he thinks.

I was sad to know that I could have been forewarned about the cyst and fibroid. My fibroid is the size of a thumb. Maybe its growth could have been controlled. The cyst's growth could have been prevented by simply stopping the Minipill probably because that is what caused it. Funny enough with the cyst rupturing and my body healing, my bloating has decreased tremendously, my stomach has lost A LOT of weight, my pelvic discomfort has been reduced as well. Unfortunately, my chest pain, palpitations, heartburn, and difficult passing bowel movement have not gone away.

I am going to take care of these symptoms by seeing a gastrointestinal specialist as well as a cardiologist. I have already seen the cardiologist who seemed to listen really well and seemed to be able to connect so many of the symptoms and distinguish which are separate and need to be seen by another specialist. The cardiologist has me schedule for exams that appear to help me finally rule out a scary diagnosis (that I have been worried about for several months, such as possible heart problems) and she already has a theoretical diagnosis of magnesium deficiency. Next, I have my appointment with the gastrointestinal specialist as well.

It is of great frustration that I have seen new "outside" doctors in the period of a month and I am coming up with more relief, understanding, and leasds to what has been wrong with my body for several months. In comparison to the USC health center, where I was seeing my doctors about once or twice a month and came up with no diagnosis, treatment, or follow ups to have me feel better. The scariest part of this experience was the hemorrhaging cyst. I felt that the USC health center was inconsistent in their messages from one doctor to another in regards to birth control risks and options. If this is the case, specialists in birth control should be identified at the health center and those should be the only health professionals that one should be allowed to see in regards to birth control. They should also be more knowledgeable of detecting birth control side effect symptoms. They should know what to look for especially with something as dangerous as a hemorrhaging cyst. Funny enough, my new gynecologist and cardiologist were on the same page in recommending me to try the Nuva ring. Something that was never offered at the health center but the health center doctors weren't even able to go on the same page that women with migraines should or shouldn't not use the combined pill.

Overall, I felt that my symptoms were minimized for too long. I was constantly told that I was so young so it can't be my heart. Turns out that I may have an irregular heart rhythm because I may be deficient in magnesium. They kept saying it was the heartburn or the

Student Feedback Comments
7/31/2006-8/29/2006
CONFIDENTIAL

stress or whatever else. Just because they see students who are stressed out and young, they should not attribute all their health concerns to that alone. It is unfortunate that my option in seeing a health center that is affordable while I attend USC and convenient in visiting while I am in school, is not an option for me any longer. I prefer to pay the copay somehow and see health professionals that will answer my questions, use preventative care, assure their theories with tests and follow-ups, and be knowledgeable of what they prescribe me, especially side effects. Thank you for your time in reading this. If you have any further questions or need clarification in some of the issues mentioned, please contact me."

Tab 56

CONFIDENTIAL
Student Feedback Comments
10/24/2006-10/31/06

[redacted]

Patient Info:
Anonymous

"Practitioner repeatedly insinuated that I was promiscuous. Felt that he did not believe my symptoms and treated me it a patronizing manner. Overall I would not want to return here since the practitioner greatly upset me and made me feel like a horrible person."

[redacted]

Tab 57

From: akiyoshi@usc.edu on behalf of Tammie Akiyoshi
To: Teresa Tockstein; defrance@usc.edu
CC: akiyoshi@usc.edu
Sent: 10/14/2007 8:53:02 PM
Subject: Re: unfinished business

Cathy,

I attached an update of the punch list. Additionally:

Lucy and Leah were here since 7 am. They took a load of fans to storage and got locked in because they said we did not pay our bill.
Your office is filled with everyone's excess.

1. Bernadette's room is a mess. Things on the floor etc. etc.
2. Quentin has files all over the dressing room and on the floor in the actual x-ray room. Too many to move.
3. Tyndalls room in also a mess. We did not touch it. I poured bleach in the toilet, but was gagging the entire time.
4. Figatner has a rolling cart that does not lock. It has sharps in it, but it's too large to hide, the closet does not lock
5. HPPS has an emergency bag on the bathroom floor, there are no more pallets.

At 10:07 PM 10/12/2007, you wrote:
Hi Tammie,
I got home around 8:30pm, but I didn't quite finish everything. Here is a list if you go this weekend.
1. Supplies in your office and in IMM, did not fit downstairs. Not all, but most of them are from Dr. Figatner's.We moved everything out.

2. Still need to go through Dr. Tyndall's room. It is almost as bad as Figatner's. His closet is no longer locked, and smells horrible. Take a peek.This is your call. I didn't clean it out. I poured bleach in the toilet.

3. Room 110 in ACC, has syringes in the bottom left two drawers in the cabinet. The inspector saw those and we need to rid of them. I was unable to find a key to fit that lock, unless you know where it might be.We moved the syringes under the cabinet. There are many syringes in the file cabinet. I do not have the key.

4. If Lucy is there with you, take her the Policy Books from ACC (Nursing and Triage), please.Done

5. I forgot to check Dr. Leavitt's exam room and Dr. Kwak's room. Done

6. There is a scale and colcoscope machine in that closet upstairs (the one with the shower) They are still there, but Leah killed and removed the cockroach from the shower.

I put some stuff under my desk in my office. (Angiocaths from ACC, Scalpels from clinicians upstairs, and some of Dr. Kelly's stuff)\
Let me know what doesn't get done, so if I have to come in early on Monday.I would suggest you come in and go through the rooms. I didn't go through each drawer and counter tops for expirations, open containers, sharps that are not locked or looking for things that should not be there. The food is back in the ACC nursing area, though I'm told it will be gone. We focused on getting things off the floor and cleaning up the place.

Thanks Tammie and thank you again for lunch.

Teresa Tockstein, RN
Clinical Nursing Director
University Park Health Center
University of Southern California
213 821-1584
ttockste@usc.edu Attachment Converted: "\\cluster-vol5-server\vol5\usr\shc\akiyoshi\mail\attach\State visit update 10-071.doc"

Tab 58

From: George R Tyndall
To: Lawrence Neinstein
CC: William A. Leavitt
Sent: 9/24/2009 9:35:32 PM
Subject: Re: late patients

<x-flowed>
Until this moment, I had no idea there was a problem with that patient. My reply follows.

During the 19 or so years that I worked here prior to the advent of PnC, I NEVER asked a patient to reschedule (the receptionists can confirm this).

With the advent of PnC, it sometimes happens that I can barely keep up with the flow even when the patients are on time. As a result, when I get a call that a patient is late, I look at my schedule to determine whether I have an opening either the same or the next day.

