

**IN THE SUPERIOR COURT OF CHATHAM COUNTY  
STATE OF GEORGIA**

MINDI A. GROOMS, & )  
HARRY GROOMS, )  
Plaintiffs, )

v. )

Civil Action File No.: SPCV26-00896-KA

ROBERT ALEXANDER WYNN, M.D., )  
SOUTHERN SURGICAL )  
PROVIDERS, P.C., )  
BERNARDINO VILLESAS, M.D., )  
CHRISTOPHER CURRO, M.D., & )  
EFFINGHAM HOSPITAL, INC., )  
HOSPITALIST MEDICINE PHYSICIANS )  
OF GEORGIA – ATLANTA, PC )  
HOSPITALIST MEDICINE PHYSICIANS )  
OF GEORGIA – EAST POINT, PC )  
HOSPITALIST MEDICINE PHYSICIANS )  
OF GEORGIA – LAVONIA, PC )  
HOSPITALIST MEDICINE PHYSICIANS )  
OF GEORGIA – SAVANNAH, PC )  
HOSPITALIST MEDICINE PHYSICIANS )  
OF GEORGIA – TCG, PC, )  
HOSPITALIST MEDICINE PHYSICIANS )  
OF GEORGIA – TCS, PC, )  
COGENT HEALTHCARE OF GEORGIA, )  
P.C., )  
SOUND PHYSICIANS ADVISORY )  
SERVICES, INC., )  
SOUND PHYSICIANS EMERGENCY )  
MEDICINE OF GEORGIA, P.C., )  
SOUND PHYSICIANS INTENSIVISTS )  
OF GEORGIA, P.C. )  
SOUND PHYSICIANS OF GEORGIA III, )  
P.C., )  
Defendants. )

DEMAND FOR JURY TRIAL

**COMPLAINT FOR PROFESSIONAL NEGLIGENCE,  
INFORMED CONSENT, RESPONDEAT SUPERIOR,  
AND LOSS OF CONSORTIUM**

COMES NOW Plaintiffs Mindi A. Grooms and Harry Grooms and file this Complaint against Defendants Robert Alexander Wynn, M.D., Southern Surgical Providers, P.C., Bernardino Villegas, M.D., Christopher Curro, M.D., Effingham Hospital, Inc., Hospitalist Medicine Physicians of Georgia – Atlanta, PC, Hospitalist Medicine Physicians of Georgia – East Point, PC, Hospitalist Medicine Physicians of Georgia – Lavonia, PC, Hospitalist Medicine Physicians of Georgia – Savannah, PC, Hospitalist Medicine Physicians of Georgia – TCG, PC, Hospitalist Medicine Physicians of Georgia – TCS, PC, Cogent Healthcare of Georgia, P.C., Sound Physicians Advisory Services, Inc., Sound Physicians Emergency Medicine of Georgia, P.C., Sound Physicians Intensivists of Georgia, P.C., and Sound Physicians of Georgia III, P.C., and show the Court the following:

**I. PARTIES, JURISDICTION AND VENUE**

1. The plaintiff, Mindi A. Grooms, is a 50-year-old mother of two children who resides in Effingham County, Georgia. She has been married to Harry Grooms since January 2008. After graduating from college with a bachelor's degree in marketing, and an associate's degree in psychology, Mindi worked as the Sales Development Coordinator at Colonial Oil for 19 years. Before the events described in this complaint, she was an active and deeply engaged mother, wife, and member of the community.

2. This is a picture of Mindi A. Grooms, before the events described in this complaint:



3. The plaintiff, Harry Grooms, is a 53-year-old father of two children who resides in Guyton, Georgia. He has worked in the aeronautical manufacturing industry for the last 15 years. Before the events described in this complaint, he enjoyed spending time outdoors with his wife and kids, traveling, and living life together as a happy family.

4. This is a picture of Harry Grooms with his bride Mindi A. Grooms, before the incidents described in this complaint.



5. Defendant Robert Alexander Wynn, M.D. (“Dr. Wynn”) is a physician licensed to practice medicine in the State of Georgia. Dr. Wynn is also the Chief Financial Officer and Registered Agent of Southern Surgical Providers, P.C., located in Savannah, Georgia, 31406. He is also a general surgeon who is the Chief of Surgery for Effingham Hospital, Inc., who also does business under the name of Effingham Health Systems, Inc. At all times relevant to this action, Dr. Wynn practiced medicine at Effingham Health System, 459 Highway 119 South, Springfield, Georgia, 31329, and undertook the diagnosis and ongoing management of Mindi A. Grooms’s ulcerative colitis and related complications. Dr. Wynn lives in Savannah, Chatham County, Georgia and has properties throughout Chatham County. Dr. Wynn is subject to service of process at his regular place of business.

6. Defendant Southern Surgical Providers, P.C., (“Southern Surgical”) is a domestic for-profit corporation existing under the laws of the state of Georgia, engaged in the practice of medicine through its physicians and employees. At all times relevant to this action, Dr. Wynn was an agent of Southern Surgical Providers, P.C., acting within the course and scope of that agency. Dr. Wynn is the Chief Financial Officer and registered agent. This business is located at 7120 Hodgson Memorial Drive, Savannah, Georgia, 31406.

7. Defendant Bernardino Villescás, Jr., M.D. (“Dr. Villescás”) is a physician licensed to practice medicine in the State of Georgia. Dr. Villescás has practiced medicine in McAllen, Texas, Fargo, North Dakota, and now in Effingham, Georgia. At all times relevant to this action, Dr. Villescás practiced medicine as a hospitalist physician at Effingham Health System, 459 Highway 119 South, Springfield, Georgia, 31329, and served as an attending and treating physician for Mindi A. Grooms during multiple hospitalizations at that facility. He is the Chief of Medicine for Effingham Health System and can be served at that address.

8. Defendant Christopher Curro, M.D. (“Dr. Curro”) is a physician licensed to practice medicine in the state of Georgia. At all times relevant to this action, Dr. Curro practiced medicine as a hospitalist physician at Effingham Health System and served as an attending and treating physician for Mindi A. Grooms during multiple hospitalizations at that facility. Dr. Curro can be served at that address.

9. Effingham Hospital, Inc. (“Effingham Hospital”) is a Georgia corporation doing business as Effingham Health Systems Foundation, Inc., with its principal place of business located at located at 459 Highway 119 South, Springfield, GA 31329. At all times relevant to this action, Effingham Hospital owned, operated, and controlled the hospital and medical facilities at which Mindi A. Grooms received care, and employed, contracted with, and/or exercised control over the physicians and medical staff—including Dr. Wynn, Dr. Villescas and Dr. Curro—who provided medical services to Mindi Groom. The registered agent for this corporation is Dr. Fran Witt, and she can be served at the same address.

10. Hospitalist Medicine Physicians of Georgia – Atlanta, PC, Hospitalist Medicine Physicians of Georgia – East Point, PC, Hospitalist Medicine Physicians of Georgia – Lavonia, PC, Hospitalist Medicine Physicians of Georgia – Savannah, PC, Hospitalist Medicine Physicians of Georgia – TCG, PC, Hospitalist Medicine Physicians of Georgia – TCS, PC are domestic professional corporations which all do business as Sound Physicians.

