IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS LUBBOCK DIVISION

SHANNON CORBETT, *Plaintiff,*	§	
vs.	§	**Civil Action No.: 5:21-cv-00281-H**
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, *Defendant.*	§	

DEFENDANT TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER'S BRIEF IN SUPPORT OF ITS MOTION FOR SUMMARY JUDGMENT

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APPENDIX 1

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS LUBBOCK DIVISION

SHANNON CORBETT, *Plaintiff,*	§	
vs.	§	**Civil Action No.: 5:21-cv-00281-H**
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, *Defendant.*	§	

DECLARATION OF COOPER PHILLIPS , M.D.

STATE OF TEXAS §
§
COUNTY OF LUBBOCK §

I, Cooper Phillips, M.D., declare the following:

1. My name is Cooper Phillips and I am of sound mind, over the age of eighteen years, have never been convicted of a felony or crime involving moral turpitude, am capable of making this Declaration, having personal knowledge of the matters contained in this Declaration and they are true and correct.
2. I currently serve as the Program Director for the Anesthesiology Residency Program at the Texas Tech University Health Sciences Center (TTUHSC). I have served in this role since June of 2021.
3. As Program Director, my responsibilities include, but are not limited to, designing, and conducting the Anesthesiology Residency Program in a fashion consistent with the needs of the community, the mission of TTUHSC, and the mission of the program; I have authority and accountability for the operation of the program and responsibilities that encompass every aspect of postgraduate medical training, including assessing and documenting the competency of each resident and ensuring patient safety.
4. The Anesthesiology Residency Program (ARP) includes broad-based clinical training during the first year where residents develop basic anesthesia skills followed by three clinical anesthesia ("CA") or post graduate years ("PGY") during which residents receive training focused on the clinical application of anesthesiology and its various subspecialty rotations.
5. Throughout the education program, residents must meet certain performance requirements and clinical competency standards as set forth in the curriculum and pursuant to accreditation standards under the Accreditation Council on Graduate Medical Education ("ACGME").

More specifically, residents must develop and master competencies in the six key areas of patient care; medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Additionally, residents must pass medical licensure exams including all three steps of the United States Medical Licensing Exam ("USMLE") and the American Board of Anesthesiology ("ABA") Basic Exam within certain deadlines and prior to advancing to the next post graduate year ("PGY") of the program.

6. The Office of Graduate Medical Education ("GME") is responsible for overseeing the various residency and fellowship programs at TTUHSC by providing guidance for and supervision of the residents during their program and ensuring that they meet program requirements.
7. Before becoming the ARP Director, I served as the Anesthesiology Residency Associate Program Director from July of 2019 to June of 2021 and my responsibilities included assisting the ARP Director in assessing and documenting the competency of each resident and ensuring patient safety.
8. Dr. Corbett had at least three different mentors during her residency at TTUHSC to assist her in preparing for the ABA Basic Exam. Dr. Northcutt, Dr. Tyler, and myself.
9. After Dr. Corbett failed the ABA Basic Exam the third time, I volunteered to be her mentor to help her study. I asked her to create a study plan that we could revise as needed. I had to make multiple calls and send multiple text messages to Dr. Corbett to get her to provide even a minimal plan. I asked Dr. Corbett to meet me twice a month to go over her progress, but that never happened because she said she was more comfortable just talking to me. I would text or call her twice a month or she would randomly stop by the Intensive Care Unit when I was working there. I offered to help her on specific subjects or to have study sessions with her, however, she did not take me up on my offers.
10. I told Dr. Corbett to make flash cards for the subjects she got wrong from the previous exams as well as the on-line question banks. I also suggested that Dr. Corbett use the ABA Basic exam list of subjects as her syllabus to guide her reading.
11. Dr. Corbett also had access to Truelearn question bank which is considered the gold-standard for anesthesia test preparation. Dr. Corbett stopped accessing this study material over 2 months before she took the November 2019 exam.
12. After Dr. Corbett failed the ABA Basic exam the third time, we talked at length about whether it would be best for her to continue in the TTUHSC anesthesia residency, attempt to transfer to another anesthesia residency, or look for another specialty, I wrote her a letter of recommendation to search for another program or specialty. When I tried to discuss with her the possibility of going to another residency, she told me that she investigated it but never truly pursued it. I also recommended she apply to the ACGME residency match for the 2020 graduation year. I also offered to assist with this process, but she told me she did not want to apply through the match. I explained that this would provide her with the best chances of matching into another program or specialty but she still declined to enter the match.
13. I am aware that Dr. Corbett has stated that she was not allowed to study in the Operating Room ("OR"). However, it was not that she was not allowed to study, it was that she was not paying attention to the case and her patient, which is her primary responsibility. In my own experience, Dr. Corbett would not be studying, but shopping, texting or on Facebook while in the OR. Many faculty reported similar experiences with Dr. Corbett both here at TTUHSC and while on her pediatric anesthesia rotation at the Children's Medical Center Dallas, managed by the University of Texas at Southwestern anesthesiology program.

14. On or around December 17, 2019, Dr. Corbett submitted a written request to appeal the recommendation for her dismissal from the residency program in the Department of Anesthesiology.
15. Before the ad hoc subcommittee could convene a hearing on Dr. Corbett's appeal, Dr. Corbett filed a complaint of gender discrimination with Texas Tech University System Office of Equal Opportunity.
16. After the conclusion of Texas Tech University System Office of Equal Opportunity's investigation, where it was found that Dr. Corbett was given notice of dismissal from the residency program based solely on her inability to pass the required ABA Basic Exam, the ad hoc subcommittee convened on April 30, 2020 to conduct a hearing to review Dr. Corbett's request for appeal.
17. In my capacity as the Anesthesiology Residency Associate Program Director I represented the Program in that hearing and presented evidence on its behalf.
18. After deliberations, the ad hoc subcommittee unanimously concluded that the Anesthesiology Program's decision to dismiss Dr. Corbett should be upheld. A true and correct copy of the subcommittee's Report of Findings and Recommendations on Shannon Corbett, MD, appeal proceedings is attached at **Exhibit A**.
19. I am aware of Dr. Corbett's assertion that she was dismissed from the ARP because of her gender.
20. I deny any allegation that Dr. Corbett was dismissed from TTUHSC's ARP because of her gender or in retaliation for her complaining about discrimination.
21. TTUHSC's decision to dismiss Dr. Corbett was made in good faith and based solely on her failure to meet the ABA's qualification requirements to continue in the Residency Program.
22. Dr. Corbett was dismissed from the ARP because of her repeated failure to pass the ABA Basic Exam despite being given four opportunities to do so. The ABA requires a program to provide two chances to pass the ABA Basic exam with any further opportunities to take the exam requiring the approval of the ARP director which Dr. Corbett received twice.
23. As of April 30, 2020, the pass rate on the ABA Basic Exam was 91% nationally on the first attempt.
24. No other resident in TTUHSC's ARP has failed the ABA Basic Exam four times.

My name is Cooper Phillips, M.D., and I am an employee of the Texas Tech University Health Sciences Center. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing is true and correct.

Signed on the 7th day of November, 2022.

Cooper Phillips, M.D.

EXHIBIT A

Memorandum

To: Surendra Varma, MD
Chair, GMEC
Executive Associate Dean for GME & Resident Affairs

From: Tammy Camp, MD
Chair, ad hoc appeal subcommittee

Date: May 4, 2020

Subject: Report of Findings and Recommendations on Shannon Corbett, MD, appeal proceedings

On April 30, 2020, the ad hoc subcommittee convened to conduct a hearing to review the request for appeal by Shannon Corbett, MD, on the recommendation for dismissal as a resident from the Anesthesiology Residency Program due to deficiency in medical knowledge. Dr. Corbett requested this appeal to review the due process aspects of the anesthesiology residency's decision to recommend dismissal. Dr. Corbett chose to have legal counsel present, Carrie A. Harris, Esq. at Matthew Harris Law PLLC, in an advisory capacity. Alan Santos, MD, Anesthesiology Residency Program Director, and Cooper Phillips, MD, Anesthesiology Residency Associate Program Director represented the program. Legal counsel for the institution from the Office of General Counsel was Nathan Christopher, JD. The hearing occurred through the Zoom conferencing platform due to the in-person meeting restriction under COVID-19.

The ad hoc subcommittee included the following members:

Tammy Camp, MD, Pediatrics Residency Program Director

Dixon Santana, MD, General Surgery Residency Assistant Program Director

Drew Payne, MD, Internal Medicine Residency Associate Program Director

Matthew Blue, MD, Orthopedics Chief Resident

Grace Wooten, MD, Psychiatry Resident, House Staff Officer

In accordance with the House Staff Policies and Procedures, the subcommittee reviewed documents submitted, heard presentation of evidence by each party, witness statements, and then deliberated in a closed session.

After discussion and deliberation, the subcommittee unanimously agreed that the anesthesiology residency followed, afforded, and even went beyond normally provided due process under the published program and institutional policies, and the recommendation for dismissal should be upheld.

Summary

Opening Statements

In Dr. Corbett's opening statements she acknowledged that she failed the American Board of Anesthesiology (ABA) Basic Examination upon four occasions, but reported her failures were due to the toxic environment of the anesthesiology residency leading to an inability to learn. In addition, she stated that she was not provided the needed mentorship, nor adequate study plans with follow through from the department to enable her to pass this examination.

Dr. Phillips opened by reporting that Dr. Corbett had been given four opportunities to take the ABA Basic Examination. He reported that the department provided mentorship, unassigned duty time and numerous resources to Dr. Corbett. He stated he did not know what more could have been done to assist Dr. Corbett in passing the examination.

Presentations of Evidence

RESIDENT

Dr. Corbett started by asking the committee to review a letter written by a former University Medical Center (UMC) Operating Room (OR) Circulation nurse who witnessed the operating room environment and described the interactions of attending faculty, including Dr. Santos, with Dr. Corbett and nursing staff. This letter cited several examples that led her to the conclusion that "if a resident is failing to learn, that is not a result of the student's inability to learn, but rather a failure on the attending physicians to adequately teach them."

Dr. Corbett then pointed out several entries in her journal dating back to July of 2017 that she felt represented the department being "out to get her." In her journal entries she describes feeling as if she is constantly being "bashed rather than assisted." In addition, she showed personal journal entries reflecting that other attending physicians questioned her as to how she would pass her boards if she did not have time to study as they frequently saw her in the hospital at night. She further stated that she was placed on call the night before an In-training Examination, and reportedly was told no one could cover, but when she visited with cRNAs, they did not remember being asked to cover. Clarification from the committee revealed that the chief resident makes the call schedule, not faculty.

In her next exhibit, Dr. Corbett showed emails of requests to the Graduate Medical Education (GME) Office, and specifically to J.E. Bates, regarding assistance for test taking techniques, meetings to discuss her difficulties in passing USMLE Step 3, as well as discussions regarding the nature of the anesthesiology residency program. She felt her concerns were not addressed by the GME office.

She presented evidence of an email dated February 28, 2018, from Dr. Christiane Vogt Harenkamp to Dr. Wasnick regarding a positive performance in the OR on a challenging case, and further detailing the importance of it being the responsibility of faculty to educate regarding knowledge and skills, with this taking time, "sometimes more, sometimes less, for any given individual."

Dr. Corbett provided a letter from the ABA stating that her score from the November 2019 BASIC Examination did not meet the passing standard, but that she would be eligible to take the examination in June 2020.

Finally, Dr. Corbett pointed out that evaluations of milestones and other data provided to the ad hoc committee demonstrated her improvement and gaining competence.

Upon questioning by the committee regarding a negative evaluation from Dallas Children's regarding her competence, she stated that while she was there she felt the environment was positive and the feedback she received was good. She stated she was surprised by the evaluation submitted back to the program and felt it was due to Dr. Santos collaborating with the program director there to get rid of her.

In questioning, the committee also asked about her study plan. She was unable to clearly articulate her study plan other than utilizing "The PASS Machine," a program that was purchased with her resident funds, and that offers 100% guarantee of BASIC passage. She defined this for study for the 4th attempt. She reported difficulty balancing time for study with other responsibilities for the previous attempts.

PROGRAM

Dr. Cooper presented evidence on behalf of the program. He reported that the program wanted Dr. Corbett to succeed, and that the "program went above and beyond to help." The program assigned three different mentors over her time in the residency to assist her in preparation for the ABA Basic Exam. He stated multiple resources were provided to Dr. Corbett, including some which she chose not to utilize. Dr. Corbett was also referred to the Employee Assistance Program to provide assistance for possible test anxiety.

Furthermore, he pointed out to the committee that due to the allegations of Dr. Corbett of being treated differently due to her gender, an investigation by the Office of Equal Opportunity (OEO) was conducted. This investigation, following interviews of 25 different current and former residents, Anesthesiology faculty and OR staff, did not find evidence to support Dr. Corbett's claim of discrimination or harassment based on gender. The investigation found that she was actually treated more favorably than her colleagues by extending her training in the residency program and allowing her to take the ABA BASIC exam four times.

He reiterated that the primary issue was the lack of clinical knowledge demonstrated by Dr. Corbett in her repeated failures on the ABA BASIC exam. He stressed that an anesthesiology program is required to allow a resident two attempts to pass this exam. He reports that the pass rate of this exam is 91% nationally on first attempt. To his knowledge, only one other resident in the program at TTUHSC has failed this examination, but they passed on their second attempt.

Regarding rotations at Dallas Children's, he is unaware of other residents receiving negative evaluations and felt this reiterated that as a department they were trying to see the best in Dr. Corbett to give her every possible chance to succeed.

Witnesses:

All participating witnesses were requested by Dr. Corbett.

A.R. , B.S.N., R.N., former UMC OR circulation nurse was the first witness to speak on Dr. Corbett's behalf. She corroborated her descriptions of the incidents she presented in the letter, and reinforced that she believed Dr. Corbett to be a competent physician when providing anesthesia to patients.

Christiane Vogt-Harenkamp, MD, PhD, Anesthesiology Attending, was the second witness to speak. She reported that Dr. Corbett performed well with her in the OR on occasions in which she worked with her, but that she has not observed Dr. Santos' relationship with Dr. Corbett or any other residents as she is "constantly running around and is up and down every few minutes." She had not heard of any unprofessional behavior directed toward Dr. Corbett.

Dr. S.Y. , a fourth year orthopedic resident at Wayne State University was Dr. Corbett's final witness. He stressed that Dr. Corbett was well known to him as she had been his study partner in medical school. He spoke to her character as being diligent and supportive of her colleagues. He has been in touch with her frequently since graduation and felt he has noticed a difference in her due to the stress she is under. He reported he would feel very comfortable with her administering anesthesia to a patient on whom he was operating. When questioned, though, he denied that they have worked together professionally on any committees, or in any other fashion. He has not seen her since graduation from medical school.

Closing Statements

Dr. Corbett stated that truth and right matter, and if they do not, we are lost. She restated that she did not pass the ABA exam due to the toxic environment in which she worked. She felt she proved this with numerous witnesses, and that it was clear that the anesthesiology department wanted to get rid of her and that they were utilizing the failure of the ABA examination as the method to do so. She concluded again with "truth matters, otherwise we are lost."

Dr. Phillips concluded that the anesthesiology program wanted her to succeed. This was clear in that despite after her second failure and her signing documents that she would be dismissed upon a third failure, the department, and principally Dr. Santos, argued to give her an additional 4th chance. Before this test, she was assigned to non-clinical duties to study from the end of July through the test in November, as compared to one week non-clinical time afforded to all other residents. He reiterated that an Office of Equal Opportunity investigation had not substantiated any of the claims of Dr. Corbett. The ABA BASIC is a national examination that must be passed.

Finally, as Dr. Corbett had made serious allegations toward the GME office, Mr. Bates was asked to provide clarification of their role in this. He reported that he met with Dr. Corbett as early as February of 2017. He provided her with the name of Dr. Pelley to assist with test taking strategies. He gave her his cell phone number so that she could reach out to him in October of 2017. He stated that the detail provided to this committee and to OEO investigator regarding her complaints were never provided in the meetings with her. In addition, he stated she provided the committee with incomplete email trails and misrepresented a lack of responsiveness by the program and institution. He has records detailing five meetings with Dr. Corbett.

Dr. Camp concluded the recoded portion of the ad hoc subcommittee meeting.

Closed Session Deliberation

The committee's deliberation coalesced around several themes:

1. Dr. Corbett's fund of knowledge as evidenced by the ABA BASIC examination was inadequate. This exam must be passed to graduate from residency. Test scores, even on the 4th attempt, were significantly below passing (155 – 2nd percentile; compared to passing score of 185). She was not being dismissed based on her skills in the OR.
2. Her explanation for the poor performance on the exam is primarily based on the "toxic and hostile environment" in the OR. However, every other anesthesia resident is exposed to the same environment and has passed the board. Claims made were only substantiated by one individual and the OEO investigation found no evidence.
3. Dr. Corbett was provided with multiple resources from the program in addition to mentorship to which she did not completely avail herself of to make the necessary improvements to pass.

The ad hoc appeal committee concluded the deliberation by voting. All members agreed that the Anesthesiology Program's decision to dismiss Dr. Corbett should be upheld.

APPENDIX 2

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS LUBBOCK DIVISION

SHANNON CORBETT, *Plaintiff,*	§	
vs.	§	**Civil Action No.: 5:21-cv-00281-H**
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, *Defendant.*	§	

DECLARATION OF J. EDWARD BATES

STATE OF TEXAS §
§
COUNTY OF LUBBOCK §

I, J. Edward Bates, declare the following:

1. My name is J. Edward Bates and I am of sound mind, over the age of eighteen years, have never been convicted of a felony or crime involving moral turpitude, am capable of making this Declaration, have personal knowledge of the matters contained in this Declaration and they are true and correct.
2. I currently serve as the Assistant Dean for Texas Tech University Health Sciences Center's (TTUHSC) Graduate Medical Education Department and Designated Institutional Official. I have served as the Assistant Dean since January of 2021 and as the Designated Institutional Official since February of 2011.
3. As the Assistant Dean, my duties and responsibilities include the authority and responsibility, in collaboration with a Graduate Medical Education Committee (GMEC), for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements.
4. I am familiar with the policies and practices of the Graduate Medical Education Department at TTUHSC.
5. The Office of Graduate Medical Education ("GME") is responsible for overseeing the various residency and fellowship programs at TTUHSC by providing guidance for and supervision of the residents during their program and ensuring that they meet program requirements.
6. Dr. Shannon Corbett entered in the four-year residency training program at TTUHSC in the Department of Anesthesiology on July 1, 2016 until her dismissal from the program in May,

2020. True and correct copies of her Graduate Medical Education Program Agreements for academic years 2016-2019 and their amendments are attached as **Exhibit A**.

7. In my capacity as Assistant Dean I am familiar with the performance requirements and clinical competency standards as set forth in the curriculum and pursuant to accreditation standards under the Accreditation Council on Graduate Medical Education ("ACGME").
8. Anesthesiology residents must pass medical licensure exams including all three steps of the United States Medical Licensing Exam ("USMLE") and the American Board of Anesthesiology ("ABA") basic Exam within certain deadlines and prior to advancing to the next post graduate year ("PGY") of the program.
9. During her residency at TTUHSC, Dr. Corbett struggled with meeting the exam requirements. For example she failed to pass the USMLE step three exam on her first two attempts, but did receive a passing score on her third attempt. True and correct copies of Dr. Corbett's STEP 3 SCORE REPORTS for March 30, 2017 and May 4, 2018 are attached as **Exhibit B**.
10. Additionally, Dr. Corbett struggled on the In-training exams. These exams are administered by the American Board of Anesthesiology to determine a resident's competency in clinical areas. True and correct copies of Dr. Corbett's In-Training exam score reports are attached as **Exhibit C.**
11. One of Dr. Corbett's biggest struggles, and the reason she was dismissed from the anesthesiology residency program, was the required passage of the ABA Basic Exam. Despite taking the exam four times, Dr. Corbett never received a passing score.
12. On or around August 21, 2018, the ARP administrators removed Dr. Corbett from the clinical duties rotation at the University Medical Center and required her to undergo an evaluation at the employee assistance program because she made posts on Facebook that caused concern about her well-being. True and correct copies of the email correspondence regarding the decision is attached as **Exhibit D.**
13. After Dr. Corbett failed the ABA Basic Exam for the third time in June 2019, Dr. Surendra Varma met with Dr. Corbett and informed her that if she was not able to become board certified in anesthesiology she should consider changing her specialty and that the GME and the anesthesiology department would assist her in trying to obtain another position in a specialty of interest to her. However, Dr. Corbett declined to change specialties and chose to remain in the ARP agreeing to amend her 2019 GME Program Agreement.
14. Because Dr. Corbett failed the ABA Basic Exam after multiple attempts, she was given notice on December 10, 2019 that she was being recommend for dismissal as a resident from the program for deficiency in medical knowledge.
15. I am aware of Shannon Corbett's assertion that she was dismissed from the ARP because of her gender.
16. Any allegation that Dr. Corbett was dismissed from TTUHSC's ARP because of her gender or in retaliation for her internal administrative complaint is unsupported by the facts.
17. TTUHSC's decision to dismiss Dr. Corbett was made in good faith and based solely on her failure to meet the qualification requirements to continue in the Residency Program, consistent with the TTUHSC procedure.
18. Specifically, Dr. Corbett was dismissed from TTUHSC's Anesthesiology Residency Program because of her repeated failure to pass the American Board of Anesthesiologists Basic Exam despite being given four opportunities to do so.

I declare under penalty of perjury that the foregoing is true and correct.

Signed on the 7 day of November, 2022.

J. Edward Bates

Texas Tech University Health Sciences Center

GRADUATE MEDICAL EDUCATION PROGRAM AGREEMENT

2016-2017

This **Graduate Medical Education Program Agreement** ("Agreement") hereby offers a residency training position at the Lubbock campus, in the Department of **Anesthesiology** as a **PGY-1**. Accepting this offer by signing this document constitutes a fully executed Agreement.

Terms and Conditions

1. ***Term***. This Agreement is entered into **July 1, 2016** by and between Texas Tech University Health Sciences Center ("TTUHSC") and **Shannon Corbett, MD**, ("Resident"), collectively referred to as "Parties," the term of which will expire no later than twelve (12) months following the beginning date of training, **June 30, 2017**. In the event of an approved leave of absence, any time beyond the number of days available through the training program's vacation time/sick leave shall be without pay and shall be added to the duration of training at his/her current PGY level.

2. ***Salary***. Resident shall receive an annual salary of **$50,217.31** for the term of this Agreement, to be paid monthly.

3. ***Consideration***. In consideration of the promises and mutual covenants and agreements contained herein, the Parties agree as follows:

3.1 *Conditions*. Resident is responsible for obtaining a Texas medical license or a Texas Physician-in-Training (PIT) permit and paying the required fee set by the Texas Medical Board. This Agreement is CONDITIONAL upon the timely and successful completion of all requirements of the TMB to obtain a postgraduate PIT, or medical license, where applicable. In addition, Resident will be required to undergo a criminal background check prior to beginning training. Any and all additional requirements specified by TTUHSC or the applicable department must be met ***prior to*** assuming duties at TTUHSC, but ***no later than*** the beginning date of the term of this appointment. Failure to satisfy any or all requirements prior to the indicated start date will either: (1) prevent Resident from being appointed, i.e., result in Resident's training Agreement being deemed null and void; or, (2) upon approval of the Program Director and Designated Institutional Official, may necessitate a change in the start date of the term of appointment, thus delaying the commencement of salary and benefits. Resident will not be allowed to begin work nor receive pay or benefits until his/her PIT or Texas medical license has been received by the GME office.