If I do have an opening either the same or the next day AND the problem is non-urgent, I ask the receptionist to ask the patient whether it is convenient for her to reschedule. Oftentimes, I ask the receptionist to let me speak to the patient myself, so I can personally can determine the urgency.

When I got the call from Lynda that my patient was late for a "menstrual problem" and I saw that there were three openings on my schedule tomorrow, I requested that she ask the receptionist to inquire whether the patient could reschedule for one of tomorrow's openings, and she said she would do so.

No one called me back to inform me that the patient refused to re-schedule or that she was insisting on being seen today or that she was upset, etc, so I assumed all was well.

Clearly, there was a failure to communicate. As a result, henceforth, whenever there is a late patient and no matter what the complaint, I will ask the receptionist to allow me to personally speak to her. You and Bill can rest assured that I will ask a patient to reschedule only if she is in full agreement.

Thank you for bringing this unfortunate situation to my attention.

At 11:33 AM 9/24/2009, you wrote:
>George,
>As you are aware we don't just send a student a way as they are a
>few minutes late. To have the patient rescheduled for a few minutes
>late is now taking multiple peoples time and creating a very upset
>student. Our expectation would be to start with patient and
>probably could be handled in 15 minutes and then if more time is
>needed or a pelvic she could be rescheduled. Now someone else will
>just have to see the patient today and that is unfortunate.
>
>If you were 5 -10 minutes late to your physician and were told you
>would not be seen and you would have to come back.
>what would your response be?
>This creates angry, upset students, complaints from students and
>parents and really lowers students impression with our services and our staff.
>
>thanks for your understanding.
>Larry and Bill
>

>
>
>

</x-flowed>

Tab 59

[redacted]

October 14, 2009

Lawrence Neinstein, M.D.
University Park Health Center
849 West 34th Street
Los Angeles, CA 90089

Dr. Neinstein,

I would like to make you aware of an uncomfortable encounter I had with Dr. George Tyndall during a gynecology appointment last semester.

I saw Dr. Tyndall in order to diagnose the cause of my vaginal discomfort in March since my regular doctor, Jane Davis, was unavailable. I had never been seen by a male gynecologist, but initially felt comfortable with the situation as a nurse was called into the room during my exam. Shortly after I was on the examination table, however, with my feet in the stirrups, Dr. Tyndall commented on the way I manicured my pubic hair.

From between my legs, he said, "This is nice. Laser hair removal?"
I felt embarrassed and angry and could not understand why the nurse said nothing.

The aforementioned appointment took place seven months ago, but I have been too uncomfortable to report the inappropriate comment despite my frustration. I'm telling you now because it is my belief that other female students have been in similar disturbing situations and I know that change cannot take place without awareness.

This is a very unpleasant letter to write and I thank you for taking my grievance seriously. In all other areas, the University Park Health Center has been a safe place for me to obtain medical advice and services.

Sincerely,

[redacted]

Tab 60

11.11.2009
Received concern from student regarding in march GT commented to exam about her pubic hair and the nice laser procedure. She was upset with this but took months to sent something in.
I spoke with George and recommended that if he was going to talk about pubic hair and find out was the student not having hair from medical issue or laser or other method to do this when students was dressed. And if he found someone who might have a good procedure that could be recommended to other students he would phrase it this way.
He understood

Tab 61

CONFIDENTIAL Comments

[redacted]

Dr. Tyndall was not sensitive to women's issues. He made me feel extremely awkward in an already uncomfortable exam. He used the term, "hunting" when describing what he was looking for. He might need sensitivity training for female issues. It was the worse pep smear experience I've ever had. There were also flies in the exam room, which makes it appear extremely unsanitary.

[redacted]

EXHIBIT 6

Tab 62

Lawrence Neinstein

From: USCweb Visitor [webfoot@usc.edu]
Sent: Friday, April 30, 2010 10:50 AM
To: uphcweb@usc.edu
Subject: (Health Center Comment Form) Something you should know

---

Comments: Hi - I was a student/patient there from 2003 - 2005. I came to the clinic once to speak with my doctor as I had some sexual issues that were bothering me. I was unable to orgasm. This doctor was a man. I don't remember his name but I remember what he looked like. He told me of kegel exercises and told me to lay down and he would show me.

He put an ungloved finger in my vagina and told me to squeeze. No nurse was in the room and he was not wearing a glove.

Now older and wiser I see that this was horribly wrong and a blatant case of abuse.

I think you should open my file up, find out which doctors I saw and report this to the person in charge in case this man is still working there. He may be doing worse things to other girls.

If someone in charge is interested in looking into this they can contact me and I will give them my full name.

[redacted]

Lawrence Neinstein

From: [redacted]
Sent: Saturday, May 01, 2010 6:58 PM
To: Lawrence Neinstein
Subject: Re: email

oops. I suppose my number would be a good idea.

[redacted]

[redacted]

On May 1, 2010, at 5:05 PM, Lawrence Neinstein wrote:

[redacted]
We take student concerns very very seriously. I would very much like to review your medical record and be able to contact you. Could you send me your full name. If you are willing could you also send me a contact phone number.

Thank you for coming forward and expressing your concern.
Larry Neinstein MD

Lawrence S. Neinstein MD
Professor of Pediatrics and Medicine
Keck School of Medicine
University of Southern California
Executive Director, University Park Health Center Chief, Division of College Health Senior Associate Dean Of Student Affairs

Complicated issue regarding long standing Md/gynecologist hired 20-25 years ago.

There have been "concerns" expressed by students at times, staff at times, fellows MDs at times.

Interventions and discussions have taken place,

There continue to recently be more heightened concerns from some clinicians, nursing staff and occasional students.

Background: GT is trained in ob/gyn and has done ob and primary care for the entire time he has been at UPHC/USC. He has tendency to write 3-20 pages of concerns when he has disagreement. This has decreased immensely as he is now very supportive of senior administration.

Recent Student Concern:

April 26, 2013

Angry student met with one of our staff to review a formal complaint: Tammie Akiyoshi nursing director met with student in a private office. She identified herself to me and gave me her USC ID number; however requested not to have her name in the formal complaint. Student began by stating she was "hesitant to come back" after her visit last year. When asked why, she stated she felt "very uncomfortable" and "not listened to" during her appointment with Dr. Tyndall. She went on to say that he "didn't actually do anything to me, but it was his tone and the way he was looking at me" that made her question if "maybe I imagined it?" and hence "that's why it took so long" to return. The student presented for UTI symptoms and after she was given the plan for treatment, she was told that she "shouldn't leave" and there was a few more minutes left in her appointment time. The student told Dr. Tyndall that she was late for an appointment and he responded "what is more important than your health?" He went on to state "are you sure you don't need a PAP smear?" and that he could "get (her) started at USC". The student replied that she had a PAP smear 2 months prior.