11. Hospitalist Medicine Physicians of Georgia – Atlanta, PC, Hospitalist Medicine Physicians of Georgia – East Point, PC, Hospitalist Medicine Physicians of Georgia – Lavonia, PC, Hospitalist Medicine Physicians of Georgia – Savannah, PC, Hospitalist Medicine Physicians of Georgia – TCG, PC, Hospitalist Medicine Physicians of Georgia – TCS, PC may

be served with process by serving their registered agent, CSC of Cobb County, Inc., at 192 Anderson Street SE, Suite 125, Marietta, GA, 30060.

12. Cogent Healthcare of Georgia, P.C., is a domestic professional corporation which does business as Sound Physicians.

13. Cogent Healthcare of Georgia, P.C. may be served with process by serving its registered agent, CSC of Cobb County, Inc., at 192 Anderson Street SE, Suite 125, Marietta, GA, 30060.

14. Sound Physicians Advisory Services, Inc. is a foreign corporation and Sound Physicians Emergency Medicine of Georgia, P.C., Sound Physicians Intensivists of Georgia, P.C., and Sound Physicians of Georgia III, P.C. are domestic professional corporations which all do business as Sound Physicians.

15. Sound Physicians Advisory Services, Inc. is a foreign corporation and Sound Physicians Emergency Medicine of Georgia, P.C., Sound Physicians Intensivists of Georgia, P.C., and Sound Physicians of Georgia III, P.C. may be served with process by serving their registered agent, CSC of Cobb County, Inc., at 192 Anderson Street SE, Suite 125, Marietta, GA, 30060.

16. This Court has subject matter jurisdiction over this action pursuant to O.C.G.A. § 15-6-8.

17. Venue is in Chatham County pursuant to O.C.G.A. § 9-10-30, and/or because one or more Defendants reside, maintain a principal place of business, or are subject to personal jurisdiction in Chatham County, Georgia.

18. The acts and omissions giving rise to Plaintiffs' claims occurred primarily at Effingham Health System, Springfield, Georgia. The injuries and damages suffered by Plaintiffs

are a direct and proximate result of the negligence and other wrongful conduct of Defendants as described herein.

## II. FACTUAL BACKGROUND

19. Mindi A. Grooms married her husband, Harry, in 2008. They have two children, Ambrose, age 17, and Fluer, age 16. The family lives in a 5-bedroom, 3 bath, two story home on a quiet cul-de-sac in Guyton, Georgia. Until 2024, Mindi A. Grooms had never been hospitalized for any reason other than the births of her two children.

20. Mindi was an active mom and employee. After working a full day at Colonial Oil, her work did not stop. She took the kids to and from school, social events, and sporting events. Both kids played soccer, and Mindi often took them to out-of-town games and tournaments. Mindi loved to bake with the kids and sit down as a family for dinner. Mindi loved spending time outside, whether it was camping, fishing, or walking on the beach. The family enjoyed their family vacations in the mountains and at the beach.

21. On January 17, 2024, Mindi's insides felt broken. She had to use the bathroom constantly and when she did, she had bloody diarrhea. At first, she thought it was stress related because she was always on the go, then she thought it was an irritable bowel, but then she became concerned. She was constantly using the restroom and having bloody diarrhea. She went to the Effingham Hospital Emergency Room for help. When she arrived, she had intermittent heart palpitations, diarrhea and bloody stools.

22. Effingham Hospital is a relatively small full-service hospital with gastroenterologists on call and others nearby. The hospital is about thirty minutes away from Savannah.

23. The emergency room doctor referred Mindi to follow up with her primary care physician (PCP) and a cardiologist. Despite the significant gastrointestinal complaint of rectal bleeding and bloody diarrhea—a presentation warranting gastroenterology evaluation—she was discharged to Dr. Wynn, a general surgeon, and not to a gastroenterologist. No definitive diagnostic workup for the cause of her gastrointestinal bleeding was completed at that time. The doctor referred Mindi to Dr. Wynn “for further evaluation and possible colonoscopy.” She was discharged from the emergency room.

24. Dr. Wynn is a general surgeon. At the time, he served as the Effingham Hospital’s Chief of Surgery and the Chief Medical Officer.

25. As the Chief Medical Officer and Chief of Surgery, Dr. Wynn receives compensation from Effingham Hospital. Further, the more procedures he performs at Effingham Hospital, the more money he makes. Likewise, the more procedures he performs at Effingham Hospital, the more money the hospital makes.

26. On information and belief, Dr. Wynn is highly motivated by money and volume. He often keeps patients who should otherwise be referred to specialists so that he can make additional money. On information and belief, he did this with Mindi Grooms.

27. Effingham Hospital has a troubled past; and Dr. Wynn’s work at Effingham Hospital has helped it gain financial footing. For example, in 2018, Effingham Hospital was forced to pay the largest hospital drug diversion civil penalty settlement in U.S. history. After a United States Department of Justice investigation, Effingham Hospital agreed to pay millions to

resolve allegations regarding providing effective controls and procedures to guard against the illegal diversion of opioids. The investigation revealed that tens of thousands of oxycodone 30mg tablets were illegally diverted over a four-year period.

28. Effingham Hospital has benefited from Dr. Wynn's excessively high volume of procedures performed at the hospital. Some of the patients, however, have not.

29. Dr. Wynn, a general surgeon, undertook the management of Mindi's gastrointestinal condition. At no time during the course of her care and treatment at Effingham Hospital did Dr. Wynn refer Mindi to a gastroenterologist or obtain a gastroenterology consultation, despite the nature, severity, and complexity of her inflammatory bowel disease. Dr. Wynn is not and never has been a gastroenterologist.

30. Gastroenterology is the medical specialty focused on the digestive system (the gastrointestinal tract) and its disorders. A gastroenterologist is a physician with dedicated training management of diseases of the gastrointestinal tract and liver.

31. Beyond physical exams and prescribing treatments, gastroenterologists are trained to perform specific, minimally invasive procedures to diagnose and manage diseases, such as endoscopy and colonoscopy.

32. A colonoscopy is a medical procedure that allows a doctor to examine the inside of a person's entire large intestine (colon and rectum) using a long, thin, flexible tube equipped with a camera and light, known as a colonoscope.

33. On January 24, 2024, Mindi followed up with Dr. Wynn at his office. Mindi explained her gastrointestinal issues, her frequent loose and bloody stools, and the continued pressure to use the restroom.

34. Dr. Wynn recommended and scheduled a colonoscopy and an EGD.

35. EGD stands for esophagogastroduodenoscopy. It is a minimally invasive medical procedure- also commonly called an upper endoscopy- used to visually examine the lining of the upper digestive tract: the esophagus, stomach, and the first part of the small intestine.