If at some time subsequent to beginning a residency or fellowship program it is learned that qualifications have not been met including, but not limited to, Resident's medical school education curriculum, TTUHSC will deem this Agreement ***null and void***. In the event Resident, for whatever reason, is unable to meet the requirements for practicing medicine at any of the affiliated hospitals or other participating institutions, this Agreement shall likewise be deemed ***null and void***.

3.2 *Duty to Disclose*. Resident has an affirmative duty and agrees to disclose to the Program Director immediately, i.e., no later than 48 hours of learning such fact, any information, current or past, that could affect eligibility for, or status regarding, a Texas postgraduate PIT permit or medical license, if applicable, ***prior to*** beginning the residency program. In the event information is learned during the course of a residency or fellowship which could affect a PIT permit or license, Resident must inform the Program Director immediately, i.e., no later than 48 hours. Such information may include, but is not limited to, loss or limitation of license, inability to pursue training or provide patient care, inability to secure necessary visa clearance, conflict of interest, or any incident involving moral turpitude of Resident.

3.3 *Policies and Bylaws*. Resident shall abide by the policies, rules and regulations of TTUHSC and the applicable Medical Staff Bylaws, policies and procedures of the affiliated hospital(s) to which he/she is assigned. Resident shall participate in all educational and training activities and shall perform all services required as a resident. Resident shall conduct himself/herself as a member of the professional team. Personal appearance and hygiene should always be appropriate to the circumstances.

3.4 *Ethics*. Resident shall adhere to the American Medical Association's "Principles of Medical Ethics," which is incorporated herein by reference: http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page. In addition, Resident is expected to accurately and honestly log duty hours and report any non-compliance to the Program Director and Institutional GME Office.

3.5 *Assignments*. The assignment schedule of Resident is dictated by the Program Director of each respective department and is subject to approval by the Chair and/or Regional Dean, where applicable.

Confidential Peer Review

3.6 *Liability Insurance*. Professional liability insurance is provided through the TTUHSC Medical Malpractice Self-Insurance Plan, at no cost to Resident. This insurance covers Resident when performing assigned duties during Resident's training program at TTUHSC. Such coverage is valid at affiliated hospitals and other participating institutions to which Resident is assigned. Professional liability insurance does NOT cover any outside professional activities, i.e., "moonlighting."

3.7 *Training Experience*. TTUHSC will provide a training experience that, when satisfactorily completed, meets the standards as set forth in the "Program Requirements" and approved by the Accreditation Council for Graduate Medical Education. Resident agrees to provide uninterrupted service to TTUHSC to the best of his/her ability. The ultimate goal of GME training at TTUHSC is to graduate competent physicians, eligible for licensure in the State of Texas and qualified to sit for specialty specific ABMS examinations.

3.8 *Certificate*. If the resident fulfills all training requirements for certification and discharge to the satisfaction of the Program Director, TTUHSC will issue a certificate of completion. However, TTUHSC reserves the right to withhold the certificate of completion until Resident is in compliance with all rules, regulations, personnel policies, payment of any and all money due, and completion of all medical records.

4. ***Benefits***. No benefits accrue to Resident other than those specified or referred to in this Agreement including, but not limited to, those contained in the House Staff Policies and Procedures.

5. ***Moonlighting***. In accordance with the Accreditation Council for Graduate Medical Education policy, residents in the first year of training at TTUHSC, Resident shall devote his/her ***full time*** to the educational and training program. Resident is expected to follow Institutional and Program moonlighting policies and obtain approval in writing in advance of any outside remunerative activities.

6. ***Educational Activities.*** Resident shall participate fully in the educational and training activities of his/her program and institution and assume responsibility for teaching and supervising other residents and medical students, as required.

7. ***Essential Functions of Job***. Resident acknowledges he/she is able to perform the essential functions of a physician in training and will immediately, and in no event later than 48 hours, notify his/her Program Director and Department Chair of any condition or event including, but not limited to, substance abuse, disability, or physical, emotional, mental impairment, temporary or permanent, of any kind, which might in any way, and in the judgment of TTUHSC, compromise or affect training, patient care or safety to self or others.

8. ***Severability***. In the event any provision of this Agreement is held invalid, the remainder of this Agreement shall not be affected by such invalidity.

9. ***Release of Information***. Resident agrees to release educational and training information to TTUHSC by executing the "Authorization for Release of Educational Information," which is provided in a separate document.

10. ***Compliance with Terms and Conditions***. Resident agrees to comply with the terms and conditions of this Agreement, which incorporates the current TTUHSC School of Medicine GME Policies and Procedures, and further acknowledges being advised that the SOM GME Policies and Procedures are accessible on the TTUHSC GME website at http://www.ttuhsc.edu/som/gme. Resident is responsible for carefully reviewing this website, referring to the Policy throughout his/her training at TTUHSC, and adhering to the TTUHSC School of Medicine GME Policies and Procedures.

11. ***Signature Required***. This Agreement shall be considered binding when signed by all Parties. However, Resident shall not receive any portion of his/her salary or other benefits until all requirements, as outlined hereinabove, have been met.

Shannon Corbett 4-10-16
RESIDENT **DATE**

PROGRAM DIRECTOR 5/[illegible]
DATE

for [illegible] 6/17/16
DEAN/REGIONAL DEAN **DATE**

For Internal Use Only
PIT/Full TX License Expires
DPS Expires
DEA Expires
ACLS Expires

Confidential Peer Review

Texas Tech University Health Sciences Center

GRADUATE MEDICAL EDUCATION PROGRAM AGREEMENT

2017-2018

This AGREEMENT is between TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER (TTUHSC), a public institution of higher education in the State of Texas, and **Shannon Corbett, MD** (Resident/Fellow). Both TTUHSC and Resident/Fellow are also referred to herein as "Party" or collectively as "Parties."

WHEREAS, the Resident/Fellow meets the Resident/Fellow eligibility qualifications established by the Accreditation Council on Graduate Medical Education (ACGME) or applicable accrediting body and TTUHSC;

WHEREAS, TTUHSC has offered and the Resident/Fellow has accepted an appointment in the applicable TTUHSC training program, which has been accredited by ACGME or applicable accrediting body; and

WHEREAS, TTUHSC is willing to train and employ the Resident/Fellow provided that the Resident/Fellow remains in good standing in the training program and otherwise complies with the terms and conditions of this Agreement.

NOW THEREFORE, in consideration of the mutual promises contained herein, the Parties agree as follows:

TERMS and CONDITIONS

1. ***Appointment***. Subject to the terms and conditions set forth in this Agreement, Resident/Fellow hereby accepts appointment as a Resident/Fellow in the TTUHSC Department of **Anesthesiology** at the Program Graduate Year (PGY) **2** level.

2. ***Term***. This Agreement is for a 12-month period beginning on **July 1, 2017** and ending on **June 30, 2018.** In the event of an approved leave of absence, any time beyond the number of days available through the training program's vacation time/sick leave shall be without pay and shall be added to the duration of training at his/her current PGY level.

3. ***Salary***. Resident/Fellow shall receive an annual salary of **$53,411.71** for the term of this Agreement, to be paid monthly. Payment will be inclusive from the first day to the last day of the current month. Salary payments shall be subject to federal withholding taxes and any other applicable taxes. Resident/Fellow acknowledges that the compensation amounts stipulated are subject to change on an annual basis at the sole discretion of TTUHSC. In the event Resident's/Fellow's salary is increased as approved by the TTUHSC Graduate Medical Education Committee (GMEC) and authorized by the institution's funding sources, such increase will take place at the start of the next academic cycle, for example July 1st of each year (or the anniversary of Resident's/Fellow's start date if the Resident/Fellow is off-cycle).

4. ***Consideration/Conditions***. In consideration of the promises and mutual covenants and agreements contained herein, the Parties agree to the conditions listed below. These conditions, and any and all additional requirements specified by TTUHSC or the applicable department must be met ***prior to*** assuming duties at TTUHSC, but ***no later than*** the beginning date of the term of this appointment. Failure to satisfy any or all requirements prior to the indicated start date will either: (1) prevent Resident/Fellow from being appointed, i.e., result in Resident's/Fellow's training Agreement being deemed **null and void**; or, (2) upon approval of the Program Director and Designated Institutional Official, may necessitate a **change in the start date** of the term of appointment, thus delaying the commencement of salary and benefits. Resident/Fellow will not be allowed to begin work nor receive pay or benefits until his/her PIT or Texas medical license has been received by the GME office. If at some time subsequent to beginning a residency or fellowship program it is learned that qualifications have not been met including, but not limited to, completion of Resident's/Fellow's medical school education curriculum, TTUHSC will deem this Agreement ***null and void***. In the event Resident/Fellow, for whatever reason, is unable to meet the requirements for practicing medicine at any of the affiliated hospitals or other participating institutions, this Agreement shall likewise be deemed ***null and void***.

These conditions are as follows:

4.1 *Licensure/Permits/Credentialing*. Resident/Fellow is responsible for obtaining a Texas medical license or a Texas Physician-in-Training (PIT) permit and paying the required fee set by the Texas Medical Board (TMB). This Agreement is **CONDITIONAL** upon the timely and successful completion of all requirements of the TMB to obtain a postgraduate PIT, or medical license, where applicable. Resident/Fellow will not be allowed to begin work nor receive pay or benefits until his/her PIT or Medical License has been received by the TTUHSC Graduate Medical Education (GME) Office. Resident/Fellow must also provide appropriate and sufficient documentation of eligibility for employment in the United States, and valid ECFMG certificate, if applicable. Resident/Fellow must fulfill credentialing and pre-employment/pre-placement requirements of TTUHSC and other participating hospitals/institutions, if applicable.

4.2 *Criminal Background Check*. Resident/Fellow will be required to undergo, and satisfactorily complete, a criminal background check that establishes he/she is eligible for clinical training in accordance with TTUHSC Operating Policy (OP) 10.20, "Criminal Background Checks for Students, Residents, and Trainees" prior to beginning training.

4.3 *Duty to Disclose*. Resident/Fellow has an affirmative duty and agrees to disclose to the Program Director immediately, i.e., no later than 48 hours of learning such fact, any information, current or past, that could affect eligibility for, or status regarding, a Texas postgraduate PIT permit or medical license, if applicable, ***prior to*** beginning the residency program. In the event information is learned during the course of a residency or fellowship which could affect a PIT permit or license, Resident/Fellow must inform the Program Director immediately, i.e., no later than 48 hours. Such information may include, but is not limited to, loss or limitation of license, inability to pursue training or provide patient care, inability to secure necessary Visa clearance, conflict of interest, arrest, or charge or conviction of a crime, indictment, imprisonment, placement on probation, or deferred adjudication, or any incident involving moral turpitude of Resident/Fellow.

4.4 *Policies and Bylaws*. Resident/Fellow shall abide by the policies, rules and regulations of TTUHSC and the applicable Medical Staff Bylaws, policies and procedures of the affiliated hospital(s) to which he/she is assigned. Resident/Fellow shall participate in all educational and training activities and shall perform all services required as a Resident/Fellow. Resident/Fellow shall conduct himself/herself as a member of the professional team. Personal appearance and hygiene should always be appropriate to the circumstances.

4.5 *Ethics*. Resident/Fellow shall adhere to the American Medical Association's "Principles of Medical Ethics", which is incorporated herein by reference: http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page.

4.6 *Duty Hours*. Resident/Fellow is expected to accurately and honestly log duty hours and report any non-compliance to the Program Director and Institutional GME Office.

5. ***Essential Functions of Job***. Resident/Fellow acknowledges he/she is able to perform the essential functions of a physician in training and will immediately, and in no event later than 48 hours, notify his/her Program Director and Department Chair of any condition or event including, but not limited to, substance abuse, disability, or physical, emotional, mental impairment, temporary or permanent, of any kind, which might in any way, and in the judgment of TTUHSC, compromise or affect training, patient care or safety to self or others.

6. ***Training Experience***. TTUHSC will provide a training experience that, when satisfactorily completed, meets the standards as set forth in the "Program Requirements" approved by the Accreditation Council for Graduate Medical Education. Resident/Fellow agrees to provide uninterrupted service to TTUHSC to the best of his/her ability. The ultimate goal of GME training at TTUHSC is to graduate competent physicians, eligible for licensure in the State of Texas and qualified to sit for specialty specific ABMS examinations.

Confidential Peer Review

7. ***Assignments***. The assignment schedule of Resident/Fellow is dictated by the Program Director of each respective department and is subject to approval by the Chair and/or Regional Dean, where applicable.

8. ***Liability Insurance***. Professional liability insurance is provided through the TTUHSC Medical Malpractice Self-Insurance Plan, at no cost to Resident/Fellow while performing assigned duties during Resident's/Fellow's training program at TTUHSC. Such coverage is valid at affiliated hospitals and other participating institutions to which Resident/Fellow is assigned. Professional liability insurance does NOT cover any outside professional activities, i.e., "moonlighting."

9. ***Moonlighting***. In accordance with the Accreditation Council for Graduate Medical Education policy, Residents/Fellows in the first year of training at TTUHSC shall devote his/her ***full time*** to the educational and training program. In subsequent years of training, Resident/Fellow is expected to follow Institutional and Program moonlighting policies and obtain approval in writing in advance of any outside remunerative activities.

10. ***Benefits***. No benefits accrue to Resident/Fellow other than those specified or referred to in this Agreement including, but not limited to, those contained in the TTUHSC GME House Staff Policies and Procedures. Resident/Fellow acknowledges that benefits are subject to change during the term of this Agreement.

11. ***Educational Activities***. Resident/Fellow shall participate fully in the educational and training activities of his/her program and institution and assume responsibility for teaching and supervising other Residents/Fellows and medical students, as required.

12. ***Reappointment and Promotion***. Reappointment and promotion decisions are made on a yearly basis by the TTUHSC GME Program's Clinical Competency Committee, under the direction of the GME Program Director. Notice will be provided to the Resident/Fellow no later than four (4) months prior to the ending date of the current agreement; however, if the primary reason(s) for Non-Reappointment/Non-Promotion occur(s) within the four (4) months prior to the ending date of the current agreement, the Resident/Fellow will be given as much notice as the circumstances reasonably allow prior to the end of the agreement period. If Resident/Fellow fails to perform satisfactorily or to progress during his or her training program, he/she may be subject to disciplinary action, including retention at the current level of training under probation, non-reappointment, or dismissal. The decision not to reappoint or promote a Resident/Fellow may be appealed following the protocol specified in the TTUHSC GME House Staff Policies and Procedures.

13. ***Certificate of Completion***. If the Resident/Fellow fulfills all training requirements for certification and discharge to the satisfaction of the Program Director, TTUHSC will issue a certificate of completion. However, TTUHSC reserves the right to withhold the certificate of completion until Resident/Fellow is in compliance with all rules, regulations, personnel policies, payment of any and all money due, and completion of all medical records.

14. ***Severability***. In the event any provision of this Agreement is held illegal, invalid, or void by a court of competent jurisdiction under any applicable law, it shall be severable, the remaining provisions of this Agreement shall not be impaired, and this Agreement shall be interpreted as far as possible so as to give effect to its stated purpose.

15. ***Governing Law/Venue***. This Agreement shall be interpreted, governed, and construed in all respects under the laws of the State of Texas. Venue shall be in the state or federal courts of Lubbock County, Texas.

16. ***Release of Information***. Resident/Fellow agrees to release educational and training information to TTUHSC by executing the "Authorization for Release of Educational Information," which is provided in a separate document.

17. ***Compliance with Terms and Conditions***. Resident/Fellow agrees to comply with the terms and conditions of this Agreement, which incorporates the current TTUHSC GME House Staff Policies and Procedures, and further acknowledges being advised that the GME House Staff Policies and Procedures are accessible on the TTUHSC GME website at http://www.ttuhsc.edu/som/gme. Resident/Fellow is responsible for carefully reviewing this website, referring to the Policy throughout his/her training at TTUHSC, and adhering to the TTUHSC GME House Staff Policies and Procedures.

18. ***Amendment***. This Agreement may be amended only by written amendment signed by all Parties.

19. ***Termination***. TTUHSC reserves the right to terminate this Agreement, and dismiss Resident/Fellow immediately for cause, upon the occurrence of any of the following events:

    a. The loss, suspension or probation of Resident's/Fellow's Texas medical license or Texas Physician-in-Training (PIT) permit;
    b. Failure to maintain valid work authorization to work in the United States through loss of appropriate Visa status or other U.S. Department of Citizenship and Immigration Services work authorization, or failure to demonstrate ECFMG certification or certification from other similar authoritative bodies;
    c. The conviction of a felony.

    The Dean of the School of Medicine has the sole authority to terminate this Agreement for cause.

    Resident/Fellow shall have the right to appeal dismissal from the Residency/Fellowship Program as set forth in the House Staff Policies and Procedures.

    This Agreement may also be terminated at any time by the mutual consent of both Parties and shall automatically terminate upon the Resident's/Fellow's death.

    Other criteria for dismissal is described in the House Staff Policies and Procedures. In the event a Resident/Fellow is dismissed under the House Staff Policies and Procedures, this Agreement shall also terminate.

20. ***Entire Agreement***. This Agreement contains the entire agreement between the Parties hereto, and there are no other agreements, representations or warranties between the Parties other than those set forth herein. No oral statements or prior written materials not specifically incorporated herein shall be of any force or effect. This Agreement supersedes any previous understanding between the Parties, oral or otherwise.

21. ***Signature Required***. This Agreement shall be considered binding when signed by all Parties. However, Resident/Fellow shall not receive any portion of his/her salary or other benefits until all requirements, as outlined hereinabove, have been met.

Shannon Collett 3-10-17
RESIDENT/FELLOW DATE

PROGRAM DIRECTOR 5/4/17
PROGRAM DIRECTOR DATE

for DEAN/REGIONAL DEAN 5/11/17
DEAN/REGIONAL DEAN DATE

For Internal Use Only
PIT/Full TX License Expires 6/30/2020
ACLS Expires 6/1/2018
DEA Expires 6/30/2020

Resident/Fellow initial here for each page stating you have read and understand _____

Confidential Peer Review

Texas Tech University Health Sciences Center

GRADUATE MEDICAL EDUCATION PROGRAM AGREEMENT

2018-2019

This AGREEMENT is between TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER (TTUHSC), a public institution of higher education in the State of Texas, and **Shannon Corbett, MD** (Resident/Fellow). Both TTUHSC and Resident/Fellow are also referred to herein as "Party" or collectively as "Parties."

WHEREAS, the Resident/Fellow meets the Resident/Fellow eligibility qualifications established by the Accreditation Council on Graduate Medical Education (ACGME) or applicable accrediting body and TTUHSC;

WHEREAS, TTUHSC has offered and the Resident/Fellow has accepted an appointment in the applicable TTUHSC training program, which has been accredited by ACGME or applicable accrediting body; and

WHEREAS, TTUHSC is willing to train and employ the Resident/Fellow provided that the Resident/Fellow remains in good standing in the training program and otherwise complies with the terms and conditions of this Agreement.

NOW THEREFORE, in consideration of the mutual promises contained herein, the Parties agree as follows:

TERMS and CONDITIONS

1. ***Appointment***. Subject to the terms and conditions set forth in this Agreement, Resident/Fellow hereby accepts appointment as a Resident/Fellow in the TTUHSC Department of **Anesthesiology** at the Program Graduate Year (PGY) **3** level.

2. ***Term***. This Agreement is for a 12-month period beginning on **July 1, 2018** and ending on **June 30, 2019.** In the event of an approved leave of absence, any time beyond the number of days available through the training program's vacation time/sick leave shall be without pay and shall be added to the duration of training at his/her current PGY level.

3. ***Salary***. Resident/Fellow shall receive an annual salary of **$56,200.32** for the term of this Agreement, to be paid monthly. Payment will be inclusive from the first day to the last day of the current month. Salary payments shall be subject to federal withholding taxes and any other applicable taxes. Resident/Fellow acknowledges that the compensation amounts stipulated are subject to change on an annual basis at the sole discretion of TTUHSC. In the event Resident's/Fellow's salary is increased as approved by the TTUHSC Graduate Medical Education Committee (GMEC) and authorized by the institution's funding sources, such increase will take place at the start of the next academic cycle, for example July 1st of each year (or the anniversary of Resident's/Fellow's start date if the Resident/Fellow is off-cycle).

4. ***Consideration/Conditions***. In consideration of the promises and mutual covenants and agreements contained herein, the Parties agree to the conditions listed below. These conditions, and any and all additional requirements specified by TTUHSC or the applicable department must be met ***prior to*** assuming duties at TTUHSC, but ***no later than*** the beginning date of the term of this appointment. Failure to satisfy any or all requirements prior to the indicated start date will either: (1) prevent Resident/Fellow from being appointed, i.e., result in Resident's/Fellow's training Agreement being deemed **null and void**; or, (2) upon approval of the Program Director and Designated Institutional Official, may necessitate a **change in the start date** of the term of appointment, thus delaying the commencement of salary and benefits. Resident/Fellow will not be allowed to begin work nor receive pay or benefits until his/her PIT or Texas medical license has been received by the GME office. If at some time subsequent to beginning a residency or fellowship program it is learned that qualifications have not been met including, but not limited to, completion of Resident's/Fellow's medical school education curriculum, TTUHSC will deem this Agreement ***null and void***. In the event Resident/Fellow, for whatever reason, is unable to meet the requirements for practicing medicine at any of the affiliated hospitals or other participating institutions, this Agreement shall likewise be deemed ***null and void***.

Confidential Peer Review

These conditions are as follows:

4.1 *Licensure/Permits/Credentialing*. Resident/Fellow is responsible for obtaining a Texas medical license or a Texas Physician-in-Training (PIT) permit and paying the required fee set by the Texas Medical Board (TMB). This Agreement is **CONDITIONAL** upon the timely and successful completion of all requirements of the TMB to obtain a postgraduate PIT, or medical license, where applicable. Resident/Fellow will not be allowed to begin work nor receive pay or benefits until his/her PIT or Medical License has been received by the TTUHSC Graduate Medical Education (GME) Office. Resident/Fellow must also provide appropriate and sufficient documentation of eligibility for employment in the United States, and valid ECFMG certificate, if applicable. Resident/Fellow must fulfill credentialing and pre-employment/pre-placement requirements of TTUHSC and other participating hospitals/institutions, if applicable.

4.2 *Criminal Background Check*. Resident/Fellow will be required to undergo, and satisfactorily complete, a criminal background check that establishes he/she is eligible for clinical training in accordance with TTUHSC Operating Policy (OP) 10.20, "Criminal Background Checks for Students, Residents, and Trainees" prior to beginning training.

4.3 *Duty to Disclose*. Resident/Fellow has an affirmative duty and agrees to disclose to the Program Director immediately, i.e., no later than 48 hours of learning such fact, any information, current or past, that could affect eligibility for, or status regarding, a Texas postgraduate PIT permit or medical license, if applicable, ***prior to*** beginning the residency program. In the event information is learned during the course of a residency or fellowship which could affect a PIT permit or license, Resident/Fellow must inform the Program Director immediately, i.e., no later than 48 hours. Such information may include, but is not limited to, loss or limitation of license, inability to pursue training or provide patient care, inability to secure necessary Visa clearance, conflict of interest, arrest, or charge or conviction of a crime, indictment, imprisonment, placement on probation, or deferred adjudication, or any incident involving moral turpitude of Resident/Fellow.