He then discussed his "beautiful wife" who is a "Filapina", and that he did an "internship at Kaiser" and he finds "women so attractive" and he "really liked his job because he liked to help women". The student said these statements gave her the "sceevies" and I "never want to see him again."

Friday 4/30/2010 email to comments on web site:

Comments: Hi - I was a student/patient there from 2003 - 2005. I came to the clinic once to speak with my doctor as I had some sexual issues that were bothering me. I was unable to orgasm. This doctor was a man. I don't remember his name but I remember what he looked like. He told me of kegel exercises and told me to lay down and he would show me.

He put an ungloved finger in my vagina and told me to squeeze. No nurse was in the room and he was not wearing a glove.

Now older and wiser I see that this was horribly wrong and a blatant case of abuse.

I think you should open my file up, find out which doctors I saw and report this to the person in charge in case this man is still working there. He may be doing worse things to other girls.

If someone in charge is interested in looking into this they can contact me and I will give them my full name.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Email back to [redacted] on 5.1.2010

[redacted]

We take student concerns very very seriously. I would very much like to review your medical record and be able to contact you. Could you send me your full name. If you are willing could you also send me a contact phone number.

Thank you for coming forward and expressing your concern.

Larry Neinstein MD

Tuesday 5.4.2010

Talked with student: [redacted] and confirmed this was Dr. tyndall, In chart he was the only male to do a gyn exam. I discussed with [redacted] that since 2004 we have required a female chaperon in the room with all female patients for any sensitive exam. I discussed that the physician involved did document her concern, i.e. sexual dysfunction and his approach to teach her kegel exercises and what he was doing. I told her I would also express her concern to the physician but not use her name. she felt this was appropriate and she was relieved with our approach.

Same day I reviewed chart and the chart clearly indicated her concern, clearly reviewed what he was doing, i.e. discussion and teaching her via photos and text Kegel exercises and demonstrating that the muscles that were involved.

Same day I read the concern to the physician. He indicated he never would do this exam without a female in the room as chaperone and he would never do an exam with an ungloved hand.

Same day I also reviewed the above with Claudia Borzutzky and that I felt that at this point that this particular event was closed but would be documented in case there were any further instances.

11.11.2009

Received concern from student regarding in march GT commented to exam about her pubic hair and the nice laser procedure. She was upset with this but took months to sent something in.

I spoke with George and recommended that if he was going to talk about pubic hair and find out was the student not having hair from medical issue or laser or other method to do this when students was dressed. And if he found someone who might have a good procedure that could be recommended to other students he would phrase it this way.

He understood

gt	6.2.2002	[redacted]: student positive CT 3/2002 and not treated but chart and lab signed off, treated later
gt	6.6.2002	cannot ready lab signature or dictation signature
gt	9.10.2003	brought up that once again GT not allowing Mas to be behind curtain when chaperoning md during pelvic exams, told once before, bill will document and tell once again
GT	12.10.2003	student complained about GT and how fast he is and that exam hurt, he was not going to see her even though she was on time she was feeling very negative about exam and his skill,s mentioned that MA was moved behind curtain

gt	12/12/2003	discussed with gt about the student above, he did not remember student also went over his room and explained that curtain needs to be open enough that there is no perception by student or MA that it it closed. he understood.
gt	12/1/2004	student emailed bernadette since GT talked with other patients while patient in room. This included discussions of their name and dx. Student mentioned that their were two patients that this occurred with BL spoke with GT who said he does not remember doing this and during a refill would not mention on speakerphone a dx or name and that usually Mas do not put calls through.
gt	3/25/2005	discussed with BL and GT that we could not accommodate during the semesters fall/spring unpaid leave arranged more than one month in advance. Visits have increased and this would be unfair to other clinicians. GT stated he understood and is not taking unmpaid leave and would submit his vacation requests. in addition he was upset about the way BL discussed some of these issues with him in hall way. We discussed that briefly together and I discussed that with BL

Lawrence Neinstein

From: [redacted]
Sent: Saturday, May 01, 2010 4:25 PM
To: Lawrence Neinstein
Subject: Re: email

Thank you for getting back to me.

My name is [redacted] and I was a student there from 2003-2005.

I can be reached at my work phone number mon - fri 8-5 my time (which is 7-4 for you as you are an hour behind now). I am giving you this land line number as personally I only have a cell and since I use a cochlear implant the cell phone is not the best way to talk. :)

[redacted]

On May 1, 2010, at 5:05 PM, Lawrence Neinstein wrote:

[redacted]
We take student concerns very very seriously. I would very much like to review your medical record and be able to contact you. Could you send me your full name. If you are willing could you also send me a contact phone number.

Thank you for coming forward and expressing your concern.
Larry Neinstein MD

Lawrence S. Neinstein MD
Professor of Pediatrics and Medicine
Keck School of Medicine
University of Southern California
Executive Director, University Park Health Center Chief, Division of College Health Senior Associate Dean Of Student Affairs

Tab 63

(1) No witnesses -
(2) No Glove
(3) ONLY'S MEDICAL

(a) — VERY CONCERNING - we will look in very seriously

(b) a) POLICY HAVE AGO PELVIC EXAMS HAVE CHAPERONE
b) NOT CONTACT ON

NOTHING
TOO LONG - NO WITNESS

a) CONDUCT NOT HAPPEN
b) MEDICAL BOARD NOT SUSPENSION

WHAT I DID

(c) GT NOT DISCIPLINE
NOT GOOD IDEA

Tab 64

#6 November 4, 2010 CQI
(October Comments)

Picked up 10/13/10 @ 8:00 AM from front reception comment box

The University Park Health Center (UPHC) is interested in providing you with the best possible medical care during your years at USC. The following questionnaire will help us identify what you think we are doing well and where we need to improve your care.