36. On February 5, 2024, Mindi returned to the Effingham Hospital so Dr. Wynn could perform a colonoscopy.

37. Once Mindi was under sedation, Dr. Wynn started the colonoscopy but ended it early. He terminated the procedure “at the level of the descending colon due to friable tissue and active disease.”

38. Friability is typically a sign of active inflammation in the colon. The most common causes include Ulcerative Colitis or Crohn’s, or some kind of bacterial or parasitic infection of the colon.

39. To help determine the disease, physicians often conduct biopsies of the tissue and stool samples. It is unclear from the records what the results were from the biopsies. What is clear, however, is that the results were not examined by a gastroenterologist at the time.

40. Despite having active inflammation of the colon, Dr. Wynn did not refer Mindi to a gastroenterologist. Instead, he prescribed her prednisone, a corticosteroid designed to reduce inflammation, and he sent her home.

41. Prednisone is not a long-term treatment for colon inflammation caused by irritable bowel diseases like Ulcerative Colitis or Crohn’s. Prednisone is a fast-acting medication that is used as a bridge to quickly cool down inflammation and to relieve symptoms while a slower-acting, long-term, medication can begin to take effect.

42. Long term use of prednisone is dangerous. It can negatively impact a person’s ability to regulate cortisol; and it suppresses the body’s immune system. It also has serious side

effects, including bone weakening, high blood pressure, increased risk of infection, elevated blood sugar, and negative interaction with other medicines.

43. On May 21, 2024, Mindi returned to Dr. Wynn's office. Dr. Wynn documented in his file that Mindi presented with a "colitis flare" and that he would treat the "flare" with another round of prednisone.

44. Instead of identifying and treating the disease, Dr. Wynn treated the symptoms and not the disease. Dr. Wynn failed to refer Mindi to a gastroenterologist.

45. About one month later, on June 18, 2024, Mindi returned to Dr. Wynn's office for an appointment. Dr. Wynn noted that Mindi "had a good response to steroid taper initially," however, "when the taper was started she began to bleed again." He noted that Mindi would need "prebiologic testing as she failed steroids and asacol for management of her inflammatory bowel disease." Dr. Wynn ordered another "colonoscopy" "in preparation for biologic therapy." He assessed her as having "other specified noninfective gastroenteritis and colitis."

46. "Noninfective gastroenteritis and colitis" is a group of conditions causing inflammation in the stomach, small intestine, or colon, *not* caused by an infection or bacteria. It is typically triggered by adverse food reactions, medications, stress, environmental pollutants, or inflammatory bowel disease. It is not a diagnosis for a particular disease, for example Ulcerative Colitis.

47. Asacol (Mesalamine) is one of many prescription medicines that can be used to treat and maintain remission in mildly to moderately active ulcerative colitis. It works like a local anti-inflammatory directly in the colon to reduce symptoms like diarrhea and rectal bleeding. Asacol, however, was moved to the discontinued drug list by the Food and Drug Administration (FDA) in 2023, over a year before it was prescribed to Mindi from Dr. Wynn.

48. Dr. Wynn failed to explore proper treatment modalities for Ulcerative Colitis and failed to refer her to a specialist. Instead, he chose to perform another colonoscopy.

49. On or about July 8, 2024, Dr. Wynn performed another colonoscopy on Mindi at Effingham Hospital.

50. The colonoscopy showed: (1) inflammation and ulcerations throughout the rectum and sigmoid colon; (2) no areas of concern in the descending colon; (3) ulcerations in the traverse colon and (4) no inflammation in the ascending colon and cecum.

51. Dr. Wynn diagnosed Mindi with “moderate ulcerative colitis which is prednisone refractory.” He recommended Mindi to begin biologic treatment when results of the pre-biologic screening were available.

52. Prednisone refractory means that Mindi’s body’s inflammatory condition or disease does not respond, or stops responding, to prednisone treatments. Prescribing prednisone to a refractory patient provides no therapeutic benefit to their underlying condition while needlessly exposing them to severe, dose-dependent side effects. The primary danger is that high-dose, continuous steroid use causes systemic toxicity, immune suppression, and hormonal disruption without addressing the disease. Because the patient’s condition is unresponsive, they endure the adverse effects of corticosteroids without any clinical payoff. Key risks include: severe infections, metabolic derangements, bone loss and damage, cardiovascular and gastrointestinal issues, psychiatric disturbances, among other things.

53. Despite Dr. Wynn diagnosing Mindi with a chronic gastrointestinal disease, Dr. Wynn failed to refer her to a gastroenterologist.

54. Despite being prednisone refractory, Dr. Wynn, Dr. Velascas, and Dr. Curro continued providing Mindi prednisone and in fact, increased her dosage.

55. After the colonoscopy and diagnosis, Dr. Wynn sent Mindi home, still sick, still suffering, still inflamed, still bleeding, and with no working medication.

56. Dr. Wynn failed to explore other treatment modalities, known by gastroenterologists.

57. Mindi continued excreting bloody mucus-filled loose bowel movements dozens of times a day. Mindi's intestinal cramps continued. Always feeling the need to use the restroom, her anxiety increased and when she left the house, one of the first things she did was look for the nearest restroom. Her daily activities went from action packed to anxiety packed, always in search of the nearest restroom.

58. Mindi suffered all month long. She was in constant pain, day and night. Between her bouts of vomiting, and her 25+ bloody bowel movements a day, she lost energy and needed some form of relief.

59. Mindi's ulcerated colon expanded in her body. By August 4, 2024, her colon dilated to a dangerous level, indicating a likelihood of toxic mega-colon and potential perforation. When a colon perforates, it spills fecal matter into the body, causing sepsis. Despite the warning signs, nothing was done to explore whether she had toxic megacolon or whether it had torn open. On the contrary, she was released from the emergency room visit.

60. On August 7, 2024, Mindi returned to the Effingham Hospital and was admitted. Her skin was discolored. She was weak from vomiting and diarrhea, and she was in immense pain. Her clinical presentation was alarming: a heart rate of 133, approximately 30 bowel movements per day, a white blood count of 16.08, a platelet count of 677, and a dangerously low potassium level of 3.00 mEq/L. Despite this severe, life-threatening flare, no gastroenterology consultation was obtained.

61. Instead of being referred to one of the several gastroenterologists on call at the hospital, she was treated by non-intestinal specialist, Dr. Bernardino Villescas.

62. Dr. Bernardino Villescas, a hospitalist for Effingham Hospital, is an internal medicine doctor and listed by Effingham Hospital as the Chief of Medicine. Internal medicine doctors, also known as “internists”, are primary care physicians who treat adults. Dr. Villescas documented that Mindi presented with “the worst flare of ulcerative colitis that she has had previously.” He noted that Mindi reported “daily hematochezia with increased fecal urgency, rectal pain, decreased appetite, lower abdominal cramping, intractable dry heaving, and near 30 bouts of diarrhea daily” over the last five days.

63. Despite these gastrointestinal nightmares, Dr. Villescas did not refer Mindi to a gastroenterologist, despite several who were on call at the hospital.