4.4 *Policies and Bylaws*. Resident/Fellow shall abide by the policies, rules and regulations of TTUHSC and the applicable Medical Staff Bylaws, policies and procedures of the affiliated hospital(s) to which he/she is assigned. Resident/Fellow shall participate in all educational and training activities and shall perform all services required as a Resident/Fellow. Resident/Fellow shall conduct himself/herself as a member of the professional team. Personal appearance and hygiene should always be appropriate to the circumstances.

4.5 *Ethics*. Resident/Fellow shall adhere to the American Medical Association's "Principles of Medical Ethics", which is incorporated herein by reference: http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page.

4.6 *Duty Hours*. Resident/Fellow is expected to accurately and honestly log duty hours and report any non-compliance to the Program Director and Institutional GME Office.

5. ***Essential Functions of Job***. Resident/Fellow acknowledges he/she is able to perform the essential functions of a physician in training and will immediately, and in no event later than 48 hours, notify his/her Program Director and Department Chair of any condition or event including, but not limited to, substance abuse, disability, or physical, emotional, mental impairment, temporary or permanent, of any kind, which might in any way, and in the judgment of TTUHSC, compromise or affect training, patient care or safety to self or others.

6. ***Training Experience***. TTUHSC will provide a training experience that, when satisfactorily completed, meets the standards as set forth in the "Program Requirements" approved by the Accreditation Council for Graduate Medical Education. Resident/Fellow agrees to provide uninterrupted service to TTUHSC to the best of his/her ability. The ultimate goal of GME training at TTUHSC is to graduate competent physicians, eligible for licensure in the State of Texas and qualified to sit for specialty specific ABMS examinations.

7. ***Assignments***. The assignment schedule of Resident/Fellow is dictated by the Program Director of each respective department and is subject to approval by the Chair and/or Regional Dean, where applicable.

8. ***Liability Insurance***. Professional liability insurance is provided through the TTUHSC Medical Malpractice Self-Insurance Plan, at no cost to Resident/Fellow while performing assigned duties during Resident's/Fellow's training program at TTUHSC. Such coverage is valid at affiliated hospitals and other participating institutions to which Resident/Fellow is assigned. Professional liability insurance does NOT cover any outside professional activities, i.e., "moonlighting."

9. ***Moonlighting***. In accordance with the Accreditation Council for Graduate Medical Education policy, Residents/Fellows in the first year of training at TTUHSC shall devote his/her ***full time*** to the educational and training program. In subsequent years of training, Resident/Fellow is expected to follow Institutional and Program moonlighting policies and obtain approval in writing in advance of any outside remunerative activities.

10. ***Benefits***. No benefits accrue to Resident/Fellow other than those specified or referred to in this Agreement including, but not limited to, those contained in the TTUHSC GME House Staff Policies and Procedures. Resident/Fellow acknowledges that benefits are subject to change during the term of this Agreement.

11. ***Educational Activities***. Resident/Fellow shall participate fully in the educational and training activities of his/her program and institution and assume responsibility for teaching and supervising other Residents/Fellows and medical students, as required.

12. ***Reappointment and Promotion***. Reappointment and promotion decisions are made on a yearly basis by the TTUHSC GME Program's Clinical Competency Committee, under the direction of the GME Program Director. Notice will be provided to the Resident/Fellow no later than four (4) months prior to the ending date of the current agreement; however, if the primary reason(s) for Non-Reappointment/Non-Promotion occur(s) within the four (4) months prior to the ending date of the current agreement, the Resident/Fellow will be given as much notice as the circumstances reasonably allow prior to the end of the agreement period. If Resident/Fellow fails to perform satisfactorily or to progress during his or her training program, he/she may be subject to disciplinary action, including retention at the current level of training under probation, non-reappointment, or dismissal. The decision not to reappoint or promote a Resident/Fellow may be appealed following the protocol specified in the TTUHSC GME House Staff Policies and Procedures.

13. ***Certificate of Completion***. If the Resident/Fellow fulfills all training requirements for certification and discharge to the satisfaction of the Program Director, TTUHSC will issue a certificate of completion. However, TTUHSC reserves the right to withhold the certificate of completion until Resident/Fellow is in compliance with all rules, regulations, personnel policies, payment of any and all money due, and completion of all medical records.

14. ***Severability***. In the event any provision of this Agreement is held illegal, invalid, or void by a court of competent jurisdiction under any applicable law, it shall be severable, the remaining provisions of this Agreement shall not be impaired, and this Agreement shall be interpreted as far as possible so as to give effect to its stated purpose.

15. ***Governing Law/Venue***. This Agreement shall be interpreted, governed, and construed in all respects under the laws of the State of Texas. Venue shall be in the state or federal courts of Lubbock County, Texas.

16. ***Release of Information***. Resident/Fellow agrees to release educational and training information to TTUHSC by executing the "Authorization for Release of Educational Information," which is provided in a separate document.

17. ***Compliance with Terms and Conditions***. Resident/Fellow agrees to comply with the terms and conditions of this Agreement, which incorporates the current TTUHSC GME House Staff Policies and Procedures, and further acknowledges being advised that the GME House Staff Policies and Procedures are accessible on the TTUHSC GME website at http://www.ttuhsc.edu/som/gme. Resident/Fellow is responsible for carefully reviewing this website, referring to the Policy throughout his/her training at TTUHSC, and adhering to the TTUHSC GME House Staff Policies and Procedures.

18. ***Amendment***. This Agreement may be amended only by written amendment signed by all Parties.

19. ***Termination***. TTUHSC reserves the right to terminate this Agreement, and dismiss Resident/Fellow immediately for cause, upon the occurrence of any of the following events:

    a. The loss, suspension or probation of Resident's/Fellow's Texas medical license or Texas Physician-in-Training (PIT) permit;
    b. Failure to maintain valid work authorization to work in the United States through loss of appropriate Visa status or other U.S. Department of Citizenship and Immigration Services work authorization, or failure to demonstrate ECFMG certification or certification from other similar authoritative bodies;
    c. The conviction of a felony.

    The Dean of the School of Medicine has the sole authority to terminate this Agreement for cause.

    Resident/Fellow shall have the right to appeal dismissal from the Residency/Fellowship Program as set forth in the House Staff Policies and Procedures.

    This Agreement may also be terminated at any time by the mutual consent of both Parties and shall automatically terminate upon the Resident's/Fellow's death.

    Other criteria for dismissal is described in the House Staff Policies and Procedures. In the event a Resident/Fellow is dismissed under the House Staff Policies and Procedures, this Agreement shall also terminate.

20. ***Entire Agreement***. This Agreement contains the entire agreement between the Parties hereto, and there are no other agreements, representations or warranties between the Parties other than those set forth herein. No oral statements or prior written materials not specifically incorporated herein shall be of any force or effect. This Agreement supersedes any previous understanding between the Parties, oral or otherwise.

21. ***Signature Required***. This Agreement shall be considered binding when signed by all Parties. However, Resident/Fellow shall not receive any portion of his/her salary or other benefits until all requirements, as outlined hereinabove, have been met.

Shannon Corbitt 6-12-18
RESIDENT/FELLOW DATE

PROGRAM DIRECTOR 6/12/18
DATE

for Regina Hugo 7/9/18
DEAN/REGIONAL DEAN DATE

For Internal Use Only
PIT/Full TX License Expires 6/30/2020
ACLS Expires 6/1/2018
DEA Expires 6/30/2020

Resident/Fellow initial here for each page stating you have read and understand SC

Confidential Peer Review

Graduate Medical Education Program Agreement

Amendment

This document constitutes an amendment to the 2018-2019 Graduate Medical Education Program Agreement between **Shannon Corbett, M.D.** and **Texas Tech University Health Sciences Center** (TTUHSC). By signing below, you agree that you will comply at all times with the following conditions and requirements, as may be amended by the Office of GME and/or Program Director of Anesthesiology Residency. *(The numbering of the conditions and requirements in no way represents an order of importance in the content.)*

Requirements:

(1) Your residency training position with TTUHSC is contingent on your maintaining: a physician-in-training permit from the Texas Medical Board; compliance with ACGME common and Anesthesiology specific requirements; Anesthesiology Residency expectations; and applicable hospital and medical staff privileges.

(2) You understand that you must be able to perform the essential functions of your job with or without a reasonable accommodation.

(3) You understand and acknowledge that the American Board of Anesthesiology (ABA) requires passage of the ABA Basic Exam, the first of three staged exams for ABA Board Certification, prior to promotion to the CA-3 (PGY 4) year. To date, you have failed two attempts of the ABA Basic Exam and received an "Unsatisfactory" report to ABA for the July-December 2018 reporting period.

(4) You understand and acknowledge that a third failed attempt on the ABA Basic Exam will demonstrate a significant deficiency in medical knowledge and will result in a recommendation for dismissal from the program. Should the results of the June 2019 ABA Basic Exam not be received by the current expiration date of your 2018-2019 Graduate Medical Education Program Agreement, you will be extended at your current CA-2 (PGY 3) level until receipt.

(5) You understand and acknowledge that successful passage of the ABA Basic Exam does not guarantee promotion to CA-3 (PGY 4) level. Status in the program is determined by the Clinical Competency Committee through assessment across all areas of competency, and may result in recommendation of extension of training.

(6) Should you fail to comply with the conditions and requirements outlined herein, you will be removed from patient care immediately. In addition, non-compliance will require that all appropriate entities, including the Texas Medical Board, be notified.

Shannon Corbett — 2-1-19

Shannon Corbett, MD — **DATE**
PGY III, Anesthesiology Resident

1/25/19

Alan Santos, MD — **DATE**
Program Director, Anesthesiology Residency

Graduate Medical Education Program Agreement

Amendment

This document constitutes an amendment to the 2019-2020 Graduate Medical Education Program Agreement between **Shannon Corbett, M.D.** and **Texas Tech University Health Sciences Center** (TTUHSC). By signing below, you agree that you will comply at all times with the following conditions and requirements, as may be amended by the Office of GME and/or Program Director of Anesthesiology Residency. *(The numbering of the conditions and requirements in no way represents an order of importance in the content.)*

Requirements:

(1) Your residency training position with TTUHSC is contingent on your maintaining: a physician-in-training permit from the Texas Medical Board; compliance with ACGME common and Anesthesiology specific requirements; Anesthesiology Residency expectations; and applicable hospital and medical staff privileges.

(2) You understand that you must be able to perform the essential functions of your job with or without a reasonable accommodation.

(3) You understand and acknowledge that the American Board of Anesthesiology (ABA) requires passage of the ABA Basic Exam, the first of three staged exams for ABA Board Certification, prior to promotion to the CA-3 (PGY 4) year. To date, you have failed three attempts of the ABA Basic Exam and received an "Unsatisfactory" report to ABA for two consecutive six-month reporting periods.

(4) You understand and acknowledge that the TTUHSC Anesthesia Faculty have afforded a fourth and final attempt to pass the ABA basic Exam. During the period leading up to the test date in November 2019, you will serve as a resident performing research, with an assigned faculty mentor, as well as attend all non-clinical residency activities, but all clinical privileges are withheld. No credit will be awarded for this six month ABA reporting period.

(5) You understand and acknowledge that a fourth failed attempt on the ABA Basic Exam will demonstrate a significant deficiency in medical knowledge and will result in an immediate recommendation for dismissal from the program.

(6) **You understand and acknowledge that successful passage of the ABA Basic Exam does not guarantee promotion to CA-3 (PGY 4) level. Status in the program is determined by the Clinical Competency Committee through assessment across all areas of competency.** In alignment with the 2019 ABA Policy Book, a passing result on the November 2019 ABA Basic Exam will allow reentry into the clinical training program, but require an extension of the CA-2 (PGY 3) level of at least 18 months.

(7) Should you fail to comply with the conditions and requirements outlined herein, you will be removed from patient care immediately. In addition, non-compliance will require that all appropriate entities, including the Texas Medical Board, be notified.

Signature page to follow

Confidential Peer Review

Resident initial here for each page stating you have read and understand

By signing below, you agree that you will comply at all times with the following conditions and requirements, as may be amended by the Office of GME and/or Program Director of Anesthesiology Residency.

7-26-19

Shannon Corbett, MD **DATE**
PGY III, Anesthesiology Resident

7/26/19

Alan Santos, MD **DATE**
Program Director, Anesthesiology Residency

5/9/17

MLE

UNITED STATES MEDICAL LICENSING EXAMINATION ®

STEP 3 SCORE REPORT

This score report is provided for the use of the examinee.
Third-party users of this information are advised to rely solely on official USMLE transcripts.

RECEIVED

Corbett, Shannon Larene

USMLE ID: [redacted]

Test Date: March 30, 2017

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. The examination consists of two days: Day 1, Foundations of Independent Practice (FIP), assesses an examinee's knowledge of basic medical and scientific principles essential for effective health care; Day 2, Advanced Clinical Medicine (ACM), assesses the examinee's ability to apply comprehensive knowledge of health and disease in the context of patient management and the evolving manifestation of disease over time. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. This score represents your result for the administration of Step 3 that began on the test date shown above.

FAIL	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.

194	This score is determined by your overall performance on Step 3. For administrations between January 1, 2016 and December 31, 2016, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 225 and 15, respectively, with most scores falling between 140 and 260. A score of 190 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM)* for this scale is approximately six points.

Effective April 1, 2013, test results are reported on a three-digit scale only. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

*Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.

Confidential Peer Review

USMLE United States Medical Licensing Examination®

UNITED STATES MEDICAL LICENSING EXAMINATION®

STEP 3 SCORE REPORT

This score report is provided for the use of the examinee.
Third-party users of USMLE information are advised to rely solely on official USMLE transcripts.

Corbett, Shannon Larene

USMLE ID: [redacted] **Test Date: May 4, 2018**

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. The examination consists of two days: Day 1, Foundations of Independent Practice (FIP), assesses an examinee's knowledge of basic medical and scientific principles essential for effective health care; Day 2, Advanced Clinical Medicine (ACM), assesses the examinee's ability to apply comprehensive knowledge of health and disease in the context of patient management and the evolving manifestation of disease over time. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. This score§ represents your result for the administration of Step 3 that began on the test date shown above.

PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.

198	This score is determined by your overall performance on Step 3. For administrations between January 1, 2017 and December 31, 2017, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 226 and 15, respectively, with most scores falling between 140 and 260. A score of 196 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM)‡ for this scale is approximately six points.

§Effective April 1, 2013, test results are reported on a three-digit scale only. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

‡Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.

Confidential Peer Review

EXHIBIT C

AMERICAN BOARD OF ANESTHESIOLOGY
2017 ABA In-Training Examination

Personal Performance Report

Name: Corbett, Shannon LaRene **Training Program:** 150013 **ID Number:** [redacted]

Your performance on the In-Training Examination (ITE) is reported as a scaled score. There are 99 Basic items and 97 Advanced items in this examination. Also reported are your percent correct scores based on 99 Basic items and 97 Advanced items respectively. For more information about your In-Training Examination score and your Percent Correct Scores for Basic items and Advanced items, and to compare your performance with other residents, refer to the "Guidelines for Interpreting Your Personal Performance Report".

Your Scaled Score is: 15

Your Percent Correct Score for Basic Items is: 40

Your Percent Correct Score for Advanced Items is: 47

To help you evaluate your performance in various content areas measured by the ITE, the number of questions answered correctly for each content area is listed below.

For your reference, also listed below for each content area is the number of correct answers that represents the 50th percentile, the 75th percentile, and the 90th percentile respectively for all examinees at the same training level as you, i.e., NEW, CB, CA1, CA2 or CA3. You can use this information to assess how your performance compares to all other examinees at the same training level as you.

Category	# of Questions	# Answered Correctly	50%-ile	75%-ile	90%-ile
Basic Sciences	29	11	13	16	18
Clinical Sciences: Anesthesia Procedures, Methods, And Techniques	45	20	23	27	30
Clinical Subspecialties	44	25	23	27	30
Organ-Based and Clinical Sciences	65	23	32	37	41
Special Problems or Issues in Anesthesiology	13	7	8	9	10

Confidential Peer Review

THE AMERICAN BOARD OF ANESTHESIOLOGY

2018 In-Training Examination

Personal Performance Report

Name: Corbett, Shannon LaRene **Training Program:** 150013 **ID Number:** [redacted]

Your performance on the In-Training Examination (ITE) is reported as a scaled score. There are 98 Basic items and 97 Advanced items in this examination. Also reported are your percent correct scores based on these Basic items and Advanced items respectively. For more information about your In-Training Examination score and your Percent Correct Scores for Basic Items and Advanced Items, and to compare your performance with other residents, refer to the "Guidelines for Interpreting Your Personal Performance Report".

Your Scaled Score is: 23

Your Percent Correct Score for Basic Items is: 59

Your Percent Correct Score for Advanced Items is: 56

To help you evaluate your performance in various content areas measured by the ITE, the number of questions answered correctly for each content area is listed below. For your reference, also listed below for each content area is the number of correct answers that represents the 50th percentile, the 75th percentile, and the 90th percentile respectively for all examinees at the same training level as you, i.e., NEW, CB, CA1, CA2 or CA3. You can use this information to assess how your performance compares to all other examinees at the same training level as you.

Category	# of Questions	# Answered Correctly	50%-ile	75%-ile	90%-ile
Basic Sciences	28	17	20	22	23
Clinical Sciences	44	22	31	33	36
Organ-based Basic & Clinical Sciences	66	41	47	51	54
Clinical Subspecialties	42	21	29	32	34
Special Problems or Issues in Anesthesiology	15	11	12	13	14

Confidential Peer Review

THE AMERICAN BOARD OF ANESTHESIOLOGY
2019 In-Training Examination

Personal Performance Report

Name: Corbett, Shannon LaRene **Training Program:** 150013 **ID Number:** [redacted]

Your performance on the In-Training Examination (ITE) is reported as a scaled score. There are 97 Basic items and 98 Advanced items in this examination. Also reported are your percent correct scores based on these Basic items and Advanced items respectively. For more information about your In-Training Examination score and your Percent Correct Scores for Basic items and Advanced items, and to compare your performance with other residents, refer to the "Guidelines for Interpreting Your Personal Performance Report".

Your Scaled Score is: 25

Your Percent Correct Score for Basic Items is: 63

Your Percent Correct Score for Advanced Items is: 54

3 of 10

To help you evaluate your performance in various content areas measured by the ITE, the number of questions answered correctly for each content area is listed below. For your reference, also listed below for each content area is the number of correct answers that represents the 50th percentile, the 75th percentile, and the 90th percentile respectively for all examinees at the same training level as you, i.e., NEW, CB, CA1, CA2 or CA3. You can use this information to assess how your performance compares to all other examinees at the same training level as you.

Category	# of Questions	# Answered Correctly	50%-ile	75%-ile	90%-ile
Basic Sciences	28	16	22	24	25
Clinical Sciences	42	27	32	35	36
Organ-based Basic & Clinical Sciences	67	37	52	55	58
Clinical Subspecialties	44	24	32	35	37
Special Problems or Issues in Anesthesiology	14	10	11	12	13

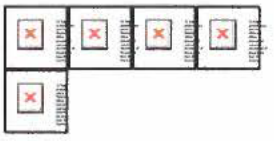
Confidential Peer Review

Shannon Corbett

Wasnick, John

From: Varma, Surendra
Sent: Tuesday, August 21, 2018 8:25 PM
To: Wasnick, John
Cc: Bates, Jedward; Santos, Alan
Subject: Re: Confidential - Corbett

I concur with you.
SKV



Surendra Varma, MD, DSc(Hon), FAAP, FACE
Grover E Murray Professor,
Executive Associate Dean for GME & Resident Affairs,
Ted Hartman Endowed Chair in Medical Education
University Distinguished Professor & Vice Chair, Pediatrics
TTUHSC School of Medicine
806-743-3012

On Aug 21, 2018, at 8:23 PM, Wasnick, John <John.Wasnick@ttuhsc.edu> wrote:

> I will not allow her patient care responsibility without clearance from eap. If eap thinks she has everything settled that is ok by me but without clearance from a professional in such matters I cannot allow her clinical duties
>
> Sent from my iPhone
>
> On Aug 21, 2018, at 8:16 PM, Bates, Jedward <Jedward.Bates@ttuhsc.edu> wrote:
>
> > Shannon called my cell around 5:50, which I disregarded as I was sitting down with the kids. When I didn't answer, she texted and requested that I call her back urgently. I call her back shortly after six and we spoke for roughly an hour. Due to her own expressed concern and statements from Dr. English, I discussed the circumstances leading to my own request to meet earlier today, as well as the request by the program. Below are a few notes from the discussion.
> >
> > **Facebook posts:** First, she stated the posts occurred on Saturday evening. I had assumed they occurred yesterday evening since they were provided today. She stated that they expressed her feelings at the time, but her work Sunday and Monday should demonstrate her ability to function in the clinical setting. She discussed that a number of events led to her expressing her negative perspective at the time. Some aspects included the recent contact from her previous boyfriend that she previously had a restraining order under. This has forced her to work to reestablish the restraining order. Additionally, following the events with the previous boyfriend, her current boyfriend displayed behavior and

conduct that was reminiscent to her previous experiences. This precipitated the "fucking over" and "worth a damn" comments in the facebook posts.

Not meeting today: She stated that when I reached out for her to come to discuss "the transition to PG 2 and preparation for Part I", she was unable because she had been able to schedule a [redacted] due to being post-call. [redacted] Had she known my request was in regard to the Facebook posts, she stated that she would have come to meet today. She had no intention of not meeting but felt Thursday and Friday would be more appropriate based on her clinical schedule.

She expressed concerns with what was being told to faculty or other residents, and felt she perceived this as disciplinary. She desired to be able to perform her clinical duties tomorrow first, then come to visit with me further in the afternoon. I stated that the effort to connect with her was solely to assess and ensure her wellbeing. I stated also that I would provide her request to Santos and Wasnick, but that our concerns were valid based on her difficulties managing stressors in the past.

I will provide my notes to EAP, but let me know what time you intend to meet tomorrow morning.

JB

[redacted]

APPENDIX 3

IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF TEXAS
LUBBOCK DIVISION

SHANNON CORBETT, *Plaintiff,*	§ § §	
vs.	§	Civil Action No.: 5:21-cv-00281-H
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, *Defendant.*	§ § §	

DECLARATION OF ALAN SANTOS, M.D.

STATE OF LOUISIANA §
§
PARISH OF ORLEANS §

I, Alan Santos, M.D. declare the following:

1. My name is Alan Santos and I am of sound mind, over the age of eighteen years, have never been convicted of a felony or crime involving moral turpitude, am capable of making this Declaration, have personal knowledge of the matters contained in this Declaration and they are true and correct.
2. I am the former Program Director for Texas Tech University Health Sciences Center's (TTUHSC) Anesthesiology Residency Program (ARP). I served in this role beginning in November 2016 until my retirement in 2021.
3. As the Program Director for TTUHSC's ARP, my duties and responsibilities included, but were not limited to, designing, and conducting the Anesthesiology Residency Program in a fashion consistent with the needs of the community, the mission of TTUHSC, and the mission of the program; I had authority and accountability for the operation of the program and responsibilities that encompass every aspect of postgraduate medical training, including assessing and documenting the competency of each resident and ensuring patient safety.
4. Dr. Shannon Corbett began a four-year residency training program at TTUHSC in the Department of Anesthesiology in 2016.
5. As the Program Director, I had the authority and accountability to assess and document the competency of Dr. Corbett as well as every other resident in the ARP.
6. During my tenure as the Program Director of TTUHSC's ARP I became aware of several concerning situations involving Dr. Corbett's competency as an anesthesiology resident. For example, in February of 2018, I was notified of a situation where Dr. Corbett had failed to

take/check a patient's blood pressure timely and the patient had to be woken up and monitored. In another case, Dr. Corbett had not switched on an inhalation agent for anesthesia. These errors displayed Dr. Corbett's poor patient care and poor medical decisions and indicated that she was not functioning as a competent resident with seven to eight months of experience.