1. Overall, how satisfied were you with your visit at the University Park Health Center?
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

2. How satisfied were you with the appointment system?
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

3. How satisfied were you with the sign-in process?
( ) Very Satisfied (X) Satisfied ( ) Dissatisfied

4. How satisfied were you with your encounter with the medical assistants?
( ) Very Satisfied ( ) Satisfied (X) Dissatisfied

5. How satisfied were you with your encounter with the nurses RN's, LVN's?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

6. How satisfied were you with your encounter with the Laboratory?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

7. How satisfied were you with your encounter with the X-Ray Department?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

8. How satisfied were you with your encounter with Physical Therapy?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

9. How satisfied were you with your encounter with the Cashier?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

10. How satisfied were you with your encounter with the medical practitioner M.D., P.A.C?
( ) Very Satisfied ( ) Satisfied ( ) Dissatisfied

Be fair with Dr. Tyndall

11. Did the practitioner:

Introduce himself / herself?	(X) Yes	( ) No
Pay attention to your concerns and worries?	( ) Yes	( ) No
Inform you about your problem and disease?	( ) Yes	(X) No
Explain procedures and treatment?	( ) Yes	( ) No
Instruct you about your continuing care?	( ) Yes	( ) No

Thank you for taking the time to evaluate our performance. If you would like to further describe your experiences with us, would you please do so below. If you have special concerns you would like to discuss, please leave your name, telephone number, date and time of your visit and the best time to contact you.

I came here on Friday w/ a sore throat, tired lungs and a headache. I have had opening my mouth wide because I dislocated my jaw - the doctor I saw didn't even bother getting a diagnosis or one of those shots in order to get a better look - instead he just said it was a viral infection & that the only medication is advil. Three days later the pain continued getting worse & I ended up going to urgent care & finding out I have tonsilitis. Not only could my pain & recovery process been shortened if the doctor had given me a correct examination, but also tonsilitis is very contagious. Living in close proximities with others, this could spread very fast. I have filed a written complaint to people who work in not only for their health & well-being but for the community as well.

[redacted] Last First M.I.

Telephone Number: ([redacted] Time to call: _____

Email address: [redacted]

Date & Time of your visit: Friday morning (AM/PM)

Please fold and insert completed surveys into the designated "Suggestions / Comments" boxes on the walls.

10/12/10 T/C V/M. please return call.

10/25/10 V/M - please return call

10/25/10 T/C received from [redacted] stated she felt the dr. she saw did not care about her complaints - he said open your mouth - she did. he said WIDER " I can't it is very painful - well take some motrin or tylenol - its just viral

Next day feeling worse - went to Urgent care center out of town - not much better made appt w her pcp - states he diagnosed her with mono, tonsilitis

"x tra two Dr. visits I need have been avoided had dr. tydell listened to her and did appropriate assessment and treatment" requested thank New M.D. fax visit here. Stated she would request the visit.

Pt. doing fine now. appreciated the opportunity to give feedback.

Tab 65

Hi Larry:
These are the four patients that Jane has sent me to review that she felt were inappropriately managed. My comments are in red. She spoke again with the MA that had talked to her, but that MA has not been willing to come forward to speak any further with anyone.
I am waiting to hear back from Donna about whether or not she has any cases she would like us to review.

[redacted] – came in for irregular bleeding, and GT referred to JD without doing any further evaluation/treatment, because he felt pelvic exam was indicated (?), and pt requested female provider for exam; but, when JD saw her, no pelvic exam was done anyway – bloodwork was ordered, and medication rx'd

[redacted] I found this patient to have a LGSIL Pap and possibly with a higher grade lesion on 6/6/13. I informed her that she needed colpo. I left soon afterwards for the summer. The patient scheduled an appointment with Dr. Tyndall for July 2012 while I was away. She was scheduled for colpo with GT, but he did not perform the colpo -- recommended that I evaluate her when I returned.

[redacted] Patient seen by Dr. Tyndall 12/17/10 and Pap not done. – but per his note, exam was deferred at patient's request

[redacted] - pt seen for planned pregnancy, had pre-existing RLQ pain, GT ordered sequential bHCGs that were thought to be unnecessary by Dr Davis, ie should just have been referred for routine prenatal care

Tab 66

April 26, 2013

Requested by Corinne Ash to speak with an angry student who wanted to submit a complaint. Met with student in a private office. She identified herself to me and gave me her USC ID number; however requested not to have her name in the formal complaint.

Student began by stating she was "hesitant to come back" after her visit last year. When asked why, she stated she felt "very uncomfortable" and "not listened to" during her appointment with Dr. Tyndall. She went on to say that he "didn't actually do anything to me, but it was his tone and the way he was looking at me" that made her question if "maybe I imagined it?" and hence "that's why it took so long" to return. The student presented for UTI symptoms and after she was given the plan for treatment, she was told that she "shouldn't leave" and there was a few more minutes left in her appointment time. The student told Dr. Tyndall that she was late for an appointment and he responded "what is more important than your health?" He went on to state "are you sure you don't need a PAP smear?" and that he could "get (her) started at USC". The student replied that she had a PAP smear 2 months prior.

He then discussed his "beautiful wife" who is a "Filapina", and that he did an "internship at Kaiser" and he finds "women so attractive" and he "really liked his job because he liked to help women". The student said these statements gave her the "sceevies" and I "never want to see him again."

The student presented today for an appointment she made on line. She was called back by the health center to change her appointment from a regular appointment to a women's health appointment. When given the time options, she took the latter of the three choices and informed the person that she would be late. They replied that they were aware and to arrive as soon as she could.

As she was driving, she called to say she was 20 minutes away. (her appointment was in 10 minutes). The person who answered the phone informed the student to continue and she would be seen. When she arrived at the health center, the receptionist told her she was late and Ms Adachi "scolded" her for being late. Ms. Adachi went on to explain that when one patient is late, then it backs up all the other patients and she was not informed that the patient called and was going to be late. Ms. Adachi later apologized after the student asked if she could just receive treatment for her symptoms and she will see Donna Beard for an exam. The student did not want to submit a complaint regarding Ms. Adachi for she felt they reconciled after the apology.

The student interjected that "Donna Beard rocks".

TA/HA's

O. how he would
[illegible]

Complaint:

When taking her specimens to the lab, she approached the area and the "2 ladies were on the phone". The patient signed in and "waited for 10 minutes for them to finish their conversations". After the phone conversations, they began to speak in Spanish how "frustrated (the cashier) was not to have a break". The student could hear the cashier on the phone stating that there was no one to cover her and there was a patient present. The cashier response was "ok, I guess I have to take care of this student/patient". The student felt that she was a "bother" to the cashier.

Additionally, when the lab personnel took her specimen, she opened the bag and viewed the specimen and replied "oh..., oh....., ok..... " while making a face. The student stated that this was the same lab personnel that after her last visit, she went to the lab and the employee was instructing her how to give a urine sample. The area was very congested with lots of students waiting for lab tests. When the student asked if the lab employee could ask the students to stand back, the employee replied "they don't speak English anyways".