64. Mindi was hospitalized for roughly 21 days between August 7, 2024, and August 28, 2024. She was treated by Dr. Wynn, Dr. Villescas, and Dr. Curro, another hospitalist physician who worked for Effingham Hospital.

65. Dr. Villescas noted that Mindi “was recently started on 60 mg of prednisone daily 3 days ago with no changes.” He also noted that “eating and drinking makes symptoms worse and nothing makes symptoms better.”

66. Dr. Villescas noted that Mindi takes Asacol daily for ulcerative colitis, and he noted that general surgeon “Dr. Wynn [had been] consulted for further guidance” and that Dr. Wynn stated that he “would like patient to be started on Remicade, but insurance has been prohibitive.” Dr. Villescas noted that Mindi’s last bowel movement at the facility was made up of “blood tinged diarrhea.” Dr. Wynn told Dr. Villescas that they would “start Remicade tomorrow.”

67. Remicade is a biologic medication used to treat chronic inflammatory and autoimmune conditions, like ulcerative colitis. Insurance companies sometimes deny coverage for Remicade to control spending. It is expensive and insurance companies like the physician (for ulcerative colitis patients, typically gastroenterologist) to document a history of the patient trying other modalities of treatment and that the other forms of treatment have failed. Some insurance companies are less likely to approve paying for Remicade when it is issued by a non-gastroenterology specialist who has not exhausted other readily accessible forms of treatment. In this case, coverage was denied. That being said, the hospital had access to Remicade to treat Mindi but did not want to advance the expenses.

68. Mindi continued to get sicker. Her ulcerated colon continued to swell. On August 13, 2024, CT imaging of the abdomen confirmed signs consistent with impending toxic megacolon. Toxic megacolon is a medical emergency that, in the setting of ulcerative colitis, requires immediate multidisciplinary management including gastroenterology. Nevertheless, no gastroenterology consultation was ever obtained during this critical hospitalization. As the colon expands, so does the possibility of rupture. Dr. Wynn, Dr. Villescas, and Dr. Curro, continued with medical management. They did not consult a gastroenterologist or transfer Mindi to a higher level, more skilled, facility. Instead, on August 28, 2024, they sent her home.

69. A few days later, on September 2, 2024, Mindi returned to the Effingham Emergency Room. Her pain was 10 of 10 and her abdomen was likewise distended. Medical exams revealed worsening dilation of her already dilated colon. Despite a dangerous expanded colon subject to perforation, pain, cramping, and bloody diarrhea, Dr. Wynn, Dr. Villescas and Dr. Curro, failed to consult with a gastroenterologist, failed to ensure her colon had not ruptured, failed to transfer her to a more skilled hospital, but for over 30 hours, they let her stay in her

hospital room. She was shaking uncontrollably, in pain, miserable, and couldn't even watch TV. Meanwhile, Mindi's pain increased, her colon ruptured in multiple places, and fecal matter spilled into her abdominal cavity, where it sat and infected and destroyed her insides.

70. The next day, over thirty hours later, Mindi was deathly ill and in extreme pain. Dr. Wynn conducted surgery on her perforated colon and removed it. Fecal material was throughout her abdominal cavity. She was septic and woke up with an ostomy bag. A colectomy is a surgical procedure to remove all or part of the large intestine. Once removed, part of the intestine (small or large if any is remaining) is diverted through a hole in the abdominal wall. This part is called a stoma. The stoma exits the skin and allows stool to bypass the rectum and collect in an external pouch (ostomy bag).

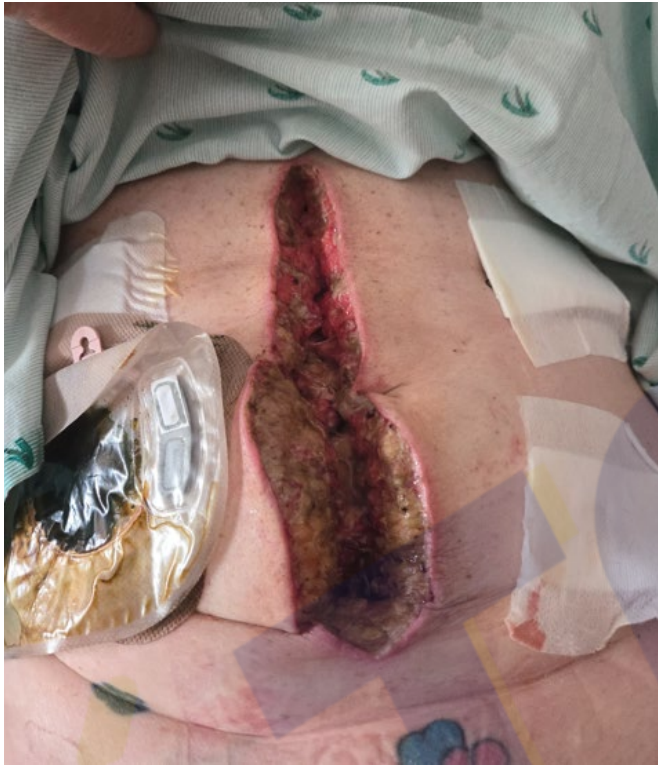
71. Because the diverted intestine lacks the muscle control of an anus, stool continuously passes out of the stoma and must be collected in an odor-proof, disposable or reusable pouch worn outside the body. This is a picture of a colostomy pouch and stoma:



72. Following the September 3, 2024, colectomy, Mindi's condition got worse. Mindi's surgical site was contaminated with fecal matter. This led to necrosis, sepsis, mesh

infection and a host of other conditions. Throughout her hospital stay, Mindi received insufficient nutrition. Her frail, nutrient depleted body struggled to survive. At times, she suffered from acute delirium. For example, in October 2024, she thought she saw parasites in her ostomy bag. Her hip and pelvic bones fractured because they were so frail. Even a bone in her lower spine collapsed due to the brittleness. Mindi had additional surgeries on September 10, 2024, October 22, 2024, and November 11, 2024. As a result, Mindi developed worsening hyponatremia, enterocutaneous fistula, TPN dependence, among other things. She required multiple transfusions, nutritional support, and ongoing management of surgical complications. At no point during this entire course of care—from January 17, 2024, through December 28, 2024—was a gastroenterology consultation obtained or documented. Mindi remained under the care of Dr. Wynn, Dr. Villescascas, and Dr. Curro, who now had different opinions on what disease she was suffering from. Dr. Wynn changed his diagnoses to Crohn's Disease, while Dr. Villescascas and Dr. Curro still believed she suffered from Ulcerative Colitis. This diagnostic discrepancy underscores the critical need for gastroenterology involvement. A gastroenterologist would have been essential to establishing and confirming a definitive diagnosis of inflammatory bowel disease subtype, which is a fundamental prerequisite for appropriate management. No gastroenterology consultation was ever sought by the Defendants to resolve this critical diagnosis ambiguity.

73. This is a picture of one of Mindi's fistulas:



74. While many were celebrating Christmas, Mindi was still in the hospital struggling to live. The day after Christmas, December 26, 2024, Mindi's clinical condition had critically deteriorated. Her serum sodium had fallen to 125.9 mEq/L, her hemoglobin was 7.0 g/dL, and her wound was exhibiting expanding drainage. A transfer to a higher level of care was arranged but delayed by the hospital.