7. Later, in December of 2018, I received an evaluation from a physician at Dallas Children's Hospital, managed by the University of Texas at Southwestern anesthesiology program, who had overseen Dr. Corbett during a rotation at their medical care facility and expressed serious concerns about Dr. Corbett's performance, including whether she understood basic concepts of anesthesiology.
8. Notwithstanding the concerning situations involving patients, I continued to support Dr. Corbett in her residency, particularly with extra assistance as she attempted to pass the ABA Basic exam.
9. All residents must pass several exams to become Board Certified, including the ABA Basic Exam which is a computer-based multiple-choice test used to assess a resident's mastery of topics.
10. Residents who have completed eighteen months of training are eligible to take the ABA Basic Exam, which is typically offered in June and November each year.
11. According to the ABA, a resident who fails the Basic Exam for the first time can retake the exam at the next opportunity, however a resident who fails the ABA Basic Exam for the second time is automatically marked as "unsatisfactory" for the reporting period by the ABA.
12. The TTUHSC residency program has no authority to change the "unsatisfactory" marking.
13. A resident cannot graduate from the residency training program without passing the ABA Basic Exam.
14. Successful passage of the ABA Basic Exam is a requirement for advancement in the anesthesiology education continuum as failure reflects a deficit in essential medical knowledge required for an anesthesiologist.
15. Prior to Dr. Corbett's four unsuccessful attempts to pass the ABA Basic Exam, she was allowed to take voluntary leave to have additional time to dedicate to studying. Despite having additional time to study and the opportunity to take the exam four times, Dr. Corbett never passed the ABA Basic Exam. True and correct copies of the ABA Basic Exam score reports are attached as **Exhibit A**.
16. After failing the exam on her first two attempts, Dr. Corbett was informed that if she did not pass the exam on her third attempt, she would be recommended for dismissal from the residency program. On February 1, 2019, Dr. Corbett signed an Amendment to the 2018-2019 GME Program Agreement acknowledging her understanding of the consequences of failing the ABA Basic Exam a third time. A true and correct copy of the signed amendment to Dr. Corbett's 2018-2019 GME Program Agreement is attached as **Exhibit B.**
17. In March of 2019, I offered to help Dr. Corbett study for the upcoming July 2019 exam and although she accepted my offer she failed to schedule a time to meet with me..
18. Dr. Corbett took and failed the ABA Basic Exam in June 2019. *See* Exhibit A at D-001744.
19. Despite the amended GME Agreement which stated that Dr. Corbett would be dismissed from the residency program if she failed the ABA Basic Exam a third time, myself, Dr. John Wasnick, Chair of the Anesthesiology Department, and the Clinical Competence Committee advocated for Dr. Corbett and decided to allow her to continue in the residency program and prepare to take the ABA Basic Exam for the fourth time.
20. I created, funded, and placed Dr. Corbett in a paid 6-month research position without any

clinical duties or on-call hours. We also provided Dr. Corbett with a mentor to help her with a study plan to increase her chance for success on this fourth attempt to pass the exam.

21. The terms and expectations for Dr. Corbett's new position and continuation in the residency program are set forth in detail in the signed July 24, 2019 Confidential Peer Review of which a true and correct copy is attached as **Exhibit C.**
22. Once again, Dr. Corbett's GME Program Agreement was amended to reflect her new status in the residency program and the consequences if she failed the ABA Basic Exam a fourth time. A true and correct copy of the signed amendment to Dr. Corbett's 2019-2020 GME Program Agreement is attached as **Exhibit D.**
23. Despite the extension on her GME Program Agreement, the additional mentoring, and the additional paid time she received to devote to studying for the ABA Basic Exam, TTUHSC was notified that Dr. Corbett had again failed the exam.
24. Based on that information and the terms and conditions of Dr. Corbett's Amended GME Program Agreement, Dr. Wasnick and I recommended that Dr. Corbett be dismissed from TTUHSC's Anesthesiology Residency Program.
25. On December 10, 2019, Dr. Corbett received notice of the recommendation for dismissal from the TTUHSC ARP for deficiency in medical knowledge based on her repeated failure to pass the ABA Basic Exam. A true and correct copy of the Confidential Peer Review containing the Notice of Recommendation for Dismissal is attached as **Exhibit E.**
26. Dr. Corbett was thereafter dismissed from the TTUHSC Anesthesiology Residency Program because passing the ABA Basic Exam is a requirement for advancement in the residency program and Dr. Corbett was unable to pass the exam. A true and correct copy of the May 11, 2020 Dismissal Letter attached as **Exhibit F.**
27. I am aware of Shannon Corbett's assertion that she was dismissed from TTUHSC's Anesthesiology Residency Program ("ARP") because of her gender.
28. Any allegation that Dr. Corbett was dismissed from TTUHSC's ARP because of her gender or in retaliation for her internal administrative complaint is unsupported by the facts.
29. TTUHSC's decision to dismiss Dr. Corbett from the residency program was made in good faith and based solely on her failure to meet the ABA's qualification requirements to continue in the Residency Program, consistent with TTUHSC procedure. All residents, regardless of gender, are required to pass before they can be promoted or graduate from residency training.
30. Specifically, Dr. Corbett was dismissed from TTUHSC's Anesthesiology Residency Program because of her deficiency in medical knowledge demonstrated by her repeated failure to pass the American Board of Anesthesiologists Basic Exam despite being given four opportunities to do so.

I declare under penalty of perjury that the foregoing is true and correct.

Signed on the 7 day of November, 2022.



Alan Santos, M.D.

THE AMERICAN BOARD OF ANESTHESIOLOGY

2018 June BASIC Examination

SCORE REPORT OF CANDIDATES NOT MEETING PASSING STANDARD

Program: 150013

Below are your residents who failed to meet the passing standard established by the Board. The passing standard is a scaled score of 185.

ID NUMBER	EXAMINEE NAME	SCALE SCORE	PERCENTILE RANK
[redacted]	Corbett, Shannon LaRene	66	1%

COUNT = 1

THE AMERICAN BOARD OF ANESTHESIOLOGY

2018 November BASIC Examination

SCORE REPORT OF CANDIDATES NOT MEETING PASSING STANDARD

Program: 150013

Below are your residents who failed to meet the passing standard established by the Board. The passing standard is a scaled score of 185.

ID NUMBER	EXAMINEE NAME	SCALED SCORE	PERCENTILE RANK
[redacted]	Corbett, Shannon LaRene	119	1%

COUNT = 1

THE AMERICAN BOARD OF ANESTHESIOLOGY

2019 June BASIC Examination

SCORE REPORT OF CANDIDATES NOT MEETING PASSING STANDARD

Program: 150013

Below are your residents who failed to meet the passing standard established by the Board. The passing standard is a scaled score of 185.

ID NUMBER	EXAMINEE NAME	SCALE SCORE	PERCENTILE RANK
[redacted]	Corbett, Shannon LaRene	160	3%

COUNT = 1

THE AMERICAN BOARD OF ANESTHESIOLOGY

2019 November BASIC Examination

SCORE REPORT OF CANDIDATES NOT MEETING PASSING STANDARD

Program: 150013

Below are your residents who failed to meet the passing standard established by the Board. The passing standard is a scaled score of 185.

ID NUMBER	EXAMINEE NAME	SCALED SCORE	PERCENTILE RANK
[redacted]	Corbett, Shannon LaRene	155	2%

COUNT = 1

Graduate Medical Education Program Agreement

Amendment

This document constitutes an amendment to the 2018-2019 Graduate Medical Education Program Agreement between **Shannon Corbett, M.D.** and **Texas Tech University Health Sciences Center** (TTUHSC). By signing below, you agree that you will comply at all times with the following conditions and requirements, as may be amended by the Office of GME and/or Program Director of Anesthesiology Residency. *(The numbering of the conditions and requirements in no way represents an order of importance in the content.)*

Requirements:

(1) Your residency training position with TTUHSC is contingent on your maintaining: a physician-in-training permit from the Texas Medical Board; compliance with ACGME common and Anesthesiology specific requirements; Anesthesiology Residency expectations; and applicable hospital and medical staff privileges.

(2) You understand that you must be able to perform the essential functions of your job with or without a reasonable accommodation.

(3) You understand and acknowledge that the American Board of Anesthesiology (ABA) requires passage of the ABA Basic Exam, the first of three staged exams for ABA Board Certification, prior to promotion to the CA-3 (PGY 4) year. To date, you have failed two attempts of the ABA Basic Exam and received an "Unsatisfactory" report to ABA for the July-December 2018 reporting period.

(4) You understand and acknowledge that a third failed attempt on the ABA Basic Exam will demonstrate a significant deficiency in medical knowledge and will result in a recommendation for dismissal from the program. Should the results of the June 2019 ABA Basic Exam not be received by the current expiration date of your 2018-2019 Graduate Medical Education Program Agreement, you will be extended at your current CA-2 (PGY 3) level until receipt.

(5) You understand and acknowledge that successful passage of the ABA Basic Exam does not guarantee promotion to CA-3 (PGY 4) level. Status in the program is determined by the Clinical Competency Committee through assessment across all areas of competency, and may result in recommendation of extension of training.

(6) Should you fail to comply with the conditions and requirements outlined herein, you will be removed from patient care immediately. In addition, non-compliance will require that all appropriate entities, including the Texas Medical Board, be notified.

Shannon Corbett — 2-1-19

Shannon Corbett, MD — **DATE**
PGY III, Anesthesiology Resident

[signature] — 1/25/19

Alan Santos, MD — **DATE**
Program Director, Anesthesiology Residency

EXHIBIT C

CONFIDENTIAL PEER REVIEW

July 24, 2019

Shannon Corbett, MD
Department of Anesthesiology, PGY2
TTUHSC School of Medicine
Hand Delivered

Re: Notice of Change of Status and Amendment

Dr. Corbett:

The Clinical Competence Committee of the Anesthesiology Residency Program of Texas Tech University Health Sciences Center (TTUHSC) has discussed your request to continue in the residency program despite a third failed attempt on the ABA Basic Exam and the 2018-2019 GME Agreement Amendment that dictates recommendation for dismissal should occur for a third failed attempt of the exam.

The faculty have recognized that throughout your training in the program, you have struggled to overcome personal conflicts impacting your focus on residency activities and passage of standardized exams, including both USMLE Step III and the ABA Basic Exam. The program has afforded numerous opportunities to improve your study habits, including time away from the program and individual review with faculty, but have yet to observe significant improvement in your demonstration of medical knowledge, which is essential to the practice of Anesthesiology. Despite this, the faculty truly want you to succeed and believe you may be able to pass the ABA Basic Exam if you utilize TTUHSC SOM's resources to improve your study habits and test taking skills.

It is the recommendation of the Anesthesiology residency that you be placed under a resident research status, still considered a resident for ACGME/ABA reporting and under the direction of the program, for the period of time leading to the next offering of the ABA Basic Exam in November 2019. Under ABA policies, you will not receive any credit for this research experience, but must have a specific, permanent scholarly "work product" created for completion during the period of the research status, or continued upon return to clinical training. Effective immediately, all clinical privileges will be withheld until receipt of results from the November 2019 ABA Basic Exam. During this period, you will be expected to report to TTUHSC daily, attend all non-clinical residency activities, such as didactics, journal club, and simulation activities, and meet with an assigned faculty mentor weekly to review progress on your scholarly project. Under this status, you will have significant time to study for the ABA Basic Exam.

In addition to the change in status, you will be provided access to TTUHSC SOM resources for your improvement of study habits and test taking. It is also strongly recommended that you

also consider working with the Counseling Center at TTUHSC, or an external counselor, to address any personal issues or stressors that may be impacting your preparation for the exam.

Should you pass the November 2019 ABA Basic Exam, you will be allowed to reenter clinical training with a recommendation of 18 months extension to your CA-2 (PG 3) level. Failure to pass the ABA Basic Exam on this fourth attempt will result in immediate removal from the residency and recommendation for dismissal in accordance with TTUHSC House Staff Policies and Procedures. Subsequent reporting of the dismissal will be required to ACGME, ABA and TMB, as required by their policies.

A new 2019-2020 GME Agreement will be provided, along with an amendment dictating the terms described above, by the GME Office. The term of the agreement will be for the remaining time in this six month ABA reporting period.

A copy of this letter will be placed in your official personnel file. You are requested to sign at the end, to signify that you have received a copy of this letter.

Alan Santos MD, Program Director — Date: 7/24/2019

John Wasnick, MD, Department Chair — Date: 7/24/2019

Receipt of Letter

I acknowledge receipt of this letter. I understand that a copy of this letter will be placed in my official personnel file. I also understand that I have the right to prepare a written response that will be attached to the letter in my file.

Shannon Corbett, MD — Date: 7-26-19

EXHIBIT D

Graduate Medical Education Program Agreement

Amendment

This document constitutes an amendment to the 2019-2020 Graduate Medical Education Program Agreement between **Shannon Corbett, M.D.** and **Texas Tech University Health Sciences Center** (TTUHSC). By signing below, you agree that you will comply at all times with the following conditions and requirements, as may be amended by the Office of GME and/or Program Director of Anesthesiology Residency. *(The numbering of the conditions and requirements in no way represents an order of importance in the content.)*

Requirements:

(1) Your residency training position with TTUHSC is contingent on your maintaining: a physician-in-training permit from the Texas Medical Board; compliance with ACGME common and Anesthesiology specific requirements; Anesthesiology Residency expectations; and applicable hospital and medical staff privileges.

(2) You understand that you must be able to perform the essential functions of your job with or without a reasonable accommodation.

(3) You understand and acknowledge that the American Board of Anesthesiology (ABA) requires passage of the ABA Basic Exam, the first of three staged exams for ABA Board Certification, prior to promotion to the CA-3 (PGY 4) year. To date, you have failed three attempts of the ABA Basic Exam and received an "Unsatisfactory" report to ABA for two consecutive six-month reporting periods.

(4) You understand and acknowledge that the TTUHSC Anesthesia Faculty have afforded a fourth and final attempt to pass the ABA basic Exam. During the period leading up to the test date in November 2019, you will serve as a resident performing research, with an assigned faculty mentor, as well as attend all non-clinical residency activities, but all clinical privileges are withheld. No credit will be awarded for this six month ABA reporting period.

(5) You understand and acknowledge that a fourth failed attempt on the ABA Basic Exam will demonstrate a significant deficiency in medical knowledge and will result in an immediate recommendation for dismissal from the program.

(6) **You understand and acknowledge that successful passage of the ABA Basic Exam does not guarantee promotion to CA-3 (PGY 4) level. Status in the program is determined by the Clinical Competency Committee through assessment across all areas of competency.** In alignment with the 2019 ABA Policy Book, a passing result on the November 2019 ABA Basic Exam will allow reentry into the clinical training program, but require an extension of the CA-2 (PGY 3) level of at least 18 months.

(7) Should you fail to comply with the conditions and requirements outlined herein, you will be removed from patient care immediately. In addition, non-compliance will require that all appropriate entities, including the Texas Medical Board, be notified.

Signature page to follow

Confidential Peer Review

Resident initial here for each page stating you have read and understand

By signing below, you agree that you will comply at all times with the following conditions and requirements, as may be amended by the Office of GME and/or Program Director of Anesthesiology Residency.

Shannon Corbett 7-26-19

Shannon Corbett, MD **DATE**
PGY III, Anesthesiology Resident

7/26/19

Alan Santos, MD **DATE**
Program Director, Anesthesiology Residency

EXHIBIT E

CONFIDENTIAL PEER REVIEW

December 10, 2019

Shannon Corbett, MD
Department of Anesthesiology, PGY2
TTUHSC School of Medicine
Hand Delivered

Re: Notice of Recommendation for Dismissal

Dr. Corbett:

The TTUHSC Anesthesia Residency Program was provided the results of the American Board of Anesthesiology (ABA) November Basic Examination on Friday, December 6, 2019. The results provided documented that you failed to meet the passing standard established by the Board. In accordance with the signed 2019-2020 Graduate Medical Education Program Agreement Amendment and Notice of Change of Status and Amendment letter dated July 24, 2019, this letter serves as notice that the program faculty is recommending you be dismissed as a resident for deficiency in medical knowledge.

Effective immediately, you are removed from all residency duties, including work pertaining to the resident research status assignment, pending a final decision by Steven Berk, MD, Dean. Should Dr. Berk accept the recommendation, the program would be required to report the final action to ACGME, ABA and Texas Medical Board, as required by their policies.

You may appeal the recommendation for dismissal within five (5) business days of receipt of this letter by submitting in writing a notice of appeal to Surendra Varma, MD, Executive Associate Dean for GME and Resident Affairs and Chair of the Lubbock Campus GMEC (see HSP&Ps 07.07.05).

Please contact the residency coordinator, Lisa Sechrist, by phone in advance of entering any of the Department of Anesthesiology offices. Should you have any questions regarding this action or your rights and responsibilities, please direct those questions to J.Edward Bates, DIO.

Sincerely,

Alan Santos MD, Program Director — **Date** 12/16/19

John Wasnick MD, Chairman — **Date** 12/16/19

xc Steve Berk, MD, Executive Vice President, Dean TTUHSC SOM
Surendra Varma, MD, Executive Associate Dean for GME and Resident Affairs
J.Edward Bates, Managing Director for GME and DIO

Acknowledgement of Delivery
This letter was hand-delivered to Shannon Corbett, MD, on the date as indicated.

Shannon Corbett, MD

12-10-19
Date

Enclosures: 2019-2020 Graduate Medical Education Program Agreement Amendment
Notice of Change of Status and Amendment
Disciplinary Action Form

EXHIBIT F

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Medicine
Steven L. Berk, MD
Dean, School of Medicine

May 11, 2020

Shannon Corbett, MD
PGY 3, Anesthesiology Resident
[redacted]
Lubbock, TX 79414

Sent via Regular and Certified Mail
Return Receipt Requested
and Email Attachment at
shannon.corbett@ttuhsc.edu

RE: Recommendation for Dismissal, Anesthesiology Residency Program

Dear Dr. Corbett-

The Program Director of the Anesthesiology residency program has recommended that you be dismissed from the Texas Tech University Health Sciences Center (TTUHSC) School of Medicine residency training program.

After reviewing all documentation, I believe that you have been afforded due process as called for under the TTUHSC School of Medicine House Staff Policies and Procedures. It is my determination that the recommendation for dismissal be upheld, which takes effect today, May 11, 2020.

Please contact the GME Office to return all property belonging to TTUHSC including, but not limited to, pager, badges, keys, any electronic devices, etc.

Sincerely,

Steven L. Berk, MD
Executive Vice President
Dean

cc: Alan Santos, MD, Anesthesiology Residency Program Director
Surendra Varma, MD, Executive Associate Dean for GME and Resident Affairs
J.Edward Bates, TTUHSC GME DIO

APPENDIX 4

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS LUBBOCK DIVISION

SHANNON CORBETT, *Plaintiff,*	§	
vs.	§	**Civil Action No.: 5:21-cv-00281-H**
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, *Defendant.*	§	

DECLARATION OF DAWN PAYNE

STATE OF TEXAS §
§
COUNTY OF LUBBOCK §

I, Dawn Payne, declare the following:

1. My name is Dawn Payne and I am of sound mind, over the age of eighteen years, have never been convicted of a felony or crime involving moral turpitude, am capable of making this Declaration, have personal knowledge of the matters contained in this Declaration and they are true and correct.
2. I am currently the Assistant Vice Chancellor and Director of the Office of Equal Opportunity for Texas Tech University System (TTUS). I have served in this role since July 2021 and have worked in the Office of Equal Opportunity since April of 2011.
3. My duties and responsibilities include investigating complaints of discrimination and harassment, monitoring compliance with equal opportunity laws and regulations, and maintaining the institutions' Affirmative Action Program.
4. I conducted the investigation of Dr. Shannon Corbett's gender discrimination complaint received by the Texas Tech University System Office of Equal Opportunity ("EO") on January 23, 2020. In her complaint, Dr. Shannon Corbett alleged that Dr. Alan Santos, Program Director, treated her worse than her male colleagues because she is female. She alleged that he harassed her and created a hostile work environment in an attempt to get her out of the residency program.
5. At the conclusion of my investigation, I authored a Confidential Memorandum which includes a detailed report of the investigation and my findings and conclusions. A true and correct copy of the Confidential Memorandum is attached as **Exhibit A**.
6. I interviewed twenty-five people, including Dr. Corbett and Dr. Santos. I spoke with thirteen

females: all six female faculty members in the Department of Anesthesiology, four female residents/former residents, and three other females including a faculty member, hospital administrator, and residency program coordinator. I reviewed the Anesthesiology Residency Program requirements, documents contained in Dr. Corbett's residency program record, notes taken during meetings with the Office of Graduate Medical Education and the residency program coordinator, and other information and documents obtained during the course of the investigation, including Dr. Corbett's journal notes. *See* Exhibit A.

7. After evaluating the information gathered during the investigation, I found no evidence to support Dr. Corbett's allegations of discrimination or harassment based on gender or her claims that Dr. Santos' conduct was sufficiently severe or pervasive that it created an intimidating, hostile, and offensive working and educational environment based on her sex. *See* Exhibit A at pp. 26-29.
8. I did not find that Dr. Corbett was given notice of dismissal from the residency program based on any discriminatory reason but solely based on her inability to pass a required board exam even though she was given multiple opportunities. *Id.*
9. I found that Dr. Santos treated Dr. Corbett more favorably than her colleagues in the residency program by extending her employment and training and allowing her to take the American Board of Anesthesiology ("ABA") Basic Exam a third and fourth time. *Id.*
10. I found that Dr. Santos tried to put Dr. Corbett in the best position to succeed and created and funded a research position, so that Dr. Corbett could have ample time to study without having to fulfill clinical duties. *Id.*
11. I found that several individuals in the department who are part of the recruiting process agreed that Dr. Santos has consistently tried to recruit more women to the residency program. *Id.*
12. I am aware of Dr. Corbett's assertion that she was dismissed from TTUHSC's Anesthesiology Residency Program ("ARP") because of her gender.
13. Any allegation that Dr. Corbett was dismissed from TTUHSC's ARP because of her gender is not supported by the facts. *See* Exhibit A.
14. TTUHSC's decision to dismiss Dr. Corbett was made in good faith and based solely on her failure to meet the qualification requirements to continue in the Residency Program, consistent with TTUHSC procedure. Specifically, Dr. Corbett was dismissed from TTUHSC's Anesthesiology Residency Program because of her repeated failure to pass the American Board of Anesthesiologists Basic Exam despite being given multiple opportunities to do so. *See* Exhibit A at p. 26.