The student stated "this is crappy customer service" and wanted to know what will be done. She would be "returning in a week" and doesn't "want to be treated like this again".

I informed her that we take her complaints seriously and they would be addressed.

Respectfully submitted,

Tammie Akiyoshi

Tamamy Akiyoshi - Director of Clinical Operations
X 00233

Who complained (names)
When
How connect student?

6/25/13 mag 10:41

I was with LN when interviewed.

~~2 MA complained about~~

Calls into office, talks to them, then exam room.
No MA in office: locks the door.
History of saying "When does it say I have to?"
"Where does it say I have to let them speak?"

Student complained to me - Phulpina wife.
-I will contact her.
She was hesitant to come back. Didn't want to do Pap Smear b/c 2 months prior. Told her not to leave b/c still a few minutes left. He didn't listen to her. He was looking at me - gave me skeevies. "I find women so attractive." "Want to help women." "Life is beautiful Phulpina. She said last for appointment, he asked what more important than your health?"

I don't think fabricating.
April 26 – She met w/ [redacted] me.
Had come to meet w/ someone else.
Her appt was on 8/20/12. Only one w/ him.

Pretty consistent from MAs – talks [redacted] a lot and [redacted] Xenofes a lot.

No other particular students.

His colleagues have thoughts.

Will send me names.

6/27/13 Tammie A.

Won't give me her student's name.

[redacted] - Student

Philipino Skeevy What's more imp. the health.

Explain office
Take seriously
All interactions w/ Dr Tyndall
When?
Complain to?

Student?
What year?

[redacted]

6/27/13 Why anonymous? I've been at jobs, when I'm a social worker, I've said something re. HIPAA violations — co-workers — made a situation. Don't want it to follow me.

May 17, 2013 - MS graduated.

Just m. Rigler BP Aug/Sep 2012. Kids getting shots.

Never seen him BP.
UTI - went in.

6/27/13

Fast of all, walked in. I expected him to ask me Qs. Should've been in & out in 20 min max.

He asked me about weight. I told him I was starting to exercise. Asked about diabetes - yes mother has - OK let's talk about that.
I said I had to go - he said stay a few minutes. UTI. Had sex 6+? Yes. OK.
Have you thought about birth control?
Relationship w/ G. Think you should concern - it prevents cancer. I said no. He kept at it. Finn fin took a prescription.
Cool I can leave. But then he said pap smear? I said I just had one recently.
No, take advantage of it. & I started to feel uncomfortable. Felt like I couldn't leave!
Across of from me - he was in profile. His office had exam table in it - the way was that he wanted to do any pap smear. I felt like I had to be direct/abrupt.
BTW I want you to come back in a week & make sure UTI clears up. I didn't want to see him again. Just really uncomfortable - alarm bells going off.
I told Donna - I wouldn't keep using USC services if had to see him.

Thai or Philipino

He talked about his wife. She's very very pretty, he likes beautiful women, "there's nothing wrong w/ that, right?" Wondering why we talking about that.

45 minutes almost an hour

Just out of the ordinary.

Across I was catty-corner to him. He was looking at me, not at exam table. Gonad, nice guy. Funny feeling.

When I made appt, I called and ~~was~~ asked for a ♀. I said last person was a man and don't want to see him. She asked w/ GT? Not the first young ♀ to complain.

Donna Beard - I told her ~~that~~ he gave me creepy feeling. She was very concerned. I told her. She encouraged me to report if I felt that strongly. I didn't right away. Don't follow - up appt. [lab problems]
I was so frustrated. I needed to complain.
They got me ♀ w/ long blond hair. Talked to her, then said I need you to talk to TA.
She wrote down everything. Right b4 graduation.
DB - first trim around March.

[redacted]?

No. Feel silly. Feel weird. He didn't do anything, just so uncomfortable. Don't ever want to see again.

Lizette Esparza

7/11 He's amazing — love working for him.
Reorganized — Latinos taking over.
First time I heard it — taken aback. A little racist?
A couple more X.

He called me into office, he thinks I complained.
Examining Latina
Pretty soon Latinos will take over. Her face changed from smiling to straight — maybe we will whether people like it or not.
He remembers that.
If I offended you in any way — I apologize.
He's quoting a study. I like learning about diff. cultures.

Other than that, great doctor.
About 3x.
2x he said it at nurses station, but had a patient w/ him.
We take vitals, then they go into his office, then they come back.

Since Jan 31. Great, like working for him.

One of my coworkers told him — sounds kind racist.
I think that's just him. He does ask int'l students a lot about their culture.

Did feel intimidated, he was basically accusing Li. He did apologize for comments.

Caught me off guard.

No, not afraid to be candid. He has no control over my employment.

No, no other students complained. Staff members have wondered - what are they doing in office after exam? Then he makes a bunch of copies & give some to students & keeps some.

AE? No unacceptable comments.
No.

Cindy Gilbert - supervisor.

7/11/13 Cindy Gilbert

When I first started, I did triage When front desk didn't know. A few X, got students who needed to see women's health clinicians & they refused to see him, not b/c man, but 2 used word "creepy", I said, refused, didn't explain. I was relatively new, didn't know him, I didn't inquire too much, just wanted to make comfortable. I comforted her found her another option.

needed to see women relatively quickly.

4 years ago. Probably 2-3 years ago.
I'm more mgr, in charge of 2nd floor, 9/5. Not triage anymore.

Since I've been upstairs, I work w more closely. I haven't heard students being unhappy. One of the other 2's health clinicians has referred to it

Donna Beard – NP
Dr Davis
Dr Tyndall

2 health

I've been in w him when doing exams - nothing inappropriate. He seems a little rough - doesn't like you to talk you to talk to him -
↳ physically.
just performs exams.

Wouldn't want daughter to see him -
When he talks to students - nothing inappropriate.
He take students into office to talk, he locks the door.
That would creep me out. I don't know if students notice.
No, exam rooms were locked. Privacy screen.
Maybe habit.

He's "different" but not in a negative way.
He won't open door/not w his hand - uses wash cloth in his pocket. Won't shake people's hands.
Gives students a lot of literature. Usually it's approved & everyone doing the same thing. He prints out own material. Might mine, I don't see.
He brings roller bag to work.

Other docs don't bring them in the office nearly so much. He finds more privat.

~~Dr H~~ Has asked MAs not to talk to patients.
It wouldn't bother me unless student felt uncomfortable.

I feel comfortable working w him. Don't like the door locking. Hmm I think of it as mother or professional...
No harm to me or students...
Maybe just different.

AE?