75. Despite Effingham's norm of transferring patients to higher level hospitals in Savannah, Georgia, Dr. Wynn chose to transfer Mindi to Wellstar MCG Health in Augusta, Georgia.

76. Mindi arrived at Wellstar MCG Health on December 28, 2024, and was immediately admitted into the intensive care unit in mixed cardiogenic and septic shock.

77. Cardiogenic shock is a life-threatening medical emergency where your heart cannot pump enough blood to meet the body's vital needs.

78. Septic shock is the most severe, life-threatening stage of sepsis. It occurs when an underlying infection triggers an extreme immune response, causing severe inflammation and dangerously low blood pressure.

79. Shortly after admission, Mindi suffered an acute loss of consciousness and required intubation and mechanical ventilation. A gastroenterologist was consulted for the first time.

80. This is a picture of Mindi intubated:



81. January 1, 2025 did not bring in a Happy New Year for Mindi, it brought more struggle and pain. On February 27, 2025, doctors amputated Mindi's right midshaft arm, most of her right foot, and her left foot – all due to dry gangrene.

82. These are photos of Mindi's gangrene and amputations:





83. Mindi's life has been permanently and catastrophically altered by the events outlined herein. Mindi has now developed sepsis in her mouth and face. She frequently dry heaves. She has been in a medical facility for over 600 days. She has an open cavity in her abdomen area that is often infected. She is missing two feet and an arm. She cannot eat food and must be fed through an IV. She now lives with a permanent ostomy bag that is attached to her abdomen at all times to collect waste from her small intestine. Someone must empty the bag multiple times a day. Someone must change the apparatus several times a week. She cannot do it because it requires two hands. The bag often leaks acidic waste onto her skin. Her skin is sensitive. Because she is essentially immobile, she developed pressure sores on her head- to her skull. She developed pressure sores on her tailbone to her spine. She suffers phantom pain from her amputations. She also suffers pain from the sores that are on her amputations. She requires IV pain medicine to get through the day.

84. Mindi is physically limited in what she can do. She cannot clap. She cannot hold her children in her arms. She cannot give a strong two-armed embrace. She cannot walk. She cannot feel the sand between her toes or hear the crunch of leaves as she walks through the mountain trails because she does not have feet and she cannot leave the confines of the medical facility that has become her home.

85. The psychological impact has been equally devastating. Mindi has been diagnosed with major depressive disorder and post-traumatic stress disorder related to her medical trauma. She experiences nightmares about the nightmares she experienced. She has panic attacks and at moments questions whether she wants to continue to fight to live. And she chooses to fight.

86. Mindi has not returned to work since January 2024. The career she loved, the career she devoted over a decade to build, has been taken from her.

87. Mindi has not attended any of her kids' high school events since the events outlined herein. Month after month, Mindi is missing out on life's major milestones. Despite having a lovely house on a quiet cul-de-sac in Effingham County, Mindi currently lives in a medical facility in Savannah. Mindi is watching her children grow up from a distance. She will require ongoing medical treatment for the remainder of her life.

88. As Harry Grooms' wife suffers these permanent injuries and disabilities, Harry Grooms has lost the companionship, affection, society, services, and consortium of his wife, Mindi, to his great and ongoing damage. He has taken on the role of primary caretaker for both his wife and their children. He has maintained his job, a necessity to ensure medical insurance is available to provide care for his bride. He goes to work at 4am. After work, he goes home, checks on his kids, works with them, then visits his bride every night. He stays by her side until about 9pm. While present, they talk, he cares for her. He holds her hand. He helps change her

ostomy and he tells her he loves her. He gets home around 10pm, goes to bed, and wakes up around 3am to repeat the routine. On weekends, he stays by his bride's side.

### **III. CAUSES OF ACTION**

#### **Count One: Professional Negligence Defendant Robert Alexander Wynn, M.D.**

89. Plaintiffs incorporate the preceding paragraphs of this Complaint as if fully set forth herein.

90. At all times relevant to this Complaint, Robert Alexander Wynn, M.D. was a medical doctor licensed to practice medicine in the State of Georgia.

91. As such, Robert Alexander Wynn, M.D. held himself out to the public, and to Mindi Grooms, as a physician competent to provide medical diagnoses and treatment.

92. By undertaking to diagnose and treat Mindi Grooms, Robert Alexander Wynn, M.D. had a duty to exercise a reasonable degree of care and skill generally provided by medical doctors under similar conditions and like surrounding circumstances.

93. Robert Alexander Wynn, M.D. breached that duty and deviated from the accepted standard of care by managing Mindi Grooms' care without gastroenterology consultation, failing to obtain clarity regarding Mrs. Grooms' true diagnosis, failing to recognize impending toxic megacolon on CT, and failing to obtain Mrs. Grooms' informed consent regarding management without gastroenterological involvement. (See Affidavit of Erin King-Mullins, M.D., attached hereto as Exhibit "A", which specifically sets forth at least one negligent act or omission of Robert Alexander Wynn, M.D. and the factual basis therefor, as required by O.C.G.A. § 9-11-9.1).

94. As a direct and proximate result of Robert Alexander Wynn, M.D.'s aforementioned deviations from the standard of care, Mindi Grooms suffered severe and permanent injuries and damages.

**Count Two: Professional Negligence  
Defendant Bernardino Villescas, M.D.**

95. Plaintiffs incorporate the preceding paragraphs of this Complaint as if fully set forth herein.

96. At all times relevant to this Complaint, Bernardino Villescas, M.D. was a medical doctor licensed to practice medicine in the State of Georgia.

97. As such, Bernardino Villescas, M.D. held himself out to the public, and to Mindi Grooms, as a physician competent to provide medical diagnoses and treatment.

98. By undertaking to diagnose and treat Mindi Grooms, Bernardino Villescas, M.D. had a duty to exercise a reasonable degree of care and skill generally provided by medical doctors under similar conditions and like surrounding circumstances.

99. Bernardino Villescas, M.D. breached that duty and deviated from the accepted standard of care by managing Mindi Grooms' care without gastroenterology consultation, failing to recognize impending toxic megacolon on CT, and failing to obtain Mrs. Grooms' informed consent regarding management without gastroenterological involvement. (See Affidavit of Pahresah L. Roomiany, M.D., attached hereto as Exhibit "B", which specifically sets forth at least one negligent act or omission of Bernardino Villescas, M.D. and the factual basis therefor, as required by O.C.G.A. § 9-11-9.1).

100. As a direct and proximate result of Bernardino Villescas, M.D.'s aforementioned deviations from the standard of care, Mindi Grooms suffered severe and permanent injuries and damages.

**Count Three: Professional Negligence  
Defendant Christopher Curro, M.D.**

101. Plaintiff incorporates all preceding paragraphs of this complaint as if fully set forth herein.

102. At all times relevant to this Complaint, Christopher Curro, M.D. was a medical doctor licensed to practice medicine in the State of Georgia.