My name is Dawn Payne, and I am an employee of the Texas Tech University System. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing is true and correct.

Signed on November 7, 2022.

Dawn Payne

Dawn Payne

EXHIBIT A

TEXAS TECH UNIVERSITY SYSTEM

Office of Equal Opportunity

C O N F I D E N T I A L
MEMORANDUM

DATE: April 15, 2020

TO: Dr. Steven Berk, Dean, School of Medicine
Dr. John Wasnick, Chair, Department of Anesthesiology

FROM: Dawn R. Payne, Managing Director – Office of Equal Opportunity

SUBJECT: Complaint of Gender Discrimination

Background

Shannon Corbett, M.D. began the four-year residency training program at TTUHSC in the Department of Anesthesiology in 2016. The residency program includes broad-based clinical training during the first year where residents develop basic anesthesia skills followed by three clinical anesthesia (CA) or post graduate years (PGY) during which residents receive training through various subspecialty rotations.

Throughout the education program, residents must meet certain performance requirements and clinical competency standards as set forth in the curriculum and pursuant to accreditation standards under the Accreditation Council on Graduate Medical Education (ACGME). More specifically, residents must develop and master competencies in the six key areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Additionally, residents must pass medical licensure exams including all three steps of the United States Medical Licensing Exam (USMLE) and the American Board of Anesthesiology (ABA) Basic Exam within certain deadlines and prior to advancing to the next post graduate year (PGY) of the program. The Office of Graduate Medical Education (GME) is responsible for overseeing the various residency and fellowship programs at TTUHSC by providing guidance for and supervision of the residents during their program and ensuring that they meet program requirements.

Because Dr. Corbett failed the ABA Basic Exam after multiple attempts, she was given notice on December 10, 2019 that she was being dismissed as a resident from the program for deficiency in medical knowledge. Subsequently, Dr. Corbett filed an appeal of the recommendation of her dismissal on December 17, 2019 claiming that she had been discriminated against based on her gender during her residency program. Dr. Corbett was advised to and did file a complaint with the TTUS Office of Equal Opportunity which is the office which investigates complaints of gender discrimination involving TTUHSC employees, and as a result, the appeals process related to her dismissal from the program has been put on hold pending the completion of this investigation.

Complaint

The complaint form completed by Dr. Corbett (dated January 10, 2020) was received by the Office of Equal Opportunity (EO) on January 23, 2020. Dr. Corbett complained that Dr. Alan Santos, Program Director, treated her worse than her male colleagues because she is female. She alleged that he harassed her and created a hostile work environment in an attempt to get her (a woman) out of the program, She claimed on numerous occasions he stated that he wanted women out of the program, that he never addressed her as "doctor" but instead called her "missy," that he cursed at her, threatened to kill her, and was hostile toward her. She further claimed that Dr. Santos' verbal conduct created an intimidating, hostile, and offensive working and educational environment.

Investigation

The investigation of this matter was conducted by the Office of Equal Opportunity (Dawn Payne), hereinafter referred to as Investigator. Twenty-five people were interviewed in connection with this investigation, including both Dr. Corbett, Dr. Santos, and numerous witnesses. Investigator interviewed all of the individuals listed as witnesses by both Dr. Corbett and Dr. Santos. Investigator spoke with thirteen females: all six female faculty members in the Department of Anesthesiology, four female residents who are currently or were previously part of the residency program, and three other females including a faculty member, hospital administrator, and residency program coordinator. Further, we reviewed the Anesthesiology Residency Program requirements, documents contained in Dr. Corbett's residency program record, notes taken during meetings with the Office of GME and the residency program coordinator, and other information and documents obtained during the course of the investigation. Dr. Corbett also provided notes she had taken in a journal during the previous years of her residency as well as lab results from independent testing she had performed on her own accord on various occasions.

Interview of Dr. Shannon Corbett

Dr. Corbett was interviewed by Investigator on January 30, 2020. She said she was notified by Dr. Santos on December 10, 2019 that her contract was being terminated because she had failed the Basic Exam. At that time, he told her she was not smart enough for anesthesiology and needed to pick another specialty. Dr. Corbett has filed an appeal of her termination from the program but said the appeals process is on hold pending this investigation. She told Investigator that the ABA Basic Exam is taken between the second and third year of residency. She took the

exam the first time in November 2018 but failed the exam. She retook the exam in November 2019 and failed the exam again. Dr. Corbett told Investigator she was unaware of any limit to the number of times she could take the exam and said usually remediation is offered through the residency program in which you wait six-months and retake the exam.

Investigator asked Dr. Corbett about her allegations of gender discrimination. She said Dr. Santos spoke to the other residents using their names preceded by doctor. However, he only called her Dr. Corbett one or two times but instead referred to her as "missy," would often snap his fingers to get her attention, and would scowl at her. When asked if anyone else observed this behavior or heard Dr. Santos use the phrase missy, she said others might have been around, but she was not sure if anyone heard it. She suggested one resident (Resident 2 below) who might have heard this, and another resident (Resident 1 below) who might have experienced similar poor treatment from Dr. Santos based on gender.

Dr. Corbett also claimed that Dr. Santos said she was a "problem child," called her "stupid," and told her she was "too dumb to pass the boards." She further stated that Dr. Santos said to her that "women don't belong in medicine." The Investigator asked Dr. Corbett where these comments were made and in what context. She said the comments were made over the course of her residency and occurred in various places such as the anesthesia conference room, in the operating room (OR), in the hallway. A lot of times he would single her out during Friday lecture series. According to Dr. Corbett, it was during the lecture series that he told her she was too stupid to pass the boards and that she would make his pass rate numbers look bad. She never heard him tell the male residents they were stupid.

However, Dr. Corbett alleged that she heard him sexually harass other males. She claimed she overheard Dr. Santos tell a male resident (Resident 8 below) that he needed to wear tighter pants because he had a big package and wanted to see it. Further, Dr. Corbett said she heard him tell another male resident (Resident 9 below) that he had a really nice ass and he that wanted to see it in Wranglers, so he could slap it. She said she told both residents to report the comments, but neither wanted to complain about Dr. Santos.

Dr. Corbett observed Dr. Santos mistreat another female resident (Resident 1 below) a few times during Friday lecture series. This former resident also told Dr. Corbett that she was treated poorly by Dr. Santos. The only other female currently in the residency program is a first-year intern. Dr. Corbett has talked to this intern about Dr. Santos. She told her to watch her back and that she hoped she was treated better than Dr. Corbett had been treated.

On one occasion approximately one to two years ago, she was sitting in Friday lecture when Dr. Santos asked her a question. She said she did not answer the question to his satisfaction, and he responded, "What the fuck. Have you ever read the fucking book? Now I'm going to have to kill you." When asked if she was afraid that he would kill her, she responded that while she was not fearful he would kill her, the comment made her feel bad and was not an isolated incident after years of harassment by him. Dr. Corbett denied ever hearing such a phrase as a line in movies. She did not take the comment to be an inappropriate joke.

During her second year in the residency program (approximately 2017), Dr. Corbett was performing her first arterial line and was waiting for someone to supervise her. She said

Dr. Santos arrived in the OR and said, "What the fuck. They called me out of my office for you," and then pushed her out of the way and said, "What the fuck. Let me just fucking do it." She claimed he also said she was too stupid and was never going to be a good fucking clinician. According to Dr. Corbett, the nurse in the OR told Dr. Santos he was being abusive, and she was not going to allow that behavior in her OR. Another male nurse asked her if she was okay after this occurred and told her that was the most unprofessional behavior he had ever seen.

Dr. Corbett described another occasion when a neurosurgeon was being a jerk and throwing a fit. She asked the physician if there was anything she could do to help. Shortly after, Dr. Santos came into the OR and screamed at her "well this is becoming a pattern with you." After that, she said Dr. Santos also asked her if she was on drugs or drunk and said he was going to make her take a test but never did. Dr. Corbett told him she was not drunk or on drugs. She told the Investigator she went on her own and took a drug test at an independent lab and then asked him if he wanted to see the test results and apologize to her. Dr. Corbett said his response was that he did not apologize to women.

Additionally, Dr. Corbett claimed that she was accused on multiple occasions of being drunk or on drugs by Dr. Santos, Dr. John Wasnick, and Dr. Robert Johnston. She told the Investigator that she had gone to an independent lab approximately ten times to get tested at her own expense as a result of the accusations against her. She provided Investigator with results from those tests. She was afraid they were going to try to use these accusations as a way of kicking her out of the program. She said she was sent to the Employee Assistance Program (EAP) about two years ago for possible substance abuse issues.

On the first day she met Dr. Santos in approximately November or December of 2016, Dr. Corbett claimed he said to her that he wanted women out of the program and told her she didn't belong there and was not smart enough. She does not know if anyone heard these comments, but she reported the remarks to the Office of GME a couple of days later. The Designated Institutional Official (DIO) in GME told her it was a joke, and he would speak to Dr. Santos about the behavior.

Dr. Corbett said she also complained to Dr. Wasnick sometime in both 2016 and 2017 that Dr. Santos was creating a hostile environment and treating her unfairly based on her gender. According to Dr. Corbett, Dr. Wasnick laughed and said Dr. Santos joked sometimes and that he was from New York and that's how people from New York acted. He told her she was being too sensitive and did not offer any resolution. Dr. Corbett told Investigator that Dr. Wasnick and Dr Santos are good friends and take extended vacations together. After that, she started reporting her concerns to GME.

She went to GME to complain about the way Dr. Santos treated her on several occasions. She was told she was the only one who complained. Dr. Corbett said the chief resident at the time (Resident 2 below) also went to GME to complain about Dr. Santos on her behalf. This was about two years ago after she had shared with Resident 2 how she was being treated, that she wanted to transfer out of the program, and that she was mentally not in a good place. She told Investigator that Resident 2 spoke with GME and told the DIO that Dr. Corbett was being treated unfairly and differently by Dr. Santos because she was a woman.

Dr. Corbett also thought her conversations with GME were confidential. However, she said Dr. Santos would call her into his office and say he heard she had complained about him. As a result, Dr. Corbett alleged that Dr. Santos retaliated against her by assigning her to cases which did not allow her to meet case specific program requirements or by pulling her out of the OR to do administrative work so she did not accrue the required OR hours.

More specifically, Dr. Corbett said she has not been allowed in the OR since July 2019 because Dr. Santos said she was not up to par because she had not passed the Anesthesia Basic Exam in 2018. Dr. Corbett told Investigator that this exam has nothing to do with clinical skills. Further, Dr. Santos made her sign a paper which said she would not go in the OR and would not participate in patient care until after December 2019 at which time her status would be reevaluated. Dr. Corbett told Investigator that when she told Dr. Santos she wanted to talk to a lawyer before signing the paper, he said, "If you want to talk to a mother fucking lawyer, I'm done here. I'll terminate you today," so she signed the paper.

Dr. Corbett said all she wanted was to transfer from the program especially if Dr. Santos did not want her or women in the program. She said it would have been easier for him to have released her and thinks waiting so long to terminate her was calculated on Dr. Santos' part. Now it will be more difficult for her to find another job because she is in her last year of residency and has not been in the OR for more than six months.

Dr. Corbett sent Investigator two follow-up emails regarding her allegations of gender discrimination by Dr. Santos. In an email sent to Investigator on February 12, 2020, she claimed that a nurse at University Medical Center (UMC) sent her a text one night after he had been drinking that said "wanna fuck." Dr. Corbett said when she reported the behavior to Dr. Santos, his exact response was "you [sic] a resident and he is a nurse, he out ranks you and can do whatever he wants. Residents have no power here so I suggest you just leave it alone and continue to go about your business."

Additionally, in an email sent to Investigator on March 18, 2020, Dr. Corbett claimed she was treated differently than other residents because other residents were allowed to study in the OR as long as the patient was stable, but she was never allowed to do this, and on the few occasions when she tried, she was "verbally cussed out and was accused of doing drugs and not paying attention." She said she asked another resident (Resident 10 below) how he was so successful on his exams, and he told her to maximize her time and to study in the OR. According to Dr. Corbett, Resident 10 was a little shocked when she told him she was not allowed to study in the OR.

Interview of Residents

Investigator interviewed ten individuals, including both females and males, who are current or former residents (hereinafter referred to as Resident) in the program. Resident 1 (female) said that Dr. Corbett shared with her that she felt singled out and treated terribly by Dr. Santos. Dr. Corbett was petrified of him and felt his treatment of her was unfair and cruel as he berated her in front of her peers. Investigator asked Resident 1 if Dr. Corbett complained that this behavior was because she was a woman, Resident 1 responded that Dr. Corbett did not specifically say it was based on gender adding that a lot of the residents, including herself, felt

like he had favorites and everyone else was treated like "crap." Resident 1 told Investigator that Dr. Santos was mean, curt, and unfair to her (Resident 1). She cannot say it was gender or if he just did not like her because there were other female residents that he did not treat this way, and other male residents that were also treated badly (she specifically mentioned Resident 5). Resident 1 said everyone talked about how horrible and mean Dr. Santos was and this was noticed by both females and males. It was not just women who were affected by the way he treated people. Resident 1 never heard any gender-based comments from Dr. Santos, and he did not call her missy. Further, when asked about whether Dr. Santos cursed at or around her, Resident 1 told Investigator that "he definitely cursed." She noted that he was not nice to a lot of them and treated more than half of them poorly.

Resident 2 (male) also heard numerous complaints from Dr. Corbett about Dr. Santos although he cannot remember the details other than she thought Dr. Santos was hard on her. Resident 2 said Dr. Santos is "old school" and "pretty hard on everyone." He demands you work hard and demands that you know what you are doing which makes you a better doctor. Resident 2 said Dr. Santos was hard on him, was hard on Dr. Corbett, and was hard on others. He thought Dr. Santos was "pretty fair" but "tough" on Dr. Corbett. He said Dr. Santos was like that to everyone, but she took it more personally. Resident 2 went to GME in his role as chief resident to talk to them about Dr. Corbett because he knew she was unhappy in the program. He told Investigator that he thought Dr. Corbett looked at Dr. Santos as the cause of her unhappiness. When asked if he thought Dr. Santos singled Dr. Corbett out based on her gender, Resident 2 said he did not think so especially because there were two other female residents at the time, both who did very well in the program and who did not complain about him. Resident 2 said he did not see this as gender-related or gender bias but rather noted that Dr. Santos gave Dr. Corbett lots of opportunities to do well on tests and gave her time off to study. He thinks Dr. Santos went "above and beyond" for her. Resident 2 did not recall hearing Dr. Santos call Dr. Corbett missy and said the residents are generally not called doctor but only by their last names.

Resident 3 (female) was one of the females in the program at the same time as Dr. Corbett. Other than a couple of joking comments from male residents who thought she got it easier because she was a female, Resident 3 did not feel like she was treated differently because of her gender. She never saw him act one way toward a female and a different way toward a male. More specifically, Dr. Santos did not treat her differently than her male colleagues. She told Investigator that she never had any issues with Dr. Santos, that he was very supportive, and she could reach out and talk to him about anything. She described Dr. Santos as "very direct," "abrasive," and someone who is difficult to read but said she had a close relationship with him.

Additionally, Resident 3 told Investigator she was friends with Dr. Corbett and that Dr. Corbett had complained to her about Dr. Santos. Dr. Corbett felt Dr. Santos targeted her because he did not think she was smart enough to be in anesthesiology and told Resident 3 that Dr. Santos said she was stupid and an idiot. Resident 3 did not witness any of these comments and did not personally experience this herself. However, there were a couple of times when Dr. Santos had pulled Resident 3 aside and told her she needed to study more and get things together or she would have a tough go of it. Dr. Corbett never mentioned gender or any gender-based comments to Resident 3 – only that she felt Dr. Santos targeted her and picked on her. Resident 3 further remarked that Dr. Corbett had a difficult time during residency some of which stemmed from the fact that she did not try very hard and did not make the residency program her priority. She

thinks Dr. Corbett was looking for someone to blame. When asked if she ever heard Dr. Santos say women did not belong in the program or in medicine, Resident 3 said she had never heard him make such a comment and would be very surprised if he said something like that especially because he is gay and has possibly faced discrimination himself. Resident 3 has heard Dr. Santos use curse words but not directed at any individual. She said Dr. Santos had nicknames for everyone. He called a male resident by the nickname "beefcakes" and had called her missy on occasion though never in front of patients. Resident 3 did not perceive this as negative toward her as a female.

Resident 4 (female) told Investigator she was treated differently based on her gender but in a positive way. Resident 4 was a new mom during residency and said they allowed her time off, extended breaks, and granted everything she requested to accommodate her. She had a close relationship with Dr. Santos and said he was someone she could always talk to. She further told Investigator that they joked around and that he was very playful and jovial around her. Resident 4 said Dr. Santos never made her feel uncomfortable, and she never felt discriminated against based on her gender. In fact, she got to work on a lot of difficult cases because of her strong academic and clinical skills and served as chief resident. Dr. Santos told her she was a strong performer compared to her peers. She was the only female resident in her class. She never heard any gender-based comments from him and when asked specifically whether she ever heard him say women don't belong in medicine, Resident 4 said she had never heard that and would be surprised to hear such a comment from him. Resident 4 said he is not a misogynist but more of a self-deprecating, sarcastic guy adding that he is gay and does not have anything against women. Investigator asked if Dr. Santos had ever called her missy, she said he might have in a teasing way but not in a way that bothered her at all. While Resident 4 did hear him curse, the cursing was not directed at any individual but in the context of conversation.

Investigator spoke with Resident 5 (male) as he was someone specifically mentioned as being treated poorly by Dr. Santos. Resident 5 said he never felt targeted by Dr. Santos or that he was treated unfairly but rather stated that everyone was treated equally. Resident 5 described Dr. Santos as a tough boss, intense, someone with a lot of personality and a lot of responsibility. He added that he could be gruff, obnoxious, and demand a lot. While he did not always get along with Dr. Santos or agree with how he managed the program, Resident 5 told Investigator that Dr. Santos' actions were not malicious, and he always felt like Dr. Santos had his back and was invested in his learning.

Resident 5 went on to talk about Dr. Corbett without Investigator initially disclosing who had made a complaint against Dr. Santos. When asked to confirm who he was referring to, Resident 5 said, "I know you're talking about Shannon Corbett." Resident 5 specifically recalled an experience where he had performed an epidural on his friend who was having a baby. When he later returned to see his friend, she indicated no one had come by to see her post-operatively (post-op). Resident 5 knew Dr. Corbett was supposed to do post-op, so he asked her about it. Dr. Corbett told him she had done so, but when he checked, there were no notes or medical records to confirm this. Resident 5 said he talked to Dr. Corbett directly about this and in a very calm, controlled conversation tried to tell her to be careful and that post-op and documenting notes was part of her job. He told Investigator he was sticking his neck out to protect her from getting in trouble.

However, Dr. Corbett told the other residents that he had screamed at her during this conversation. From that point forward, Resident 5 said he repaired the relationship enough to work with her but interacted with her as little as possible because she had not been truthful about their conversation. Additionally, Resident 5 said Dr. Corbett complained constantly about everybody and always thought someone was being mean to her, so eventually her colleagues stopped listening to her. He noted that she did not take any correction or feedback well. He also remarked about how she would get drunk and post lots of stuff on Facebook such as trash talking, crazy cursing, and just having meltdowns. On one occasion, she posted something about how she should end her life. Sometimes she would go back and delete the posts.

Resident 5 does not think Dr. Corbett was treated unfairly but rather thinks she received special treatment because the department gave her so many chances to pass the Basic Exam including additional opportunities to take the exam beyond what was supposed to be allowable and paid time to sit in a room and study while the other residents picked up the increased workload.

Resident 6 (female) told Investigator that she had no gender-related concerns with the program. She had brief but positive interactions with Dr. Santos. She remarked that there are a lot of female faculty in the department who are really respected and who would not work in a place where they felt discriminated against based on their gender. Resident 6 did not know Dr. Corbett well and had limited interactions with her. However, she recalled one time in passing Dr. Corbett mentioned that Dr. Santos had said something rude about Dr. Corbett. On another occasion, Dr. Corbett said something along the lines of I hope you feel better about this place than I do. Resident 6 perceived this comment to mean that Dr. Corbett was not happy in the program.

Resident 7 (male) said Dr. Santos is one of the fairest people he knows and has made him a better doctor. He never saw any discrimination against Dr. Corbett although she complained constantly to everyone that Dr. Santos had it out for her. One time several years ago she complained to him that Dr. Santos had sent her an email saying she was stupid and a terrible doctor. When Resident 7 asked to see the email, Dr. Corbett could not produce the email. Resident 7 pointed out that every other female resident who has gone through the program did well. He also told Investigator that at one point or another Dr. Corbett thought any number of attendings were out to get her because of something they said or did. Dr. Corbett got upset with a female faculty member because the faculty member found her shopping on her iPad during a case. Dr. Corbett was also unhappy with a male faculty member who was critical of her performance.

Resident 7 said he does not know anyone in the residency program who feels that Dr. Corbett's claims have any merit. He does not believe Dr. Santos treated her differently than the other residents. When asked if Dr. Santos singled her out during Friday lecture, Resident 7 said Dr. Corbett often did not know the answers to the book chapter questions, and when you don't know the answers, it's a problem no matter who you are. He said she was woefully unprepared. Further, he believes Dr. Santos was more than lenient in giving her so many chances to take the board exam.

Resident 8 (male) was asked whether Dr. Santos had ever made a comment to him about needing to wear tighter pants. He said he had no recollection of such a comment and did not remember

anything like that but would not have been offended by such a remark. Resident 8 said he joked around a lot with Dr. Santos, but he had never heard him joke in a sexual way. He also did not remember any conversation with Dr. Corbett in which she suggested he report such a comment.

Resident 9 (male) was asked if he remembered Dr. Santos ever making a comment to him about having a nice butt and wanting to slap it. He laughed and responded, "No, I do not." When asked if Dr. Corbett suggested he report such a comment, he replied, "No." Resident 9 further stated that while he did not recall any such statement by Dr. Santos, he would not be offended by a comment like that as he knows what kind of "character" Dr. Santos is.

Resident 10 (male) was asked if he advised Dr. Corbett to study in the OR. He denied telling Dr. Corbett this and said residents are not supposed to be studying in the OR, depending on the case it would be difficult to study in the OR, and the attending physician would not be happy if this was happening. He acknowledged that on occasion during an easy case he might look at flashcards on an app on his phone. Resident 10 said he did have a conversation with Dr. Corbett where he was trying to help her out and communicate that she needed to study more efficiently and use her down time during work to study. He said he was successful because he maximized his time and used his time wisely to study while at the hospital when other residents might be in the cafeteria, sleeping, or not doing anything. Resident 10 remarked that Dr. Corbett's "study habits in the OR don't have anything to do with her plight" adding that she had a lot of opportunity to study that no one else in the program had. He further stated that Dr. Corbett was given months off to study and got more days off from training than any other residents.

Resident 10 told Investigator that he does not understand how her claim of studying in the OR related to Dr. Santos as Dr. Santos almost always ran the OR board and was not typically in the OR with residents. Additionally, Resident 10 never saw Dr. Santos do anything publicly to Dr. Corbett, never heard him make a gender-based or sexual comment and said that his best friend was another female resident in the program who had no issues with Dr. Santos. He said the consensus in the program was that Dr. Santos was a fair person. Resident 10 does not think there was any discrimination against Dr. Corbett. He thinks her accusations are "not right" and she is going after someone else rather than taking responsibility for why she did not pass.