He does dif. things than other clinicians. If student late, he'll talk to student on phone in exam room. He doesn't perform exam. Orders labs or whatever — then has room back.

Since I've been up there, no student complaints to me. You'd hope I'd know. Not necessarily.

All RNs triage. LVNs don't.
M-W it's Bernie Degner > triage (Degener)
Geri Konyda
ACC acute care. We all do it. I do mostly phone, He & I'm not downstairs.

Donna Beard

7/11/13 I'm in 7th year here.
I never see him interacting w/ patients
He was only gyne at time. Kaiser said they'd hold job open for me.
I seriously considered leaving b/c didn't want him to be my supervising physician. So different.
That's OK, but I start over when I see one of his patients.

My daughter [redacted] Graduated in 2009
Her best friend saw him — "I'll never see that creepy gynecologist again." She couldn't articulate.

In old facility, he'd take young women into office alone. Apparently not using chaperone for a long time.

Odd, creepy — repeated over 7 years.
I'm not going to see that creepy guy again.

This summer, my partner Jan Davis, who is board certified, he is not. He has no filter. Just says whatever. He needs to be reined in — goes off on tangent. I've heard that he says inappropriate things to students, I've never heard to students or me.

M to F — patient not happy, came to me. Don't remember what issue was.

avoid work articulate

2 good student last semester - she went on & on about him - Tammie A. took a complaint I think. I dont remember the details.
I put a reminder in computer to follow up.

I will tell people to take complaints to admin
Students dont complain about them.

Patient asked me poured liquid nitrogen on floor - "watch this!" Thought it was weird.

Told patient she was so pretty she should be a model.
MA heard? Dont remember where I heard.
We dont worry about saving S. C. population, worry about Asians.

Maybe 15-20x? A few a year have said creepy.

Jane: I have noticed - he'll see a patient & not an exam. And they'll then be back in a month.
2 appts for 1 problem is not good use of med.
Pap smears.

No other complaints about him. Treats MAs appropriately.

He'll get off-track at times. Sometimes he'll go viral on computers. He'll send 10 emails about our statement or policy. I dont read anymore.

When we had Engerman giving — he took a bunch of photos, made video, made weird comments — very very strange. He sent it as email. Then it disappeared. Very bizarre. I felt it was offensive. No protected class issues. Did say something about Tammi; good looking husband.

AE?

I've been worried about him from day 1. Apparently there's a "thick file" about him. We think he must have something on someone.

I know more about some aspects of practice than he does.

Receptionist used to make appts.

I'm full this summer bc they want women. He's not full.

I quit going to him early on. When we're out for an extended period, I ~~want to~~ told him to stay away from my stuff unless bladder infection or STD.

When I first came here, no good system for tracking abnormal Paps. Now we have wonderful system. I review all abnormal paps to make sure students follow up. They need a colposcopy, maybe

Davis & Tyndall both do.

↓ biopsies 80-90%

↳ mom.

2010

I took that to administration.
They investigated – found OK.

"Creepy" comments – may have passed on.

Experience w/ Tyndall
How long triage nurse?
Students complain?
Who report to? Who else would report to? Y'all do anything w/ complaints?

7/15/13 Bernie Degener [redacted]

16 years here — urgent care triage

Acuity of issue, if not clearly defined at front desk.

do set up appts w/ doctors, NPs, PAs.
and nice ppl have had people say "can I have this person?"
Maybe 20% want female. Don't usually give option.

No haven't had student say they don't want him.
Have known him 5/6 since I started.
He's very accommodating.
Very pleasant experience working w/ him.
I don't see him every day. I don't see him in office.

Never heard about anyone being uncomfortable around him.

just want to get thru

If student wants to see another doc, I don't go into particulars. Could just be female vs male.
Also don't have time. Unless they volunteer.

Have had it of others, not Tyndale.
Not often. In 16 years, days where inundated.
They'll also ask for particular doctor.
I'd offer appt. based on acuity. Maybe front desk, would know.

AE?
Always found him to be accommodating.
Never had one him turn me down. Helps flow of patients. Not every clinician is like that.

How long MA?
How often w/ Dr. Tyndall?
Experience?
Student experience?
Anyone complain? Or seem to feel uncomfortable?

Elizabeth Rangel stated

7/16/13 Dec 2012 V. her at Health Center as MA
We worked all clinicians.
Yes assist Tyndall.
- have had OK experience.
- not at all last week, maybe today 2x.

At beginning, one of the few who did pay me a compliment! He's been nice.
Students?
- generally pretty good. Some students when he might ask pt q, and they seem uncomfortable. When in stirrups. So only I can see pain.
Not exact words. Asked 2x time - best would you feel uncomfortable if man compliment you on legs or dress. One said no, one said maybe. Maybe something he read. One up in stirrups. A little puzzled.

No other clinicians is made that I would disperse, RO don't know conversations.

No student ever mentioned.
Colleagues? One nurse has mentioned she thinks is creepy. He asked students a lot of qs and does surveys. I haven't seen surveys. But she said — don't you notice him making copies?
She said he's not supposed to.
I did think it was odd he does surveys, if not OK'd by admin.
→ Irene Martinez. LVN.
She could probably give more input — has a long tie.

Surprising? A little surprised Z.
B/c I didn't know what about.

AE?
Not at this moment.

2 months ago. No ill will, however, at nurses station, right next to weight station. Me & Ignacio & Lizette there, he came over and looked at us and said "Latinos are taking over." I was with patient. Nurse mentioned/ he said 2nd time.
I cringed, pt standing right there, she gave an awkward.
→ B/c said in front of everyone. Cindy is office right there. Maybe he thinks it's not offensive.

After you We're not all Latinos. Can't say it w/ Art.
Ignacio told him that people could perceive as racist. Don't know how GT responded.
No other comments or behaviors.
Student just gave me awkward look.

7/16/13 Irene Martinez LVN

How long? 18-19 years
Work w/ him? yes,
Own experience?
Students uncomfortable or complain?

→ Since May, I've been in acute care.
Feb → Apr I worked near him, or chaperone, or injection.

Experience? Women's health. I used to work w/ him as MA. Haven't seen anything inappropriate. Some students feel comfortable w/ him. Some still seem awkward, language skills poor, explain to them who I am & I'll be chaperoning. Everyone feels uncomfortable w/ Pap, plus intl angle. No student ever expressed discomfort.

Never heard anyone say "creepy." I've never seen him not wear gloves.

I don't do triage or antibiotics. Wound care, oral meds, after-care instructions. Don't make follow up appointments.