103. As such, Christopher Curro, M.D. held himself out to the public, and to Mindi Grooms, as a physician competent to provide medical diagnoses and treatment.

104. By undertaking to diagnose and treat Mindi Grooms, Christopher Curro, M.D. had a duty to exercise a reasonable degree of care and skill generally provided by medical doctors under similar conditions and like surrounding circumstances.

105. Christopher Curro, M.D. breached that duty and deviated from the accepted standard of care by managing Mindi Grooms' care without gastroenterology consultation, failing to recognize impending toxic megacolon on CT, and failing to obtain Mrs. Grooms' informed consent regarding management without gastroenterological involvement. (See Affidavit of Pahresah L. Roomiany, M.D, attached hereto as Exhibit "B", which specifically sets forth at least one negligent act or omission of Christopher Curro, M.D. and the factual basis therefor, as required by O.C.G.A. § 9-11-9.1).

106. As a direct and proximate result of Christopher Curro, M.D.'s aforementioned deviations from the standard of care, Mindi Grooms suffered severe and permanent injuries.

**Count Four: Respondeat Superior / Agency  
Defendant Southern Surgical Providers, P.C.**

107. Plaintiffs incorporate the preceding paragraphs of this Complaint as if fully set forth herein.

108. At all times relevant herein, Defendant Robert Alexander Wynn, M.D. was employed by Defendant Southern Surgical Providers, P.C.

109. At all times relevant herein, Defendant Robert Alexander Wynn, M.D. was acting within the course and scope of his employment with Defendant Southern Surgical Providers, P.C.

110. As such, Defendant Southern Surgical Providers, P.C. is vicariously liable for any negligent acts or omissions of Defendant Robert Alexander Wynn, M.D. while he was acting within the course and scope of his employment.

**Count Five: Respondeat Superior / Agency  
Defendant Effingham Hospital, Inc.**

111. Plaintiffs incorporate the preceding paragraphs of this Complaint as if fully set forth herein.

112. At all times relevant herein Defendant Robert Alexander Wynn, M.D. was employed by Defendant Effingham Hospital, Inc.

113. At all times relevant herein, Defendant Robert Alexander Wynn, M.D. was acting within the course and scope of his employment with Defendant Effingham Hospital, Inc.

114. As such, Defendant Effingham Hospital, Inc. is vicariously liable for any negligent acts or omissions of Defendant Robert Alexander Wynn, M.D. while he was acting within the course and scope of his employment.

115. At all times relevant herein Defendant Bernardino Villescas, M.D. was employed by Defendant Effingham Hospital, Inc.

116. At all times relevant herein, Defendant Bernardino Villescas, M.D. was acting within the course and scope of his employment with Defendant Effingham Hospital, Inc.

117. As such, Defendant Effingham Hospital, Inc. is vicariously liable for any negligent acts or omissions of Defendant Bernardino Villescas, M.D. while he was acting within the course and scope of his employment.

118. At all times relevant herein Defendant Christopher Curro, M.D. was employed by Defendant Effingham Hospital, Inc.

119. At all times relevant herein, Defendant Christopher Curro, M.D. was acting within the course and scope of his employment with Defendant Effingham Hospital, Inc.

120. As such, Defendant Effingham Hospital, Inc. is vicariously liable for any negligent acts or omissions of Defendant Christopher Curro, M.D. while he was acting within the course and scope of his employment.

121. Alternatively, to the extent that Dr. Wynn, Dr. Villescas, or Dr. Curro provided services at Effingham Health System under circumstances in which Effingham Hospital, Inc. had the right to control the manner and method of their work, or held them out to patients - including Mindi A. Grooms - as part of the hospital's medical staff (for example Chief Medical Officer or Chief of Surgery), Effingham Hospital, Inc. is also vicariously liable for their negligent acts and omissions.

**Count Six: Respondeat Superior / Agency**  
**Defendants Hospitalist Medicine Physicians of Georgia – Atlanta, PC, Hospitalist Medicine Physicians of Georgia – East Point, PC, Hospitalist Medicine Physicians of Georgia – Lavonia, PC, Hospitalist Medicine Physicians of Georgia – Savannah, PC, Hospitalist Medicine Physicians of Georgia – TCG, PC, Hospitalist Medicine Physicians of Georgia – TCS, PC, Cogent Healthcare of Georgia, P.C., Sound Physicians Advisory Services, Inc., Sound Physicians Emergency Medicine of Georgia, P.C., Sound Physicians Intensivists of Georgia, P.C., and Sound Physicians of Georgia III, P.C.**  
**(“Sound Physicians Defendants”)**

122. Plaintiffs incorporate the preceding paragraphs of this Complaint as if fully set forth herein.

123. At all times relevant herein Defendant Robert Alexander Wynn, M.D. was employed by one or more of the Sound Physicians Defendants.

124. At all times relevant herein, Defendant Robert Alexander Wynn, M.D. was acting within the course and scope of his employment with one or more of the Sound Physicians Defendants.

125. As such, one or more of the Sound Physicians Defendants is vicariously liable for any negligent acts or omissions of Defendant Robert Alexander Wynn, M.D. while he was acting within the course and scope of his employment.

126. At all times relevant herein Defendant Bernardino Villescascas, M.D. was employed by one or more of the Sound Physicians Defendants.

127. At all times relevant herein, Defendant Bernardino Villescascas, M.D. was acting within the course and scope of his employment with one or more of the Sound Physicians Defendants.

128. As such, one or more of the Sound Physicians Defendants is vicariously liable for any negligent acts or omissions of Defendant Bernardino Villescascas, M.D. while he was acting within the course and scope of his employment.

129. At all times relevant herein Defendant Christopher Curro, M.D. was employed by one or more of the Sound Physicians Defendants.

130. At all times relevant herein, Defendant Christopher Curro, M.D. was acting within the course and scope of his employment with one or more of the Sound Physicians Defendants.

131. As such, one or more of the Sound Physicians Defendants is vicariously liable for any negligent acts or omissions of Defendant Christopher Curro, M.D. while he was acting within the course and scope of his employment.

132. Alternatively, to the extent that Dr. Wynn, Dr. Villescas, or Dr. Curro provided services at Effingham Health System under circumstances in which one or more of the Sound Physicians Defendants had the right to control the manner and method of their work, or held them out to patients - including Mindi A. Grooms - as part of the hospital's medical staff (for example Chief Medical Officer or Chief of Surgery), one or more of the Sound Physicians Defendants is also vicariously liable for their negligent acts and omissions.

### **III. INJURIES & DAMAGES**

133. Plaintiffs incorporate the preceding paragraphs of this Complaint as if fully set forth herein.

134. As a direct and proximate result of the Defendants' negligence, Mindi A. Grooms suffered severe and permanent injuries, including but not limited to: toxic megacolon, emergency colectomy, permanent ileostomy, sepsis, colon perforation with peritoneal contamination; enterocutaneous fistula; multiple abdominal surgeries; septic shock; hemophagocytic lymphohistiocytosis, fractured pelvic bones, fractured spine, multiple abdominal surgeries, right midshaft arm amputation, right transmetatarsal amputation; and left Chopart foot amputation, chronic pain, painful bed sores. Mindi has suffered and continues to suffer severe physical pain, disability, disfigurement, emotional distress, depression, post-traumatic stress disorder, loss of enjoyment of life, and economic losses.