Interview of Department of Anesthesiology Faculty Members

Eight faculty members were interviewed in connection with this investigation. All of the faculty expressed to Investigator that the reason Dr. Corbett was dismissed from the program was because she was unable to pass the board exam which is a requirement of the American Board of Anesthesiology. No one witnessed or observed any discrimination against Dr. Corbett based on her gender including the faculty Dr. Corbett listed as witnesses in her complaint form.

Faculty Member 1 said Dr. Corbett was a good person and a hard worker, but she was unable to pass the board exam even when she was given three or four chances. Faculty Member 1 did not witness any discrimination against Dr. Corbett and told Investigator she did not complain of gender discrimination to him. He said her dismissal had nothing to do with Dr. Santos or anyone else in the program but was because of her inability to pass the exam required by the medical board.

Faculty Member 2 told Investigator that if Dr. Corbett had passed the exam, we would not be having this conversation adding that she did not think Dr. Corbett was singled out for being female but for her poor board scores. Faculty Member 2 said Dr. Corbett should be "kissing his feet" [Dr. Santos] for getting her 6-months paid time off so she could study for the exam. However, rather than embracing this time, Dr. Corbett blamed Dr. Santos as the reason she was unable to pass the exam. Faculty Member 2 noted that Dr. Corbett worked hard in the OR but seemed to get distracted and stressed and would sometimes tire or fatigue. She also spent a lot of time on Facebook, where she posted every thought and every date she went on. Faculty Member 2 tried suggesting to Dr. Corbett that she not spend so much time on Facebook or disclose so much personal information.

Dr. Corbett did complain to Faculty Member 2 that Dr. Santos was hard on her and on one occasion said he had yelled at her for not knowing a chapter review, but she did not complain that this was based on her gender. Faculty Member 2 told Investigator "he's hard on everyone" but believed Dr. Santos was especially concerned about Dr. Corbett passing boards, and according to Faculty Member 2, he clearly had reason to be concerned. Faculty Member 2 did not witness Dr. Santos talking badly to Dr. Corbett, did not observe any gender-based comments or negative behavior, and said she would find it hard to believe that Dr. Santos would make a comment such as women don't belong in medicine especially since he works with five female physicians with whom he has good working relationships. Faculty Member 2 said he has personally gone to bat for Faculty Member 2 several times. She further stated, "I love Shannon to death, but I don't think that [gender discrimination by Dr. Santos] got her knocked out of the program. Her board scores did."

Faculty Member 3 did not know Dr. Corbett well but said she listened to her while they were on call, and she came across as "a complainer." Faculty Member 3 does not recall any specific conversations but described the tenor of their discussions as Dr. Corbett was unhappy and something was always wrong. She recalled on one occasion Dr. Corbett complained that a nurse in the OR asked to sleep with her. Dr. Corbett did not complain to her about Dr. Santos. Further, Faculty Member 3 did not observe Dr. Corbett interacting with Dr. Santos or other residents as they were not typically in the same OR together. Faculty Member 3 has never heard any gender-based comments by Dr. Santos and could not think of him ever saying something like women don't belong in medicine. As a female faculty member, she herself does not feel gender discrimination or gender bias in the department from her colleagues or leadership and has no issues with Dr. Santos. Further, Faculty Member 3 told Investigator that the atmosphere in the department was one where everyone wanted to help Dr. Corbett.

Faculty Member 4 said the only reason Dr. Corbett is out of the program is because she did not pass the board exam, and when she was given time to study, Dr. Corbett still did not pass. Faculty Member 4 said she actually thought Dr. Santos was favoring Dr. Corbett by giving her multiple opportunities to take the test and said it's kind of amusing that she would pick this [gender discrimination] especially since there are so many women in the department. Faculty Member 4 told Investigator there is no gender bias or discrimination here. Dr. Corbett never complained to her about Dr. Santos. She has never heard him say anything like women don't belong in medicine. Faculty Member 4 said she has no problem with Dr. Santos and works closely with him in recruiting residents to the program. In fact, for a long time Dr. Santos has said they need more women in the program and has tried to recruit more women.

With regards to Dr. Corbett, she said Dr. Santos was sympathetic because she was in such a difficult situation, and he was concerned about her emotional state, so he paired her one-on-one with Faculty Member 4. She also was sympathetic to what was going on in Dr. Corbett's personal life but said Dr. Corbett lost that sympathy fairly quickly. After a pattern of behavior by Dr. Corbett, Faculty Member 4 told Dr. Santos he would have to find another individual to serve as her mentor. More specifically, Faculty Member 4 said she felt manipulated by Dr. Corbett because she provided inconsistent statements about her personal life. Further, in the clinical setting, Dr. Corbett was not paying attention and a patient "got light" or was waking up during surgery. Faculty Member 4 caught her on her iPad during a case rather than watching and monitoring the patient. She said Dr. Corbett was distracted.

Faculty Member 4 said Dr. Santos was trying to help Dr. Corbett and was more tolerant than she would have ever thought. Further, Faculty Member 4 noted that when Dr. Corbett started having problems in the program, Dr. Santos gave her good advice by suggesting she move to another residency and offered to help her with his connections. Faculty Member 4 said if Dr. Santos used the term missy he did so as a term of endearment not as a disparagement. Although he usually does not curse around her, she has heard him curse and said there is lots of cursing in the OR.

Faculty Member 5 also tried to help Dr. Corbett. After she failed the Basic Exam for the third time, he and Dr. Corbett sat down to come up with a study plan. Additionally, the department developed a research project, which she could complete quickly so that she could use the remaining time period to study. He said the research project took approximately one month to complete giving Dr. Corbett three to four months of uninterrupted study time as she had no call duties during this period so she could focus on studying. According to Faculty Member 5, the ABA allows a resident to take the exam two times, and the department can decide whether to give a resident any additional opportunities to take the exam. Faculty Member 5 said after she failed the third time, Dr. Corbett's contract said she would not be renewed, but Dr. Santos openly told the other faculty that he wanted to give her a fourth chance. Faculty Member 5 told Investigator that Dr. Santos went to bat for Dr. Corbett and the third and fourth chances to take the Basic Exam were all due to Dr. Santos' support of Dr. Corbett.

Dr. Corbett complained to Faculty Member 5 that she thought Dr. Santos was against her and that the other residents, who were all male, were not treated the same way. He said Dr. Corbett compared herself to the chief resident, who got the highest score on the exam and passed the exam on his first attempt without any time off to study and while continuing his call duties. Faculty Member 5 tried to explain to Dr. Corbett that everyone was trying to help her out; the program was giving her every opportunity to pass the test by giving her time off to study and having other residents cover her call time, and that there was no benefit for Dr. Santos to keep her here if he did not want her to succeed. However, he said Dr. Corbett continued to blame everyone else. He said lots of people gave her good advice, but she did not want to listen.

Faculty Member 5 told Investigator that Dr. Corbett got distracted by things outside of work and was unable to stay focused because of things going on in her personal life. She posted on Facebook a lot telling about her personal activities, despite numerous people telling her not to put things on Facebook that could affect her program or her career. When asked if Dr. Santos accused her of being on drugs or alcohol, Faculty Member 5 said he thinks Dr. Santos may have

asked her one time about drugs and alcohol but from a place of trying to help her and to explain the issues she was having at work and the inability to study rather than being accusatory.

Faculty Member 5 said Dr. Corbett called Dr. Santos "sexist" a time or two and complained that he had texted her terrible things, but when Faculty Member 5 asked to see the text messages, Dr. Corbett no longer had them. She never complained to him about any derogatory statements made by Dr. Santos related to women in the program or in medicine. Faculty Member 5 told Investigator he has heard Dr. Santos use the terms missy or mister but as a term of endearment not in a rude, insulting, or discriminatory way. In fact, Dr. Santos has called him mister. He added that Dr. Santos will also call individuals by their first or last name but does not typically call anyone doctor. When asked about the use of curse words, Faculty Member 5 remarked that lots of people curse in the department and that Dr. Santos uses curse words in vernacular but not directed at individuals. Dr. Corbett did not complain to Faculty Member 5 that Dr. Santos threatened to kill her though he has heard him use the phrase "You're killing me" but not in violent way and very clearly not a threat. Faculty Member 5 said Dr. Corbett's allegations against Dr. Santos are "patently false." While he may be brutally honest, Dr. Santos is not a misogynist or a sexist but someone of good character.

Faculty Member 6 told Investigator there is no gender discrimination in the residency program or the department and stated that Dr. Santos did not discriminate against Dr. Corbett. She said there are a lot of female faculty members in the department who would not tolerate such behavior. She emphasized that if he discriminated against female residents, he would also likely discriminate against female faculty as the pattern of conduct would not stop with residents. However, Faculty Member 6 said this is not the case. Dr. Santos treats all of the faculty equally with no agenda. She also believes he treats the residents well and is an extremely good program director (PD). Faculty Member 6 said Dr. Santos must give feedback and criticism to residents as part of the learning environment, but he does not do so in an unkind or derogatory way. She said with Dr. Corbett he reached out far beyond what you would expect a PD to do and that in most other programs she would have been kicked out far earlier. Faculty Member 6 feels like Dr. Corbett was given a high amount of support and help. She was fully paid without any clinical duties for six months so she could study for the exam and still failed the exam. Now Dr. Corbett is looking for someone to blame for her failure.

Faculty Member 6 told Investigator she tried to help and support Dr. Corbett. She complained about a lot of people being against her and always claimed it was someone else's fault. However, after listening to her complain and offering advice on several occasions, she realized that Dr. Corbett was "a manipulator." She wanted to vent and complain and get you to side with her, but she did not want to change or take any advice, so Faculty Member 6 stopped inviting such conversations. She said Dr. Corbett was distracted, spent time on social media, and had so many personal problems that she did not have time to study and pay attention to the details required for anesthesia patient care.

Faculty Member 7 said half the faculty in the department are female which is unusual compared to other academic programs. She has never personally felt or observed any kind of gender discrimination in the department. Faculty Member 7 has a good relationship and has worked closely with Dr. Santos in her administrative role in the department including faculty and staff scheduling as well as running the OR board during his absence. While she thinks it was an

unfortunate turn of events, Faculty Member 7 said Dr. Corbett was given more than enough attempts to pass the ABA exam. She has never heard of someone getting an extra 6 months off to study and said Dr. Corbett's colleagues probably thought she was treated better than they were by being given extra time while the other residents had to cover her call duties.

She has never heard Dr. Santos call anyone missy nor has she heard him call anyone stupid or an idiot (not male or female). She has heard Dr. Santos curse in informal conversation with colleagues but has never heard him curse at or to a resident or subordinate. Faculty Member 7 said the "F word" seems to be used by some of her colleagues in the OR to relieve stress and is not meant to belittle. When asked if she has ever heard Dr. Santos make the comment that women don't belong in medicine, she stated, "That does not jive with what I know about him."

Faculty Member 8 said she has not experienced any gender discrimination in the department and has no problems with Dr. Santos. Further, she has never heard any of the other female faculty members complain about him. In fact, she said, "He treats me very well." She does cardiac cases and said if she has been there for a long day, he will try to get her out as soon as possible. Faculty Member 8 also told Investigator that she had a baby a few years ago and that Dr. Santos accommodated her during her pregnancy by ensuring that when she was on nights, she worked with senior residents she could trust to make her shift easier.

When asked about Dr. Corbett, Faculty Member 8 said, "She complained a lot about everything," but mostly she talked about her personal life. She talked about her previous history with ex-boyfriends and about not feeling worthy of anyone. At one point, Dr. Corbett wrote things on Facebook about not feeling worthy and others in the department became worried about her. Faculty Member 8 does not recall Dr. Corbett talking much about the residency program or complaining about Dr. Santos.

Faculty Member 8 has never heard Dr. Santos say women don't belong in medicine or he does not want women in the program. She has never heard Dr. Santos tell anyone directly they are stupid but said he has a New York personality and jokes around a lot. Faculty Member 8 told Investigator that Dr. Santos calls almost everyone "missy" or "mister," including her, but she has never taken it offensively. She further remarked that he calls most people by their first name and not Doctor. Faculty Member 8 said Dr. Santos does curse, but not directed at people. She said, he curses but this kind of goes with anesthesia. Faculty member 8 told Investigator that they gave Dr. Corbett plenty of chances and gave her time off to study and pass the test. She does not think there was gender discrimination.

Interview of Other Staff

Staff Member 1 is the Designated Institutional Official (DIO) for all of the Graduate Medical Education (GME) programs at TTUHSC. The Office of GME has three primary functions including Human Resource matters such as leave, employment contracts, and policies and procedures; accreditation requirements under ACGME and the various medical boards; and student services related to concerns with the residency program and/or faculty and staff. Staff Member 1 said his office meets with all of the residents at least once a year but is available to meet or answer questions or concerns throughout the resident's time in the program. He said Dr. Corbett would pop in with questions from time to time. He further recalled meeting with her

to discuss specific concerns on at least three occasions as he took notes during these meetings and provided those notes to Investigator.

According to Staff Member 1 and as set forth in his notes, on May 23, 2017, Dr. Corbett raised concerns about Dr. Santos' treatment of her not based on gender but based on Dr. Corbett's previous experience as a nurse. Although during this time she was an intern and did not have much interaction with Dr. Santos other than Friday didactics, she felt singled out by his tone, language, and comments during didactics. She told Staff Member 1 that his behavior started in February 2017 and had escalated over the months.

On October 20, 2017, Dr. Corbett met with Staff Member 1 again and complained that Dr. Santos treated her differently than the other residents in her program (who were all male), that he was harder on her and said she was going to fail. Dr. Corbett told Staff Member 1 that two other male residents in her program also thought Dr. Santos was targeting her. She was concerned that Dr. Santos might retaliate against the other residents if they defended her. However, Dr. Corbett's perception was not confirmed when Staff Member 1 spoke with these other residents regarding the interactions between Dr. Santos and Dr. Corbett. Additionally, during his meeting with Dr. Corbett, Staff Member 1 specifically asked her about any gender specific language and said she denied any such language or being targeted based on gender but continued to claim Dr. Santos treated her visibly different than her peers. He also asked her about any cursing by Dr. Santos, which she denied. Staff Member 1 told Investigator that he advised Dr. Corbett at that time of the various policies including Title IX, EEO, and grievance procedures through the house staff rules, and told her she could formally complain in writing about Dr. Santos through one of these processes but said she never wanted to pursue any of these options.

On February 14, 2018, Dr. Corbett met with Staff Member 1 to discuss the United States Medical Licensing Exam (USMLE) Step III exam. Under the program rules, anesthesia residents must pass Step III before they can be promoted to post graduate year 3 (PGY-3) and can only take the exam three times. At this point, Dr. Corbett had already taken the exam twice but had not passed. During this meeting, Dr. Corbett shared issues going on in her personal life to explain why she had done poorly on the test. She told him she felt threatened by an ex-boyfriend in Utah with whom she was involved in a lawsuit. Staff Member 1 suggested she take a leave of absence to study for the exam, but Dr. Corbett only wanted to take one week off in March prior to the exam. She did pass the USMLE Step III exam on her third attempt.

According to Staff Member 1, Dr. Corbett consistently struggled in the residency program. He said Dr. Santos did not want her out of the program. Dr. Santos' intention was to try to get her to improve and progress in the program, but he was concerned about her ability to pass the Basic Exam. Dr. Santos gave Dr. Corbett a lot of chances and a lot of time to study. Staff Member 1 said he never heard any of these other complaints that Dr. Corbett is now making. At no time did she ever say Dr. Santos made any comment related to gender or threatened to kill her. The only threat she discussed was by an ex-boyfriend who was not in the department. Dr. Corbett specifically told Staff Member 1 that Dr. Santos did not "swear." Dr. Corbett described her perception of the way Dr. Santos treated her and claimed he told her she was stupid and was not going to make it. She claimed he targeted her by asking questions of her in didactics. However,

other residents told Staff Member 1 that Dr. Corbett did not know the answers when questioned because she was not prepared.

When asked if Dr. Corbett had been referred to EAP because of possible substance abuse, Staff Member 1 said she was referred to counseling because of concerns that she might harm herself. Other residents became concerned about her well-being based on some of Dr. Corbett's posts on Facebook. These social media posts were reported to him and the program administrators resulting in a referral to EAP in August 2018. Staff Member 1 said Dr. Corbett previously sought assistance on her own in December 2017 to address anxiety and stress management. Staff Member 1 told Investigator that he did not disclose to Dr. Santos the various occasions when Dr. Corbett came to him with concerns but said Dr. Corbett spoke with other residents about her complaints with Dr. Santos.

Staff Member 2 is the program coordinator for the anesthesia residency program and visited often with Dr. Corbett during the last two years about both academic and personal matters. Staff Member 2 said she treats the residents like they are her own children and that Dr. Corbett shared a lot of personal information with her including issues with her mother, an abusive ex-boyfriend, and a custody battle for a cat. In her position as program coordinator, Staff Member 2 must make sure residents meet program requirements and said she spent a lot of time helping Dr. Corbett stay on track to succeed in the program. She said Dr. Corbett was not academically where she needed to be.

Staff Member 2 said the performance issues started when she had difficulty passing the USMLE Step III exam and had to take the exam three times before she passed. Additionally, when she had difficulties passing the Basic Exam required by the ABA, Dr. Santos went to bat for Dr. Corbett by getting her a research position so she would still receive a paycheck and would have 8 hours a day, 5 days a week to devote to studying. Staff Member 2 said she was present during a meeting on July 26, 2019, when Dr. Santos explained about the position they were creating so that Dr. Corbett would have ample time to study for the Basic Exam without any clinical duties and so that she would receive all resident benefits including pay, meal money, and insurance. Dr. Santos asked Dr. Corbett to sign an amended program agreement. Staff Member 2 provided hand-written notes she took during this meeting. Investigator asked if Dr. Corbett wanted an attorney to look at the agreement before she signed it. Staff Member 2 said she never asked for an attorney to look at the agreement, but had she asked, Dr. Santos would have said okay. Investigator recounted Dr. Corbett's allegation that when she asked for an attorney to review the document, Dr. Santos said "If you want to talk to a mother fucking lawyer, I'm done here. I'll terminate you today." Staff Member 2 responded, "That did not happen." Because Staff Member 2's notes indicated that Faculty Member 5 was also present during this meeting, Investigator read Faculty Member 5 the same statement above of Dr. Corbett's allegation, he too, replied, "No, that did not happen." Dr. Corbett signed the agreement before leaving the meeting.

Investigator asked Staff Member 2 if Dr. Santos treated Dr. Corbett differently based on her gender. Staff Member 2 told Investigator that Dr. Santos did not treat Dr. Corbett differently, but Dr. Corbett felt like he did mainly because the male residents were passing the program requirements, and she was not. Staff Member 2 said if anything, Dr. Santos was "too easy" on Dr. Corbett. When asked if Dr. Corbett ever complained about Dr. Santos, Staff Member 2 said she never complained about Dr. Santos but did make snide remarks about him. Additionally, she

"griped" about other faculty members who she clashed with including a female faculty member who said Dr. Corbett was on her phone shopping during a case in the OR and two other male faculty members who she thought were hard on her.

When Staff Member 2 was asked if Dr. Santos ever accused Dr. Corbett of being on drugs or alcohol, she responded he never accused her of anything. Dr. Santos did ask what the program could do to help her pass the exam and if there was something going on in her personal life that was preventing her from succeeding such as problems with drugs or alcohol. Dr. Corbett told him no on both accounts. Investigator asked about cursing, and Staff Member 2 said every now and then she has heard Dr. Santos use a curse word. However, she told Investigator that every other word out of Dr. Corbett's mouth was the "F word" and that she had to repeatedly tell her not to curse. When asked if Dr. Corbett ever complained that Dr. Santos threatened to kill her, she said, "No," adding that she had heard him say "You're killing me" on more than one occasion and showed a gesture he would make with his hand across his chest. Dr. Santos said this in reference to low scores on training exams. She had also heard him use the term missy as a term of endearment and was something he said to a lot of people. Finally, Staff Member 2 is involved in the recruiting process for the residency program and said the program receives 1,000 to 1,200 applications a year for four spots. She said the applicants are ranked by score irrespective of their gender, and there are women in the top of the rank list. Staff Member 2 provided the rank list for the last 2 years to Investigator, which is discussed below.

At the request of Dr. Santos, Investigator spoke with other individuals, who provided information about their interactions with Dr. Santos. Each of the individuals, a female faculty member and a female hospital administrator at UMC, confirmed what other witnesses had conveyed that they never felt Dr. Santos treated them any differently because of their gender. Both women had positive interactions with Dr. Santos, said he treated them with respect, and remarked that he works with many women in the medical field including nurses, certified registered nurse anesthetists (CRNA), and other physicians. Both females also commented on his "colorful language" and "potty mouth" but noted that such language was never directed at an individual and is commonly heard in stressful environments such as the operating room.

The female faculty member was not personally familiar with Dr. Corbett and did not recall ever working on a case with her. She said there are phrases faculty use without thinking such as "You're killing me here." She uses this phrase all the time and has heard Dr. Santos use it noting that it is usually when a trainee is totally screwing up and used as a "gentle reprimand." As for Dr. Corbett's allegation that Dr. Santos threatened to kill her, the female faculty member responded, "That is insane…That's not a thing."

The female hospital administrator was familiar with Dr. Corbett through observation and conversations with nurses on her staff. She said if a resident or attending has an issue with OR staff, Dr. Santos sends them to her. Likewise, if staff have an issue with a physician, they also report concerns to her. She said Dr. Corbett complained to her on more than one occasion about nurses telling her what to do. Dr. Corbett thought this was unprofessional. The female hospital administrator told Investigator that the nurses would say something if the patient didn't look right or they saw a problem, but Dr. Corbett did not take the feedback well. On another occasion, Dr. Corbett spoke with the female hospital administrator about a nurse or scrub tech who made an inappropriate comment to her. She did not want to make a big deal about it but did

not want to work with this person. The female hospital administrator never heard anything more about this from Dr. Corbett, so she presumed the problem did not continue. She did not recall the staff member's name about whom Dr. Corbett complained.

Interview of Dr. John Wasnick

Dr. Wasnick, Chair of the Department of Anestheiology, was interviewed on March 9, 2020. He said Dr. Corbett's situation is not because of discrimination or bias but is a testing issue. He said the challenges Dr. Corbett faced in the residency program had nothing to do with Dr. Santos. Dr. Corbett got into trouble with the Basic Exam and was unable to pass this mid-training exam required by the ABA. According to Dr. Wasnick, had she passed the test Dr. Corbett would have been back in the department adding that they extended her employment to allow her to take the exam a third and fourth time. It was required that she pass the exam before she could be promoted to the next year of training. Dr. Wasnick told Investigator "she hit a hard stop." After the third failure, that was supposed to be it. However, he and Dr. Santos intervened to give her one more shot at passing the exam. The department funded and created a research position to give her a period of months in which to prepare for the exam with no other duties. Dr. Wasnick said they went the extra mile to give her every opportunity to pass the test.

Dr. Wasnick pointed out that the Basic Exam was not the first test that Dr. Corbett struggled to pass. She did not pass the USMLE Step III in a timely manner. She fell behind in passing that test and never really recovered. Dr. Wasnick told Investigator that Dr. Santos had nothing to do with her failure of Step III as this test is initially taken during the resident's intern year before Dr. Corbett had much interaction with Dr. Santos.