Surprised someone would think creepy?
I have a daughter, I wouldn't send to him.
He always uses gloves, but a lot of clutter in his room in old building, just certain things — not in a bad way, he'd do a little survey, for himself — I brought it up to TA. I think other MA also shared w/ TA.
This past semester, I assisted a few times. He copies papers for them, we don't know what. I asked MA — does he do that a lot? Don't know if approved by admin.

↓ I've worked w/ a lot of docs, ♂ ♀, he took swipe w/ finger into vial. He has his own way. Always wears gloves.

MAs work w/ him daily.
I'm a patient advocate.
There was a px, I talked to CG. Why px not seen? B/c she was a minute late, in process of filling out forms. Appt was 1 pm already in room.
Put her on phone.
GT — told her 10 weeks I would see her for ...
I told him this until for STD.
He was annoyed w/ me. Hasn't asked me to assist since.

Px is here for treatment.

1 student, 6 clinicians

Wouldn't "let" her leave. Gave her creepy feeling.
Lock office.
Gives them literature/surveys
"I'd never see creepy gynocologist again" - but years ago and couldn't articulate.
Some think completely fine
Asks px too many qs.
Not send daughter to him (2) but couldn't articulate.
Won't see px if a minute late.

x03158 call at 11:10

9/19/13 Conferred w/ Weinstein - no "then" then. Reviewed comments.
LW says he doesn't lock door anymore and doesn't give out literature/surveys that hasn't been approved.
Will keep me in loop if other things arise.
Stressed I had not spoken w/ Tyndall.

File date
7/8/13

Memo:

George this is summary of the meeting you had with Dr. Leavitt and me on 6.27.2013.I indicated that Bill and I needed to review some issues that have come up from comments of students and nursing staff. I explained that these are in context of the prior concern listed here as well.

IN 2003 we spoke about you not allowing medical assistants to be on the examining side of the curtain during an exam as well as a couple of other concerns from students. I explained that we deal with a highly vulnerable population, adolescents and young adults, and that women's health can be a particularly sensitive area.

In April 2010 we had discussed a student who was concerned about you examining them with ungloved finger. You indicated then and now that this did not occur.

In Apri, 2013 who filed a formal complaint and she was particularly concerned about her feeling that you discussed your "beautiful wife" who is "Filapina" and that you find "women so attractive". The student felt very uncomfortable with these comments. I know that you felt you did not say any of these comments.

I then explained that our nursing director and I met individually with nursing staff about our women's health program in general and any feedback about things that made them comfortable or uncomfortable and we requested feedback on what things made the students comfortable or uncomfortable. I indicated to you that almost all of the concerns were about things you did during the women's health visits.

I reviewed the following concerns regarding areas needing improvement:

1) Support. Whereas other women's health providers here and elsewhere want the MA to hold students hand and support the student through their anxiety, their understanding is that you do not want them to talk do the student during the exam or help them with their discomfort unless asked to.

2) **Door locking:** Nursing staff and students expressed discomfort about being locked in your office. I indicated that this is not good practice and should be stopped immediately. It is fine to lock your door when you leave the room on break or lunch etc.

3) Too personal: I mentioned that several students don't want to see you back as they felt you are too personal and they were uncomfortable with you.

4) Racially sensitive Comment: I mentioned that of great concern was the comment below stated by a nursing staff that you said on three occasions.

"Latinos are taking over and its going to be a recognista (take over)
Once to group of Mas one who said: isn't that racist"
Once with MA and student: student said she was stunned and felt uncomfortable In exam room:

You indicated this was in context of a student statement about race and I mentioned, we cannot be saying racial statements like this in the workplace PERIOD.

5) Other statement: I reviewed the comment by a couple of students who were uncomfortable about being asked "how would you feel if I asked you today if you looked nice" would you think that is sexual harassment? One said: not offended, one said yes a slippery slope and thought this was very odd. I indicated that this was potentially crossing a sensitivity line and is inappropriate. He should always avoid discussing a student looking nice especially in the context of a women's health visit or other medical appointment.

6) Survey passed out:

Nurses felt you passed out surveys. You denied this and I mentioned that any surveys passed out need approval of Executive Committee.

7) Patient handouts:

Nurses felt you passed out and zeroxed extensive handouts. You showed an example which was an extensive long page handout with consent signatures for OCPs. I indicated that we don't require consent but all forms like this need approval of our form committee and the same is true of patient education material

8) Late policy: Nurses were concerned that you would not see a patient in person if they were within the 20 minutes of their appointment. You indicated you always talked with them. I indicated that making a phone call from across the hallway was not acceptable and you should be meeting with them one on one.

I explained to you that we would review these items again at the end of the summer. I suggested that getting some coaching in these areas from Center for Work and Family Life would be a good thing. You were willing to do this. I indicated for a couple of these comments, I had to let Equity and Diversity be aware and they proceed with their normal procedure.

In summary: I hope that you understand that these concerns arose from both students and staff. We value your contributions and hope that you can avoid these perceptions from students and staff as well as a few other changes we recommended above. We will follow-up at the end of summer. If you decide to get coaching to help avoid misinterpretation of your comments from staff or students, you can call the Center for Work and Family Life and ask to talk with for John Gaspari. Note that any coaching is voluntary and the goals are set by you and any communication to me is up to you and not mandatory. Please be aware that failure to make changes in job performance in these areas in our patient care environment could result in disciplinary action. I am confident that you can improve your performance in these areas.

File date 7/17/13

Meeting with Dr. George Tyndall with Dr. Larry Neinstein and Dr. Bill Leavitt (lead Physician)

I mentioned to Dr. Tyndall that I needed to review some issues that affect patient comfort and some were difficult areas. I explained that this comes in context also of prior issues from 2003 about not allowing medical assistants to be on the examining side of the curtain during an exam as well as a couple of other concerns from students. I explained that we deal with a vulnerable population, adolescents and young adults and that women's health can be a particularly sensitive area.

I started with reviewing some past issues and reports including:

11.11.2009

Received concern from student regarding in march GT commented to exam about her pubic hair and the nice laser procedure. She was upset with this but took months to sent something in.

I spoke with George and recommended that if he was going to talk about pubic hair and find out was the student not having hair from medical issue or laser or other method to do this when students was dressed. And if he found someone who might have a good procedure that could be recommended to other students he would phrase it this way.

He understood

Then reviewed this case:

Friday 4/30/2010 email to comments on web site:

Comments: Hi - I was a student/patient there from 2003 - 2005. I came to the clinic once to speak with my doctor as I had some sexual issues that were bothering me. I was unable to orgasm. This doctor was a man. I don't remember his name but I remember what he looked like. He told me of kegel exercises and told me to lay down and he would show me.