135. Mindi Grooms has also suffered lost wages and medical expenses, both past and future.

136. Harry Grooms is also entitled to recover for his loss of consortium.

137. One or more of the Defendants may also be liable to Plaintiffs for attorneys' fees and costs pursuant to O.C.G.A. § 13-6-11.

138. One or more of the Defendants may also be liable to Plaintiffs for punitive damages pursuant to O.C.G.A. § 51-12-5.1 for willful misconduct or that entire want of care which would raise the presumption of conscious indifference to the consequences.

WHEREFORE, Plaintiffs prays:

- (A) That summons and process issue and be served upon each Defendant;
- (B) For a trial by a jury comprised of twelve persons;
- (C) That Defendants be held liable for Plaintiffs' injuries and damages;
- (D) That Plaintiff Mindi Grooms be awarded an appropriate sum to compensate for the mental and physical pain and suffering she has endured and will continue to endure;
- (E) That Plaintiffs be awarded past and future medical expenses incurred as a result of the negligent conduct of the Defendants, as well as any lost wages;
- (F) That Plaintiff Harry Grooms be awarded an appropriate amount to compensate him for his loss of consortium; and
- (G) For such other and further relief as the Court deems just and proper.

Respectfully submitted this 11<sup>th</sup> day of June 2026.

s/ Brent Savage, Jr.  
Brent Savage, Jr.  
GA Bar: 940349

s/ E. Greg Gilluly, Jr.  
E. Greg Gilluly, Jr.  
GA Bar: 652565

SAVAGE, TURNER, PINCKNEY, SAVAGE, SPROUSE & GILLULY  
102 E. Liberty Street, 8<sup>th</sup> Floor  
Savannah, GA 31412  
Phone: (912)231-1140  
Fax: (912) 232-4212  
[ggilluly@savagelawfirm.net](mailto:ggilluly@savagelawfirm.net)  
[brentsavagejr@savagelawfirm.net](mailto:brentsavagejr@savagelawfirm.net)

**AFFIDAVIT OF ERIN KING-MULLINS, M.D.**

PERSONALLY APPEARED before the undersigned officer duly authorized to administer oaths in this state, Erin King-Mullins, M.D., who after being duly sworn, deposes and states as follows:

1. I am over eighteen (18) years of age and I am otherwise competent to give this affidavit.
2. I understand that I am giving this Affidavit in support of a medical malpractice action.
3. This Affidavit is based on my own personal knowledge, training, and experience, along with my review of certain medical records and materials pertaining to this case.
4. I am a medical doctor duly licensed to practice medicine in the State of Georgia. I was so licensed at the time the negligent acts and omissions described herein occurred.
5. I am board certified by the American Board of Surgery and the American Board Colon and Rectal Surgery.
6. My curriculum vitae is attached to this Affidavit, and it is expressly incorporated herein by reference.
7. During at least three of the last five years immediately preceding the negligent acts and omissions discussed herein, which occurred in 2024, I was continually practicing medicine within the specialties of general surgery and colorectal surgery.
8. I have reviewed the following medical records of Mindi Grooms in connection with giving this Affidavit:
  - a. Effingham Health System
  - b. Wellstar Health System / MCG
  - c. Candler Hospital

- d. Mayo Clinic
- e. Select Specialty Hospital

9. The medical records I reviewed indicate that:

- a. On January 17, 2024, Mindi Grooms presented to the Effingham County ED complaining of heart palpitations, diarrhea and bloody stools.
- b. Mrs. Grooms was advised to follow up with her PCP and a cardiologist, and she was also referred to Dr. Wynn, a general surgeon, for further evaluation and possible colonoscopy.
- c. Mrs. Grooms followed up with Dr. Wynn on January 24, 2024, and Dr. Wynn scheduled a colonoscopy and EGD.
- d. A colonoscopy was performed by Dr. Wynn on February 5, 2024, during which biopsies were taken; however, Dr. Wynn terminated the colonoscopy at the level of the descending colon due to friable tissue and active disease.
- f. Dr. Wynn then started Mrs. Grooms on a steroid taper and recommended a repeat colonoscopy after completion of steroids.
- g. On May 21, 2024, Mrs. Grooms returned to Dr. Wynn's office, and Dr. Wynn documented that Mrs. Grooms presented "with a colitis flare." Dr. Wynn then noted that he would "restart the steroid taper."
- h. Mrs. Grooms returned to Dr. Wynn's office again on June 18, 2024, and Dr. Wynn noted that Mrs. Grooms "had a good response to steroid taper initially" but that "when the taper was started she began to bleed again." Dr. Wynn then noted that Mrs. Grooms would need "prebiologic testing as she has failed steroids and

asacol for management of her inflammatory bowel disease.” Dr. Wynn then ordered another “colonoscopy in preparation for biologic therapy” and noted that his assessment was “Other specified noninfective gastroenteritis and colitis.”

- i. On July 8, 2024, Mrs. Grooms returned to Effingham Hospital, where Dr. Wynn performed a second colonoscopy.
- j. The colonoscopy showed: (1) inflammation and ulcerations throughout the rectum and sigmoid colon; (2) no areas of concern in the descending colon; (3) ulcerations in the transverse colon; and (4) no inflammation in the ascending colon and cecum. Biopsies were not taken, and, while the ileocecal valve was identified, the terminal ileum was not observed according to the note.
- k. After performing the colonoscopy, Dr. Wynn recommended that Mrs. Grooms start biologic treatment when results of the pre biologic screening were available. Dr. Wynn then diagnosed Mrs. Grooms with “moderate ulcerative colitis which is prednisone refractory.”
- l. Mrs. Grooms returned to the Effingham Hospital ED on at 9:23 p.m. on Sunday, August 4, 2024, with generalized abdominal pain, diarrhea, and nausea over the following three days. Dr. James Wheeler, who saw Mrs. Grooms in the ED, both noted that Mrs. Grooms’s CT showed signs of ulcerative colitis and assessed Mrs. Grooms as having ulcerative colitis.

During her visit to the ED, Dr. Wheeler noted that Mrs. Grooms has a “History of ulcer colitis on 40 mg prednisone daily.” Dr. Wheeler also noted that he would “increase her steroid to 60 mg daily for the next 3 days back to her daily

40.” Dr. Wheeler also noted that Mrs. Grooms would “follow up closely with her GI physician for this.” And there may have been discussions about getting Mrs. Grooms “on further medications for UC.”

Dr. Wheeler then apparently referred her to The Center for Digestive & Liver Health. According to the medical records provided to Mr. Grooms by Effingham Health System, this appears to be the only time anyone affiliated with Effingham Health System referred Mrs. Grooms to a gastroenterologist before her colon became toxic and was removed.