Additionally, Dr. Wasnick said there were some clinical issues with Dr. Corbett which they remediated, some concerns from nurses in obstetrics, and a number of times when she had to be counseled about doing epidurals before the attending was present. He said the department had a visiting professor on campus giving a talk, and the individual commented about how good the residents in the department were, except for one resident (Shannon Corbett), who was disinterested. Dr. Wasnick told Investigator that he had never done a case with Dr. Corbett in the clinical setting and does not think he ever saw her interact with Dr. Santos. More specifically, he did not recall Dr. Corbett coming to him to complain about Dr. Santos though he did recall her coming to his office one time because she was having difficulty with a test, and he gave her a book on epidemiology.

When asked if he ever accused Dr. Corbett of being on drugs or drunk, Dr. Wasnick said he had never made that accusation. Dr. Wasnick told Investigator that they encourage residents to voluntarily take a drug/alcohol test when an incident occurs so that they can prove their innocence and "defang" an accuser adding they do not force anyone but give residents the option to do this. He also noted that substance abuse is a huge risk in anesthesiology because they are administering medications and the specialty also has a high incident of suicide. Dr. Wasnick stated that about a year or two ago Dr. Corbett had posted some stuff on Facebook about feeling worthless. This was brought to his attention and caused enough concern about possible self-harm to warrant a referral for Dr. Corbett to seek assistance from EAP. He said no adverse action was taken against Dr. Corbett based on these Facebook posts.

Investigator asked Dr. Wasnick about the number of female residents in the program. He said their resident classes tend to be comprised of more males than females even though they have a large number of females ranked. The program ranks the applicants based on scores. He said scores are what we care about because the resident needs to pass various required tests. The class is then selected through a national match list, which is computer generated taking into account the program's ranking of applicants with the applicant's choice of programs. Dr. Wasnick noted there are many female faculty members in the department.

Further, Dr. Wasnick responded to some of Dr. Corbett's specific allegations. When asked if he ever heard Dr. Santos say women don't belong in medicine, he replied, "I find that hard to believe." He said Dr. Santos has always tried to increase the number of women in the residency program. He never heard Dr. Santos tell Dr. Corbett she was stupid or an idiot and again said he found it hard to believe that he would make such statements. While Dr. Wasnick had never heard him call her missy, he said Dr. Santos is from New Orleans and might use that term but said Dr. Santos does not call the residents doctor. Dr. Wasnick told Investigator that the OR is a very informal place where a bunch of folks from different backgrounds must work together and in sync. He said there is a lot of cursing and F bombs in the OR which is universally true and serves to destress things in what is a stressful environment. He said this language is used in an expressive way and never in an ad hominem way or as a personal attack. He did not recall Dr. Corbett ever being offended by language in the OR. When asked about her claim that Dr. Santos threatened to kill her, he responded, "That is beyond the pale."

Interview of Dr. Alan Santos

Dr. Santos was interviewed on March 2, 2020. He told Investigator that he did his best to "bring [Dr. Corbett] along" especially when he thought she was floundering in the program. At one point, he paired her up with another female faculty member to work one-on-one on clinical skills. Dr. Santos said this faculty member is very good but can be demanding, and consequently, Dr. Corbett did not want to work with her. Importantly, Dr. Santos also noted that no one wanted to work with Dr. Corbett.

When asked how Dr. Corbett was clinically, Dr. Santos responded, "horrible." As an anesthesiologist, he said it is important to pay attention to every detail. For example, if the patient's blood pressure drops, the physician needs to respond to that change. Dr. Santos told Investigator that Dr. Corbett had a number of clinical incidents during her residency exhibiting a lack of vigilance to detail and poor medical decision-making. On one occasion in a neurosurgery case, after the patient was put to sleep, Dr. Corbett failed to turn on the gas to keep the patient asleep during surgery. Even though the patient was being monitored by Dr. Corbett, both the nurse and the electrophysiologist in the OR noticed that the patient began waking up, and the attending physician had to be called in. Approximately one year ago, Dr. Corbett did a nerve block post-op on the wrong knee and without an attending present as required by the program. Dr. Santos said the patient had his knee all bandaged up from surgery, so he does not understand why Dr. Corbett would do a block on the other (knee) side. Nevertheless, because he was the attending of record, Dr. Santos had to inform the patient of the error.

Dr. Santos remarked that Dr. Corbett seemed to get distracted. He said she had layers of complexity in her personal life and shared some of her personal problems with him including

that she had been in a prior abusive relationship. He provided Investigator with an email sent from Dr. Corbett on April 17, 2017 where she wrote:

> Dr. Santos,
>
> You told me to think about things and get back with you. I have done a lot of thinking and I realize that I have some things in my personal life that are blocking my ability to really focus and keep my mind on the task and remember some of this information. I think that if I can get that under control and of my mind and continue studying then things will fall into place so I am starting today with clearing up some things in my personal life that I need to take care of and see if that doesn't help.
>
> Shannon

At some point, Dr. Santos said he walked Dr. Corbett over to the Employee Assistance Program (EAP) because he thought she might need some help. He did not require that she go to EAP and did not send her to EAP for issues with drinking and drugs but suggested she talk to someone about the personal issues she was experiencing in her life.

In fact, Dr. Santos said he never accused Dr. Corbett of being drunk or on drugs while at work, and if he suspected any impairment, he would have pulled her out of service and sent her to go get tested. More specifically, he stated that if a resident tests positive for drugs or alcohol, they usually voluntarily go into a treatment program so that their medical license is not suspended. Dr. Santos said he never suspected a drug problem with Dr. Corbett but that there was pervasive knowledge throughout the department about her use of alcohol. He believes several attendings spoke to Dr. Corbett about this. He heard from residents in the program that she was on Facebook every night drunk instead of studying. Dr. Santos said he had never been on her Facebook page. Further, he never heard that she had ranted about him on Facebook until asked about it by Investigator.

Dr. Santos said that he tells all of the residents that if something bad happens or an incident occurs involving them, they should go get drug/alcohol tested themselves because people in the medical field start talking. That way, if the test is negative, he can put the results in the resident's file to protect them. He recalled this happened recently when a male resident collapsed in the OR (due to medical reasons) and went to get tested to protect himself. Dr. Santos said he never threatened to send Dr. Corbett to be tested and was not aware that she had voluntarily tested on her own. However, he noted that she had a number of bad incidents. He denied Dr. Corbett asking him if he wanted to see test results so he could apologize to her and stated, "No conversation like that ever happened." When asked if he said, "I don't apologize to women," Dr. Santos responded, "I never said that."

According to Dr. Santos, he wanted to give Dr. Corbett an opportunity to pass the board exam and then repeat the final two years of her program as remediation during which she could work on clinical skills. He said the Basic Exam is taken during the first year (CA-1 or PGY-2), and if the resident fails the exam, he/she must take it again during their second year (CA-2 or PGY-3) and cannot be advanced in the program until the exam is passed. While the TTUHSC Anesthesiology Residency Program has a policy allowing only two chances to pass the exam,

Dr. Corbett was given four opportunities to take and pass the exam. Dr. Santos told Investigator that pursuant to her contract with GME, Dr. Corbett was supposed to be let go after the third attempt. However, he and John [Dr. Wasnick] got to feeling bad for her and thought she was unstable enough that if all doors were shut, she might harm herself. As a result, Dr. Santos went to GME to ask for money and funded Dr. Corbett for 6-months so that she could focus her time on studying for the Basic Exam without other program responsibilities. Given her previous test results (she scored in the bottom 1 to 3 % percentile range of all test takers), he was especially concerned about whether she could pass the exam.

Investigator discussed some of the specific allegations made by Dr. Corbett. When asked if he ever called her stupid or an idiot, Dr. Santos said, "Never," adding that he had some difficult conversations with her regarding her test scores and the need to study but said he would never insult anyone's intelligence. Dr. Santos said there is no way to sugarcoat the fact that she studied for 6 months and scored 2% on the exam. He told Investigator that the program coordinator (Staff Member 2), was present for most of the conversations he had with Dr. Corbett during the past three years. He said Staff Member 2 also tried to help Dr. Corbett.

Dr. Santos denied ever saying that women don't belong in the program. He said their rank list includes women and is based on grades and performance. In response to the claim that he said women don't belong in medicine, Dr. Santos stated, "That's the most ridiculous thing." He said he is an OB anesthesiologist and has received awards in the specialty. Dr. Santos said he does not address anyone as doctor but calls residents by their first name or sometimes their last name. He does not use the word "missy" as it is not part of his vocabulary and is more of a southern term, and he's from New York. He acknowledged that he has used the word "honey" or "guy." He said he snaps his fingers all the time to everyone to indicate come here I need you now. Dr. Santos told Investigator he runs the OR and has no time for niceties.

When asked if he curses at residents, Dr. Santos stated that he does not curse at residents but does curse in the hospital. He said it is not directed at any individual but in the context of conversation. He denied saying have you ever read the fucking book individually to Dr. Corbett but said it is possible he would say something like that to everyone. He said if she felt singled out at Friday lecture it was probably because she did not read the assigned pages from the chapter. He denied saying she was never going to be a good fucking clinician. When asked about Dr. Corbett's claim that a UMC nurse said he was being abusive to her and that she was not going to allow that behavior in her OR, Dr. Santos said, "That never happened." Further, he denied making any comments of a sexual nature to either Resident 8 or 9 and asked Investigator to speak with those individuals.

Dr. Santos said he never threatened to kill Dr. Corbett adding that the allegation was "crazy." He might have said something along the lines of I'm going to kill you for doing this or what are you doing, you're killing yourself. However, any such comment was not stated as a threat but just to make the point that what she was doing was something bad. Importantly, during the interview with Dr. Santos, he used a similar phrase in conversation without even realizing it.

He acknowledged telling her many times to pick another specialty and that she was not cut out for anesthesia. He tried to steer her to other paths including emergency medicine and pain

management. Dr. Santos told Investigator he regrets not having these conversations with her earlier in the residency program.

Dr. Santos told Investigator he did not know Dr. Corbett had gone to the GME office to complain about him. However, he thinks one of the residents told him she had called ACGME. Dr. Santos denied any retaliation against Dr. Corbett and said he had not pulled her out of the OR to do administrative work but so she could read and study to prepare for the board exam. He was trying to get her to pass the exam otherwise she would not be able to progress in the residency program. He also noted that there was a period of time when the department was short on CRNAs and had to use residents to cover some of the patient care during this time.

Dr. Santos said if Dr. Corbett wanted to talk to a lawyer before signing her most recent contract, he would have told her to go ahead. He denied telling her he would fucking terminate her. He said Faculty Member 2 was present during this meeting.

Investigator asked Dr. Santos whether Dr. Corbett reported any inappropriate behavior by a UMC nurse. He said she never reported that to him and if she had, he would have gone after the guy through the appropriate channels. Dr. Santos was familiar with the individual who she alleged sent the text message but had no knowledge of this event. He said he never told her the nurse outranked her, and she was a resident with no power.

When asked if residents are allowed to study in the OR, he said it's preferred that they not study in the OR because it distracts them from their role as physicians, but he acknowledged that it does happen. He told Investigator that they give the residents every Friday off to study. When asked about her claim that other residents were allowed to study and she was not, Dr. Santos responded that was "not true." He also denied that she was cussed out by him and accused of doing drugs as a result of studying in the OR. However, he said in Dr. Corbett's case, she had a number of incidents in the OR. Dr. Santos said he did not stop her from studying in the OR but believes he addressed this with the entire group of residents by telling them that it looked bad for them to read in the OR. Additionally, Dr. Santos reiterated that he never accused Dr. Corbett of alcohol or substance abuse and if he had observed her impaired, he would have taken her off service. Nevertheless, he does believe he asked her at some point in time if there was anything he needed to know to help her along, and she denied any substance problems.

Review of Other Evidence

In connection with this matter, Investigator reviewed other evidence obtained during the course of this investigation. Investigator examined Dr. Corbett's residency program file, including documents related to licensure exams, clinical incidents, and other matters. Further, we analyzed the institutions residency rank list, reviewed information contained in a hand-written journal provided by Dr. Corbett as well as drug/alcohol test results.

Residency Program File

As outlined in the TTUHSC house staff policies and procedures, post graduate training at TTUHSC requires that each resident be eligible to be licensed in Texas and to take national board exams for board certification. More specifically, each resident must pass medical

licensure exams within certain deadlines and within the number of attempts permitted by the Texas Medical Board (TMB) prior to being promoted to the next post graduate year (PGY) level.

Importantly, Dr. Corbett was required to pass all three steps of the United States Medical Licensing Exam (USMLE) and the American Board of Anesthesiology (ABA) Basic Exam. Under the program guidelines, Dr. Corbett had to pass USMLE Step III by March 1 or 4 months before the end of her PGY-2 year in order to be promoted to the next year of training. She met with the Office of GME on February 14, 2018, and at that time, she was advised and confirmed her understanding of the TTUHSC USMLE policy and that failure to pass Step III prior to the end of her contract would make her ineligible to advance to PGY-3 year. While it was suggested that Dr. Corbett take a 30-day leave to study for the exam, she instead requested one week of voluntary leave leading up to the exam. She was given the maximum number of attempts (3) to pass the exam and subsequently passed on her third attempt but did so outside the deadlines set forth in the program's policies. Nevertheless, the program provides that at the discretion of the Program Director (Dr. Santos), the residency position may be continued. Thus, the record indicates Dr. Santos gave Dr. Corbett leeway and allowed her to continue in the residency program despite passing the exam outside the program deadlines.

This latitude continued into Dr. Corbett's residency when she was required to pass the ABA Basic Exam. This exam is administered by the American Board of Anesthesiology and offered in summer (June) and fall (November) each year. A resident cannot graduate from residency training without passing the Basic Exam, and although there is no limit on the number of attempts, each failure after two attempts extends the residency training. Additionally, continuation in the residency training is at the discretion of the individual training program. Dr. Corbett took the Basic Exam on four occasions: June 2018, November 2018, June 2019, and November 2019. She failed each attempt.

Following the second failed attempt and upon receiving an unsatisfactory report for the Certificate of Clinical Competence (CCC) reporting period pursuant to ABA policy, the Department of Anesthesiology agreed to allow Dr. Corbett the opportunity of a third attempt. This was communicated to Dr. Corbett during a meeting on December 11, 2018 with Dr. Santos and other program staff members present. As notes from this meeting indicate, passing the exam would result in continuation in the residency program, and failure would result in termination. Further, Dr. Corbett was advised to evaluate/reflect on her ability to become board certified in Anesthesiology and whether to pursue a specialty change with assistance from the department and the Office of GME. Importantly, she was advised to consider a specialty change by early March 2019 so that this could be facilitated prior to residency match on March 19, 2019.

Consequently, Dr. Corbett's program agreement was amended. The Amendment to the 2018-2019 Graduate Medical Education Program Agreement signed by Dr. Corbett on February 1, 2019 outlined the requirements Dr. Corbett had to meet including that a third failed attempt of the ABA Basic Exam would result in a recommendation of dismissal from the program, and that if she successfully passed the exam, continuation in the program would be determined through assessment by the Clinical Competency Committee.

On March 12, 2019, Dr. Santos offered to help Dr. Corbett study and wrote:

> Shannon, I know that you are studying hard from looking at your book. As we discussed, why don't you and I sit together and cover a couple of chapters in MM together – I have a feeling you are getting lost in detail. Let me know what you think.

Dr. Corbett responded shortly after as follows:

> I would love that. I think you are right. I believe that would help.

Email correspondence in late April 2019 reflected Dr. Santos belief that it was not likely that Dr. Corbett would pass the Basic Exam based on her low In Training Exam (ITE) scores. At this point, Dr. Santos also began asking what plans and resources were available to help her transition from the program should she fail the exam.

However, even after Dr. Corbett failed the Basic Exam a third time, rather than dismiss her from the program, Dr. Santos proposed extending her residency for one year provided she seek counseling and enter an exam preparation program to build her test taking skills. On July 16, 2019, he wrote:

> The scores are out – she hasn't let us know but John and I are worried about what she will do if she does not pass. In that case, we would like to have her be a research assistant in the Department for a nominal sum (50K) and health benefits. …

In a July 17, 2019 email, he further expressed his opinion that "she will never pass the boards and add to our failure burden. Nonetheless, I don't want to hurt her."

Despite that Dr. Corbett should have been recommended for dismissal, she was afforded a final attempt to pass the ABA Basic Exam. Under an amended program agreement signed by Dr. Corbett on July 26, 2019, she was placed in a resident research status, assigned a faculty mentor, and removed from all clinical privileges, so she would have significant time to study for the exam. Finally, she was informed that a fourth failed attempt would demonstrate a significant deficiency in medical knowledge and would result in immediate recommendation for dismissal from the program.

On December 10, 2019, after failing the exam a fourth time, she was provided notice of recommendation for dismissal. At which time, she immediately filed a complaint of discrimination.

Residency Program Rank List

In addition to her residency program file, Investigator examined the Department of Anesthesiology's rank list of residents for the last two years to assess Dr. Corbett's allegation that Dr. Santos does not want women in the residency program. In 2020, the Anesthesiology program ranked 107 total applicants. Four of the five top ranked applicants by the institution were female, and 50% of the top ten applicants were female. The computer-generated match results yielded one female and three males for the incoming resident class. In 2019, 133 total applicants were ranked by the institution.

Three of the five top ranked applicants were female, and 30% of the top ten applicants were female. Similar to 2020, the match results yielded one female and three males in the resident class.

Journal Entries

Dr. Corbett provided an electronic copy of handwritten entries she made to a personal journal beginning May 24, 2017 and with the last entry dated December 13, 2019. There are approximately 43 entries over a two and one-half year period of time (18 entries – 2017; 13 entries – 2018; 12 entries – 2019 with no entries between June 6, 2019 and November 18, 2019). Investigator did not inspect the actual journal in person and has no way of authenticating the accuracy, determining when each entry was made, or knowing whether pages are missing.

More specifically as it relates to Dr. Corbett's allegations of gender discrimination, there are only two references to gender in her journal. On February 11, 2018, Dr. Corbett wrote about a female nurse who had flipped her off and called her a bitch, and according to the entry when Dr. Santos spoke with her about this he said, "You are a resident and she is a nurse so she out ranks you and can act in any manner she wants to because if you fight her on this she will only turn all of the other nurses against you. You are a female so you are going to take more crap from everyone who is jealous and its not right but it is the way it is and you just have to deal with it until you move on." Dr. Corbett used almost the exact same language in a February 12, 2020 email to Investigator to describe Dr. Santos' response when she claimed a male nurse sent her an inappropriate text message. In that case, when she talked to Dr. Santos about it, she said his exact response was "you a resident and he is a nurse, he out ranks you and can do whatever he wants. Residents have no power here so I suggest you just leave it alone and continue to go about your business." It is also important to note that as alleged this is not an act of discrimination on Dr. Santos' part but on the part of others.

The second reference to gender is an entry from May 22, 2018 and corresponds with an allegation Dr. Corbett has made as part of her complaint to the Office of EO. She stated in her journal that "He (Dr. Santos) accused me of doing drugs and I went to Any Lab Test Now and had a negative drug test and I asked him if he would apologize and he said 'I don't apologize to women.' Then he walked off."

Additionally, Dr. Corbett's journal includes an entry on August 22, 2018 where she wrote that Dr. Santos pulled her off rotation because another resident told him she was drunk at a party on August 19, 2018 adding that she spoke with employee assistance and they cleared her, and she went and had an alcohol test done at Any Lab Test Now. There are two other references in the journal to having drug testing done—on November 29, 2017 Dr. Corbett wrote that she was asked if she wanted to voluntarily submit to a drug test to prove her innocence related to an inquiry into her narcotics record, and on February 6, 2018, she wrote that she was accused of using drugs and asked to defend some clinical decisions she had made.

Other references in the journal which pertain to allegations in this complaint, but are not specific to gender, include that Dr. Santos scowled at or ignored her, used profane language (July 5, 2017 and July 7, 2015 [sic]), and told her she was going to fail the boards. On three occasions in 2017 (June 21, 2017; July 7, 2015 [sic]; September 1, 2017) she wrote that Dr. Santos told her "I'm going to kill you" or "I'm going to have to kill you."

Further, on July 18, 2017, Dr. Corbett wrote about Dr. Santos belittling and yelling at her in front of OR staff and mentioned two nurses by name who were present. The journal entry goes on to state that "the exact details of the conversation are escaping me. …" These are the same names that Dr. Corbett provided Investigator during her interview when she spoke of performing an arterial line in 2017 and being berated by Dr. Santos. Importantly, she provided details during her interview with the Office of EO many years later but was unable to recall the exact details of the conversation presumably close in time when this journal entry was made in July 2017.

Drug/Alcohol Testing

Dr. Corbett told Investigator that she had gone to an independent lab approximately ten times to get tested at her own expense as a result of accusations against her. She provided Investigator with results from tests administered on eight occasions: January 15, 2018 (alcohol); February 9, 2018 (alcohol and drugs); February 23, 2018 (alcohol); March 16, 2018 (alcohol); March 30, 2018 (alcohol); May 18, 2018 (alcohol and drugs); May 23, 2018 (alcohol); June 19, 2018 (alcohol and drugs). Some testing was for alcohol, some screening for various drugs, and some testing included both alcohol and drug screening. All of the test results provided by Dr. Corbett were negative. There were no test results provided in connection with August 22, 2018 when Dr. Corbett claimed she was sent to the Employee Assistance Program (EAP) for possible substance abuse issues.

Referral to Employee Assistance Program

According to the Office of GME, it was recommended that Dr. Corbett seek assistance from EAP to discuss concerns with anxiety and stress management. This was a self-referral (not mandatory) and occurred in December 2017.

In August 2018, Dr. Corbett was removed from clinical duties under a mandated referral to EAP based on concerns for her well-being. At the time, Dr. Corbett made some posts on Facebook which expressed her negative feelings about herself and which others in her program had viewed and caused them concern about possible self-harm. As a result, Dr. Corbett was sent to EAP for an assessment of her well-being prior to reentering clinical duties. She was not referred because of possible substance abuse issues.

Applicable Operating Policy

Texas Tech University Health Sciences Center Operating Policy 51.02 (Non-Discrimination and Anti-Harassment Policy and Complaint Procedure for Violations of Employment and Other Laws)

prohibits discrimination and harassment in the workplace. The university does not tolerate discrimination or harassment based on or related to sex (including pregnancy), race, national origin, religion, age, disability, protected veteran status, genetic information, or other protected categories, classes, or characteristics. Discriminatory behavior is prohibited regardless of the manner in which it is exhibited, whether verbally, in writing, by action, or electronically displayed or conveyed. OP 51.02 defines harassment as:

> verbal or physical conduct that shows hostility toward an individual based on or related to sex, race, national origin, religion, age, disability, sexual orientation, gender identity, genetic information, or other protected categories, classes, or characteristics and that:
>
> (1) Creates an intimidating, hostile, or offensive working or educational environment;
> (2) Has the purpose or effect of unreasonably interfering with an employee's or student's educational performance;
> (3) Adversely affects an employee's employment opportunities or student's educational opportunities; and
> (4) Is severe or pervasive.

For all complaint investigations conducted under this policy, the burden of proof shall be a preponderance of the evidence, which means more likely than not. Importantly, this report only addresses whether the complained of conduct violated the University's policies and procedures and does not reach conclusions on whether such matters constituted any violation of law.