He put an ungloved finger in my vagina and told me to squeeze. No nurse was in the room and he was not wearing a glove.

Now older and wiser I see that this was horribly wrong and a blatant case of abuse.

I think you should open my file up, find out which doctors I saw and report this to the person in charge in case this man is still working there. He may be doing worse things to other girls.

If someone in charge is interested in looking into this they can contact me and I will give them my full name.

[redacted]

6.27.2013: George remembered this case as we discussed before and mentioned that this did not happen. I explained the process I went through in discussion with equity and diversity and that because

this was reported seven years after the fact and without a witness or similar complaints that there would not be an action on this.

I then reviewed the case below

April 26, 2013

Angry student met with one of our staff to review a formal complaint: Tammie Akiyoshi nursing director met with student in a private office. She identified herself to me and gave me her USC ID number; however requested not to have her name in the formal complaint. Student began by stating she was "hesitant to come back" after her visit last year. When asked why, she stated she felt "very uncomfortable" and "not listened to" during her appointment with Dr. Tyndall. She went on to say that he "didn't actually do anything to me, but it was his tone and the way he was looking at me" that made her question if "maybe I imagined it?" and hence "that's why it took so long" to return. The student presented for UTI symptoms and after she was given the plan for treatment, she was told that she "shouldn't leave" and there was a few more minutes left in her appointment time. The student told Dr. Tyndall that she was late for an appointment and he responded "what is more important than your health?" He went on to state "are you sure you don't need a PAP smear?" and that he could "get (her) started at USC". The student replied that she had a PAP smear 2 months prior.

He then discussed his "beautiful wife" who is a "Filapina", and that he did an "internship at Kaiser" and he finds "women so attractive" and he "really liked his job because he liked to help women". The student said these statements gave her the "sceevies" and I "never want to see him again."

6.27.2103: Dr. Tyndall denied talking about his "beautiful wife". I explained that this was the observation of the student and mentioning issues of Race, looking nice, pubic hair etc in the context of a women's health visit is potentially viewed as inappropriate and harassment by the student. I adviced him to avoid these areas.

On June 12, 2013 our clinical director of operations and myself interviewed all our nursing staff present at that time from Mas, to LVN to RNs regarding their obsrevations of all our clinical staff in women's health. How are we doing? What are they comfortable and uncomfortable with, any issues students had etc. We asked this about the entire women's health program and all providers involved. The feed back was mainly about one individual, dr. Tyndall. I reviewed this feed back with Dr. Tydall in the context of improving appropriate comfort with the students and avoiding anything that could make student uncomfortable and could be sexual or racial harassement.

The major areas discussed with Dr. Tyndall today were:

1) The comment about "beautiful wife" and "women are so attractive" listed above.

2) Other gynecologists here and elsewhere want me/MA to hold students hand and support the student through their anxiety, Dr. requests that Mas do not talk with the patient or support the patients' feelings.

3) **Door locking:** Nursing staff indicated that Dr. Tyndall locks the patients in his room during the office part of the exam. I explained he should not be locking a door on a patient with him in room as that could make a patient feel very uncomfortable and vulnerable. He can lock his door when he leaves the room on break or lunch etc.

4) I indicated that there were several students 3 in about 3 years said they don't want to see him back because of their being uncomfortable with him. I indicated that some nursing staff found him too personal. I mentioned of great concern was the comment below stated by one MA that happened three times:

"Latinos are taking over and its going to be a recognista (take over)
Once to group of Mas one who said: isn't that racist"
Once with MA and student: student said she was stunned and felt uncomfortable in exam room:

Dr. Tyndall felt he was stating something in the context of a student making an observation. I indicated that it is always inappropriate and potentially against USC policy to make a statement like this to any student/patient.

5) I reviewed the comment by a couple of students who were uncomfortable about being asked "how would you feel if I asked you today if you looked nice" would you think that is sexual harassment? One said: not offended, one said yes a slippery slope and thought this was very odd.
I indicated that this was potentially crossing a line. He should always avoid discussing a patient's pubic hair unless in medical context and their appearance, like you look nice, or is it ok to say that.
Better here as there are clean rooms and his office/exam was a disaster at old health center

Survey passed out:

Nurses felt he passed out surveys. He denies this and I have not seen one.

Patient handouts:

Nurses felt he passed out and zeroxed extensive handouts. Dr. Tyndall showed an example which was an extensive long page handout with consent signatures for OCPs. I indicated that we don't require consent but all forms like this need approval of our form committee same as also patient education material

Late policy: Nurses were concerned that he had his own late policy where he would talk to patient if they were late by phone across the hallway. I indicated he needed to meet with the student in person. I indicated that he could do the same thing more effectively with face to face contact.

6.27.2013: I reviewed these comments again today and indicated that he needs to change this behavior. I indicated that for a couple of them I had to review the comment to Equity and Diversity for their opinion and followup.

I indicated I would:

1) followup in by end of summer

2) expect change

3) review the consent issue on OCPs with women's health committee and MPS

I also advised him to go voluntarily for coaching on some of these issues with the USC Center for Work and Family Life.

George was not understanding all the issues and felt perhaps he should just not talk to patients. I indicated that is not what I meant. Talking and making someone comfortable is different that talking about race issues, or gender issues or looking pretty.

He indicated that he would follow the recommendation on Center for Work and Family Life.

Another meeting with GT and Bill on 7.17.2013

Reviewed once again all of the prior issues. Dr. Tyndall in most cases felt he was

1) Great caring clinician

2) these are isolated incidents and misunderstood.

I explained that there have been incidents over the years and that between the students and nursing staff there were concerns about his approach and language. I explained that he might connect with 90% or 95% of his patients, but there is a group that is concerned about his approach. I explained the seriousness of some of his statements. I explained that the equity and diversity issues would be dealt with by that department and that he is welcome to express any concerns he has to that office. He stated that he would comply with not locking his doors with patients, not having unapproved patient ed material or consent forms passed out. I explained that our conversations should be condential. I indicated that he should avoid all comments that could sound racist or sexist or potentially harassing. I indicated that while I advised him to get coaching in this area with Center for Work and family life, this was his choice. He decline. He indicated that my repeat review of these topics would suffice at moment and that we should revisit this in our discussed 2-3 months.

Following this meeting, he had requested another hour with me alone to discuss his concerns with the other women's health professionals. I listened and indicated that this was not the format, but I was moving to having some peer reviews focus within the providers that do womens health.