Findings and Conclusion

After evaluating the information gathered during the investigation, we found no evidence to support Dr. Corbett's allegations of discrimination or harassment based on gender or her claims that Dr. Santos' conduct was sufficiently severe or pervasive that it created an intimidating, hostile, and offensive working and educational environment based on her sex. Therefore, we find no violation of OP 51.02.

We do not find that Dr. Corbett was given notice of dismissal from the residency program based on any discriminatory reason but solely based on her inability to pass a required board exam even though she was given multiple opportunities.

We find substantial evidence in the record to support that Dr. Corbett took and failed the ABA Basic Exam on four occasions despite her statement during this investigation that she had taken the exam only twice – in November 2018 and November 2019.

We do not find that Dr. Santos treated Dr. Corbett differently based on her gender. However, we do find that he treated her differently, and in fact, more favorably than her colleagues in the residency program by extending her employment and training and allowing her to take the Basic Exam a third and fourth time. Further, we find that Dr. Corbett was supposed to be dismissed following her third failed attempt as set forth in her Amended 2018-2019 GME Program Agreement, but according to numerous faculty members in the department and email

correspondence, Dr. Santos was vocal about wanting to give Dr. Corbett a fourth and final chance to take the exam. We also find that not only did he agree to give her a fourth attempt, but he tried to put her in the best position to succeed. Dr. Santos created and funded a research position, so that Dr. Corbett remained at her annual resident salary of approximately $58,000 even though she was studying. This allowed her to have ample time to study without having to fulfill clinical duties, and she was paired with a faculty member to mentor and help her study.

We do not find that Dr. Santos was trying to get Dr. Corbett (a woman) out of the program. Rather, we find ample evidence to the contrary and conclude that he went above and beyond to allow her to continue in the residency program.

We do not find evidence that Dr. Santos made statements to Dr. Corbett such as women don't belong in medicine or that he wanted women out of the program. Dr. Santos denied making any such statements, no one heard any such statements from Dr. Santos, and almost every female interviewed in connection with this investigation responded that they would be surprised or would find it hard to believe that Dr. Santos would ever say something like that. Additionally, the rank list from the last two years does not corroborate Dr. Corbett's claim that Dr. Santos does not want women in the program as there are females in the top of that rank list, and several individuals in the department who are part of the recruiting process said Dr. Santos has consistently tried to recruit more women to the residency program.

We do not find that Dr. Santos referred to other male residents as doctor while failing to address Dr. Corbett as doctor. We find that he did not call anyone doctor but called most individuals by their first or last name. Dr. Santos denied using the term missy but said he had used the terms honey and guy. However, several individuals including both residents and attending physicians said he had called them missy or mister on occasion. None of them found it to be derogatory or offensive and several described it as a term of endearment. Thus, we find it likely that Dr. Santos called Dr. Corbett missy on occasion but not in a discriminatory manner and not in place of calling her doctor as he typically did not call either males or females doctor.

By his own admission and based on testimony from numerous witnesses, we find that Dr. Santos used curse words and profanity in the workplace. However, we find that such language was used in vernacular and not directed at her or other individuals in a pejorative way as alleged by Dr. Corbett. At least one witness commented on Dr. Corbett's frequent use of profanity in the workplace. Importantly, we understand that profanity is used by many individuals in the medical field and is often used by medical providers particularly in the OR due to the stressful environment, nonetheless we find that the use of such language while not discriminatory is unprofessional in the workplace.

We find no evidence that Dr. Santos threatened to kill Dr. Corbett. Not only did Dr. Corbett acknowledge that she was never in fear that he would kill her, but we are also unable to find any evidence that she reported such a threat. Rather, we find that Dr. Santos may have used a phrase such as "You're killing me" to express frustration or displeasure but never as a threat of violence or a threat to cause harm.

We do not find that Dr. Santos made negative remarks to Dr. Corbett or singled her out based on her gender. No other female residents support her claim of gender discrimination. In fact, none

of the four female residents interviewed as part of this investigation felt that Dr. Santos treated them differently based on their gender. Even though one individual did not like the way she was treated by Dr. Santos, she did not attribute this to her gender as she observed him treat male colleagues in the same manner. Additionally, many residents interviewed (both females and males) thought Dr. Corbett was treated more favorably because she was given so many opportunities to pass the Basic Exam including getting paid time off to study.

We find no evidence that Dr. Santos sexually harassed other male residents. Both Dr. Santos and the male residents denied any such statements were ever made by Dr. Santos.

We do not find that the chief resident went to the Office of GME and told them Dr. Corbett was being treated unfairly and differently by Dr. Santos because she was a woman. Both the chief resident and GME denied this claim. The resident did speak to GME because Dr. Corbett was unhappy in the program but not because he felt Dr. Santos was treating her differently based on her gender.

We do not make a finding about whether Dr. Corbett was accused of having a substance abuse problem by the residency program. However, there is no evidence of this contained in her residency file. We do find that there were conversations with Dr. Corbett in trying to determine the underlying cause of performance issues and clinical incidents. While Dr. Corbett provided Investigator with eight drug and/or alcohol screening results that she had performed on her own, she was never mandated by the program to be tested, and the program was unaware that she had gone to get tested on multiple occasions. Therefore, we do not find that Dr. Santos told Dr. Corbett that he did not apologize to women in response to her submitting to a voluntary drug or alcohol screening.

We do not find that Dr. Corbett was sent to EAP for possible substance abuse issues but that she was referred to EAP related to posts she made on Facebook and concerns about her well-being and possible self-harm. Importantly, numerous individuals interviewed for this investigation mentioned Dr. Corbett's Facebook posts and that through conversation she shared lots of information about her personal life, including details of prior relationships and family matters.

We do not find that Dr. Corbett was pulled out of the OR as retaliation for complaining about Dr. Santos. We find she was removed from all clinical duties in July 2019 so she could focus on studying and passing the Basic Exam, which would be the fourth and final attempt afforded to her.

We find no evidence to support Dr. Corbett's allegation that Dr. Santos cursed at her and threatened to terminate her if she wanted a lawyer to review documents. Two other individuals were present on July 26, 2019 when Dr. Corbett was asked to sign an amendment to her program agreement, and both denied this ever happened.

Finally, Dr. Corbett claimed it was calculated on Dr. Santos' part for waiting so long to terminate her implying that his actions have made it more difficult for her to now get into another program. We do not find this to be the case. We find that as early as December 2018 after Dr. Corbett had failed the board exam a second time, she was asked to consider pursuing a different specialty with an offer of assistance from the department and GME. We find that after her third failed

attempt, Dr. Corbett should have been dismissed from the program but was offered yet a fourth and final attempt to pass the exam. Further, the department created a funded research position so that Dr. Corbett would receive a salary during this time and removed her from clinical duties so she would have dedicated time to study.

Based on the foregoing findings, we conclude there was no discrimination or harassment based on gender against Dr. Corbett, and therefore, find no violation of OP 51.02.

APPENDIX 5

Sent on behalf of Dr. Deryk Walsh

This email is to accompany the evaluation being sent to your department regarding Dr. Shannon Corbett.

Overall, our department has serious concerns regarding her performance during the month November in 2018.

From a patient care standpoint:

Starting from a patient work up standpoint, Dr. Corbett did not adequately evaluate her patients. Evaluation received stated she was not prepared. Examples stated, " She did not make attempts to look up her patients during my day with her." " Because Shannon arrived after 7am, I performed the pre-op evaluation on my own so that she could change into scrubs and look up the patient's history".

Regarding room set-up she also showed delinquency. Statements in her evaluation said, "She does not know basic setup requirements including how to choose appropriate ETT sizes for kids." "Shannon was unsure of how to use a Phillips blade (as in, should it be used similar to a curved or a straight blade). Despite being on her fourth clinical day, she seemed unfamiliar with the anesthesia machine/ventilator."

Evaluations of her anesthetic plan consistently discussed her "guessing" on drug dosages. We provide every resident/rotator with a handbook having all appropriate weight-based dosing. Quotes from the evaluations were, "appears to be guessing" and " Additionally, when asked, she stated that she was "just guessing."

From a professional standpoint:

"Shannon is a very polite person and interacts well with people."

Confidential Peer Review

Overall the general consensus from the faculty was that Shannon is not performing at a CA-2 level. The general thought is that she is at an early CA-1 level. Staff was not comfortable with having her be left alone in the operating room. One staff wrote, "Shannon does not appear to understand even basic concepts of anesthesiology including vent settings, drug dosages, etc. She is completely unprepared to be in the OR particularly with pediatric patients. She shows no intellectual curiosity and doesn't appear interested in patient work-up, co-morbidities."

She is a very personable and affable individual, but seems to need some remediation.

We hope this evaluation will help serve as a "wake-up" call to Shannon and facilitate some form of remediation. Please feel free to contact me with any questions.

Deryk Walsh, MD

Associate Professor

Department of Anesthesiology and Pain Management

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
LUBBOCK DIVISION

SHANNON CORBETT

Plaintiff,

v. CASE NO. 5:21-CV-00281-H

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER,

Defendant
_____/

DATE TAKEN: September 21, 2022

TIME: 8:56 a.m CDT -- 11:11 a.m. CDT

PLACE: Via Zoom

WITNESS: Alan Santos, M.D.

REPORTED BY: SUSAN KENNEDY, COURT REPORTER
NOTARY PUBLIC, STATE OF FLORIDA

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available to Dr. Corbett so she could receive assistance on passing that ABA basic exam?

A I offered her assistance in trying to, as we discussed earlier and the documents I think will read, I offered her assistance and, do you want to sit down and go through the paragraphs? I mean, I couldn't do it all the time. I figured that if I could break down that wall with the paragraphs and the, you know, kernel of knowledge that was going to be tested, I thought that we would be getting somewhere.

Q Okay. Did she have those meetings with you?

A No.

Q Why not?

A I don't know.

Q Did you ever schedule any meetings?

A No; I asked her -- Again, I didn't want to put her in a bad position. But, I wanted her to know that I was available and after hours we could read the clincher line from each paragraph and she never availed herself of that.

Q Did you -- So you offered to sit down with her. Did you ever provide Dr. Corbett with any substitutive advice how to pass the ABA basic exam?

CERTIFICATE OF OATH

I, the undersigned authority, certify that Alan Santos, M.D., personally appeared before me on the 21st day of October, 2022 and was duly sworn.

WITNESS, my hand and official seal this 17th day of October, 2022.



Susan Kennedy, Court Reporter
Notary Public

CERTIFICATE OF REPORTER

The State of Texas)

I, Susan Kennedy, Court Reporter and Notary Public, do hereby certify that I was authorized to and did stenographically report the deposition of Alan Santos, M.D., and that a review of the transcript was requested; and that the foregoing pages, numbered 1 to 76, inclusive, are a true and correct transcription of my stenographic notes of the deposition of Alan Santos, M.D.

I further certify that said deposition was taken at the time and place hereinabove set forth and that the taking of said deposition was commenced and completed as hereinabove set out.

I further certify that I am not an attorney or counsel of any of the parties, nor am I a relative or employee of any attorney or counsel of any party connected with the action, nor am I financially interested in the action.

The foregoing certification of this transcript does not apply to any reproduction of the same by any means unless under the direct control and/or direction of the certifying reporter.

DATED this 17th day of October, 2022.

Susan Kennedy, Court Reporter
Notary Public.

APPENDIX 7

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented to: Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC

Texas Workforce Commission Civil Rights Division and EEOC

State or local Agency, if any

Name (*Indicate Mr., Ms., Mrs.*)	Home Phone (*Incl. Area Code*)	Date of Birth
Ms. Shannon Corbett	[redacted]	[redacted]

Street Address	City, State, and ZIP Code
[redacted]	**Lubbock, Texas 79414**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against me or Others. (*If more than two, list under PARTICULARS below.*)

Name	No. Employees, Members	Phone No. (*Include Area Code*)
Texas Tech University Health Sciences Center	**500+**	**(806) 743-2984**

Street Address	City, State, and ZIP Code
3601 4th Street	**Lubbock, Texas 79430-8182**

Name	No. Employees, Members	Phone No. (*Include Area Code*)

Street Address	City, State, and ZIP Code

DISCRIMINATION BASED ON (*Check appropriate box(es).*)

☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN

☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION

☐ OTHER (*Specify*)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest	Latest
03/17/2016	**12/10/2019**

☒ CONTINUING ACTION

THE PARTICULARS ARE (*If additional paper is needed, attach extra sheet(s)*):

During my employment, I was subjected to a hostile work environment and harassment. The program director cursed at me and threatened to kill me on numerous occasions. I was subject to bullying by the program director during my entire employment. I made reports of the behavior, but the reports were dismissed without investigation. The program director stated several times in no uncertain terms that he wants women out of the program. The program director always addressed the men in the program as "Doctor," but only called me "Missy" or would just snap his fingers at me. I would ask the program director for help, but he would state that I was going to fail the medical boards, then dismiss me or scowl at me. I was given a recommendation for dismissal on December 10, 2019.

I believe I was discriminated and retaliated against as described above, because of my sex, in violation of the Title VII of the Civil Rights Act of 1964 and Chapter 21 of the Texas Labor Code.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – *When necessary for State and Local Agency Requirements*

I declare under penalty of perjury that the above is true and correct.

3-31-2020 Shannon Corbett

Date *Charging Party Signature*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(*month, day, year*)

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
LUBBOCK DIVISION

SHANNON CORBETT, Plaintiff,	*	
	*	CIVIL ACTION
v.	*	NO. 5:21-CV-00281-H
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, Defendant.	*	

VIDEOTAPED ORAL DEPOSITION

OF

SHANNON CORBETT

Tuesday, October 4, 2022

REMOTELY REPORTED

VIDEOTAPED ORAL DEPOSITION OF SHANNON CORBETT, produced as a witness at the instance of the Defendant, and duly sworn, was taken in the above-styled and numbered cause on Tuesday, October 4, 2022, from 10:01 a.m. to 5:58 p.m., before Debbie D. Cunningham, CSR in and for the State of Texas, remotely reported via Machine Shorthand, pursuant to the Federal Rules of Civil Procedure.

--ooOoo--

APPEARANCES

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VIDEOGRAPHER/ZOOM TECH:

Amelia Christopher

ALSO PRESENT:

Nathan Christopher

--ooOoo--

at that time.

Q. Okay. And do you recall her name?

A. M.F. , I believe.

Q. Okay. Are you aware of any Texas Tech anesthesiology resident other than yourself who did not pass their basic exam on four tries?

A. No, I do not.

Q. Do you know of any Texas Tech anesthesiology resident who did not pass three times?

A. No, I do not.

Q. And are you aware of any Texas Tech anesthesiology resident who did not pass their basic exam after two tries?

A. I do believe that S.C. tried at least twice, but I don't know that for a solid fact. I do believe that A.L. and J.F. maybe took it twice; I don't know for sure. But I know for sure all three failed at least one time, but it was never disclosed to me if they failed the second time.

Q. Okay. So other than yourself, you don't know of anyone in the Texas Tech

anesthesiology residency program who failed that basic exam four times other than yourself; is that right?

A. No, ma'am.

Q. Maybe I didn't phrase that correctly.

A. Sorry. No, I don't know of any other people that failed it four times.

Q. And when you say "people," just to keep the record clear, when we say -- when you say "people," we're talking about residents of the Texas Tech anesthesiology residency program?

A. Yes, ma'am.

Q. All right. I want to continue walking through --

MS. BENNETT: Well, actually can we take a quick, five-minute break right here?

MS. HARRIS: Yes.

MS. BENNETT: We've been going a couple of hours, and I do need to visit the -- will that work for everybody?

THE WITNESS: Yes.

MS. BENNETT: Will ten minutes work?

THE WITNESS: Ten minutes works

A. Yes, ma'am.

Q. And each time you sat for that exam, I mean, you had the opportunity to pass the exam and stay in the program; isn't that right?

A. I did, yes, ma'am.

Q. Right. But you did not pass the exam, did you?

A. No, ma'am.

Q. You took it four different times, and you never passed the exam; is that correct?

MS. HARRIS: Asked and answered.

Go ahead.

A. Yes, ma'am.

Q. (BY MS. BENNETT) You testified that you asked to transfer out of the anesthesiology residency program two times before you sat for the exam in June of 2018. When was the third time you asked to transfer out of the anesthesiology residency program?

A. It would have been after I got the results that I failed the exam the first time.

Q. Okay. You failed the exam the first time -- you sat for it in June of 2018. Do you recall about how long it takes for you to get your results?

Q. Here -- and we're back on Exhibit 8, which is your Complaint of Discrimination turned into Texas Tech University System.

A. Yes.

Q. Here, you say that, "Dr. Santos constantly harassed me and created a hostile work environment." Are those the activities that we were talking about earlier during the time that you were trying to study before the November exam?

A. These activities happened from the time he took over as program director until the time I was dismissed from the program. There was never a point in time when he did not harass me or the environment was not hostile.

Q. When you first started, you said your rotation was in Internal Medicine, correct?

A. Yes, ma'am.

Q. How often did you see Dr. Santos during a given week?

A. Usually, once or twice a week during my Internal Medicine time.

Q. And how long were you on that rotation?

A. For Internal Medicine you do one

year. So it's twelve months, from July to July.

Q. And you started in July 2- --

A. Oh, sorry.

Q. Did you start in July 2016?

A. Yes, ma'am, July 1st of 2016.

Q. All right. So that through July of 2017, you were on Internal Medicine rotation; and you said you saw him one to two times a week?

A. Yes, ma'am.

Q. And did you see him every week of that one-year rotation?

A. Unless he was out of town or, you know, on vacation, then, yes, I would see him at least a minimum of once a week.

Q. Was there any time that you took vacation during that first year?

A. Yes, I do believe I used 10 out of the 15 days we were allotted for vacation.

Q. All right. So one or two times a week. And when you saw him while you were on your Internal Medicine rotation, about how many minutes per day did you see him?

A. It would depend. So, usually,

Fridays were supposed to be reserved for our didactic sessions, where we did studying for the boards and, like -- basically, it was the book studying portion; whereas, being in the OR was kind of the hands-on portion.

Q. Uh-huh.

A. So it would depend on if he was giving a lecture that day. If he was giving a lecture that day, it could be three or four hours at a time that we saw him. If he wasn't giving a lecture that day, it might be maybe 30 minutes out of that Friday that we would see him. So it just kind of depended.

Q. Okay. On Monday through Thursday if that was one of the days that you saw him during the week, about how long would you two be around each other?

A. Maybe 15 or 20 minutes.

Q. And on that Monday through Thursday when it's about 15 or 20 minutes, were you two alone?

A. Sometimes. I would say maybe more so in the beginning. After he started making these comments that made me uncomfortable, I started avoiding trying -- or trying to avoid

A. I used to be, and then I would be uncomfortable being alone with him for the first maybe five or six minutes until other people started showing up. So I would sometimes wait in the parking lot until I saw other residents starting to walk in the building, and then I would walk in with them so I didn't have to be alone with him.

Q. So you weren't alone with him very often, right?

A. Not often.

Q. Okay. And about how long would it take when you guys were standing at the board? About how long would it take until you guys dispersed to your various assigned rooms?

A. Usually only a few minutes. I would say anywhere from between 3 to 5 minutes. He would give us a rundown of what he had on his schedule for the day, who was going to leave early, who was going to be assigned the late shift, what duties the late shift was going to be assigned, all that type of stuff. But it usually was maybe 3 to 5 minutes because he was a very organized board runner. He could have all of that stuff done very quickly.

Q. So Monday through Thursday -- well, actually, Monday through Friday, after the didactic sessions ceased, your contact with Dr. Santos was limited to 3 to 5 minutes a day one or two times a week; is that right?

A. That would be if he didn't come into the OR or if he wasn't the attending physician assigned to the OR in which you were working. If you were assigned to the room that he was in charge of, then you would deal with him pretty much all day every day.

Q. And how often were you assigned to the room that he was in charge of?

A. Not often because he made the assignments, and he did not like me. So he made sure, if there was any way possible, to make an assignment so he did not have to deal with me.

Q. If we go back to Exhibit 8, right here, still talking about Dr. Santos; and you said, "He would curse at me and threaten to kill me."

A. Yes, ma'am.

Q. Okay. Let's talk a little bit about that. Did that happen on more than one

delivery or doing nerve blocks or anything of the such.

Q. Okay. Were there times that Dr. Santos was the attending physician assigned to the room where you were assigned?

A. Yes, ma'am. On very few occasions, but there were some.

Q. So very few occasions. And on those very few occasions, how much time did the two of you -- would the two of you spend together?

A. There was only one time that he was assigned to the room that he spent any significant amount of time in there. The majority of time if he was assigned to my room, he wouldn't even set foot in the room. He may come in there and tell the nurse to put his name on the chart, but he would not stick in the room for any significant amount of time except once in OR 9.

Q. Okay. And I think you also said that once you were on anesthesia full time, that you'd have contact with Dr. Santos if he was the attending physician assigned to the same room you were in. And what was the second thing? You said it had something to do with

the board?

A. Yes. If you were in one of the ORs -- I can't remember right now which numbers were close to the anesthesia board; but if you were in one of those rooms, he would pass by the hallway a lot more frequently and come into those rooms.

Q. And were you -- how often were you in a room close to the anesthesia board?

A. I was not put into those rooms very often. I think it was because he didn't want to deal with me, and he was the one that made the assignments.

Q. And did you have this kind of schedule for the duration of your time at Texas Tech?

A. Yes, ma'am.

Q. If we come down to the bottom of Exhibit 8, is that your signature?

A. Yes, ma'am, it is.

Q. Okay. And when you signed this document, did you do it of your own free will?

A. Yes, I did.

Q. Did you feel any pressure at the time that you had to sign it?

A. No, ma'am, I did not.

Q. And according to this date here, January 10th, 2020, by this time -- by the time you filled out Exhibit 8, which is your first written complaint of discrimination and harassment, you had already been notified that you were being dismissed from the anesthesiology residency program, right?

A. Yes, ma'am.

Q. Okay. How long had you known you were being dismissed from the program when you filled out this complaint?

A. Almost a month.

Q. And before you filled out this complaint, you filed your Notice of Appeal of that dismissal, right?

A. Yes, ma'am, I did. I only had five days in order to file that notice. So I needed to get that filed in the timeframe that I had.

Q. When you filled out this complaint, had you already hired an attorney?

MS. HARRIS: I'm going to instruct her not to answer that.

MS. BENNETT: I can ask a question about when she hired an attorney. I'm

STATE OF TEXAS)

REPORTER'S CERTIFICATION

I, DEBBIE D. CUNNINGHAM, CSR, hereby certify that the witness was duly sworn and that this transcript is a true record of the testimony given by the witness.

I further certify that I am neither counsel for, related to, nor employed by any of the parties or attorneys in the action in which this proceeding was taken. Further, I am not a relative or employee of any attorney of record in this cause, nor am I financially or otherwise interested in the outcome of the action.

I further certify that pursuant to FRCP Rule 30(f)(1) that the signature of the deponent was requested by the deponent or a party before the completion of the deposition and that the signature is to be before any notary public and returned within 30 days from date receipt of the transcript. If returned, the attached Changes and Signature Page contains any changes and the reasons therefore.

Subscribed and sworn to by me this day, October 24, 2022.

Debbie D. Cunningham, CSR
Expiration: 6/30/23
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