- n. Mrs. Grooms returned to the ED at the Effingham Hospital on August 7, 2024, where she was admitted complaining of severe stomach pain from ulcerative colitis and nausea, vomiting, and diarrhea. It was also noted by Dr. Bernardino Villegas that Mrs. Grooms presented “with the worst flare of ulcerative colitis that she has had previously”, and he noted that Mrs. Grooms reported “daily hematochezia with increased fecal urgency, rectal pain, decreased appetite, lower abdominal cramping, intractable dry heaving, and near 30 bouts of diarrhea daily” over the last 5 days.

Dr. Villegas further noted that Mrs. Grooms “was recently started on 60 mg prednisone daily 3 days ago with no changes”, and he noted that “Eating and drinking makes symptoms worse and nothing makes her symptoms better.”

Dr. Villegas then noted that Mrs. Grooms takes Asacol daily for ulcerative colitis, and he noted that “Dr. Wynn [had been] consulted for further guidance” and that Dr. Wynn stated that he “would like the patient to be started on

Remicade, but insurance has been prohibitive.” Dr. Villescas also noted that Mrs. Grooms had her last “last BM at this facility” and that it was made up of “blood tinged diarrhea.” According to Dr. Villescas, the plan formed in consultation with Dr. Wynn was “to start Remicade tomorrow.”

o. Mrs. Grooms was hospitalized for roughly 21 days, between August 7, 2024 and August 28, 2024, during which time she was seen and treated by Dr. Wynn, Dr. Villescas, and Dr. Christopher Curro. Their records, in part, indicate the following:

- Mrs. Grooms was admitted with a “severe ulcerative colitis flare” and that she had had “no response to high dose prednisone for the last three days.”
- Mrs. Grooms was continued on high-dose steroids” while “awaiting insurance approval for infliximab”.
- Dr. Wynn ordered the administration of Inflectra, and it was administered to Mrs. Grooms for the first time on August 13, 2024.

q. At 11:58 am on September 2, 2024, Mrs. Grooms returned to Effingham Hospital ED on advice of Dr. Wynn complaining of “10/10 abdominal pain and distension” and it was noted that “her CT again demonstrates similar findings to before with mildly worsening dilation of her colon.” At that point, Mrs. Grooms “Case was discussed with Dr. Wynn and Dr. Villescas” and it was decided that Mrs. Grooms would be admitted to the hospital.

r. The next day, on September 3, 2024 at 5:50 p.m., Dr. Wynn took Mrs. Grooms to the operating room for surgery. During surgery Dr. Wynn found that Mrs. Grooms’ colon had perforated in multiple places and that there was a large

amount of feculent material in Mrs. Grooms' abdominal cavity. Dr. Wynn then removed her colon. Following surgery, Dr. Wynn noted that there was "HIGH RISK" midline infection as the surgery "was a dirty, contaminated case due to frank stool contamination."

- s. In the days and weeks after surgery, Mrs. Grooms declined. Despite this, she largely remained under the care of Dr. Wynn, Dr. Curro, and Dr. Villescas without documented involvement of a gastroenterology specialist. The records also indicate that Dr. Wynn shifted in his diagnosis from ulcerative colitis to Crohn's disease, while Dr. Curro and Dr. Villescas continued to note a diagnosis of ulcerative colitis.
  - t. Mrs. Grooms was ultimately discharged to Wellstar MCG Health in Augusta on December 28, 2024. Her first consultation with a gastroenterologist occurred on December 29, 2024 at Wellstar MCG Health in Augusta, more than 10 months after her initial ulcerative colitis diagnosis.
10. It is my opinion, to a reasonable degree of medical certainty, that Robert Alexander Wynn, M.D. breached the standard of care employed by general surgeons in similar conditions and like surrounding circumstances by:
- a. managing Mrs. Grooms' care for months without gastroenterology consultation;
  - b. failing to obtain clarity on Mrs. Grooms' true diagnosis before she developed a surgical toxic megacolon at numerous points, and particularly after her second colonoscopy on July 8, 2024;
  - c. failing to recognize impending toxic megacolon on August 12, 2024 when CT imaging demonstrated transverse colonic dilation of 8.2 cm, and a second CT on the same day documented 7.7 cm transverse dilation with air-fluid levels.

Despite these imaging findings of colonic dilation with abdominal exam intermittently described as distended, the patient continued on medical management without urgent surgical planning or transfer; and

- d. failing to fully counsel Mrs. Grooms regarding the significant risks of managing her complex inflammatory bowel disease without gastroenerological involvement.
11. It is my opinion that Dr. Wynn's failure to engage gastroenterology sooner, and his mismanagement of Mrs. Groom's colitis without clarity on Crohn's vs. UC were each a deviation and a gross deviation from the standard of care employed by general surgeons in similar conditions and like surrounding circumstances.
12. It is also my opinion, to a reasonable degree of medical certainty, that Dr. Wynn's failures more likely than not resulted in Mrs. Grooms' development of toxic megacolon, perforations and her colectomy and post-surgical infections.
13. My opinions are based on my personal knowledge, training, education, and experience, as well as my review of the above-referenced medical records.
14. This Affidavit is given in order to comply with O.C.G.A. § 9-11-9.1 and is not intended to detail of all of the opinions held by me.
15. I reserve the right to modify and/or supplement my opinions based upon consideration of additional information and evidence.

FURTHER AFFIANT SAYETH NAUGHT.

This 8 day of June, 2026.

  
\_\_\_\_\_  
Erin King-Mullins, MD

Sworn and subscribed before,  
this 8<sup>th</sup> day of June, 2026.



Notary Public

My commission expires: May 16, 2030

Commonwealth of Pennsylvania - Notary Seal  
Jignesh Amin, Notary Public  
Philadelphia County  
My Commission Expires May 16, 2030  
Commission Number 1331023



# Erin King-Mullins, MD, FACS, FASCRS

**Phone:** 504-473-3237

**Email:** [ekmullins@colowellness.com](mailto:ekmullins@colowellness.com)

**Address:** 1240 New Britain Drive SW, Atlanta, GA 30331

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## Education and Training

**Northside Hospital/GA Colon and Rectal Surgical Assoc.** | 07/2013-06/2014

*Colorectal Surgery Fellowship*

Director: Wayne Ambroze, MD

**Orlando Health** | 07/2009-06/2013

*General Surgery Residency*

Director: Michael Cheatham, MD

**Orlando Health** | 07/2008-06/2009

*General Surgery Internship*

Director: Mark Friedell, MD (deceased)

**Emory University School of Medicine** | 07/2004-05/2008

*Doctorate of Medicine (MD)*

**Xavier University of Louisiana** | 08/2000-05/2004

*Bachelor of Arts (BA), Spanish - Summa Cum Laude*

*Bachelor of Science (BS), Biology-Premed - Summa*

*Cum Laude Minor in Chemistry*

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## Work and Experience

**Medical Director** | 09/2025 – Present

(R)Evolution Med Spa

Decatur, GA

**Medical Director** | 12/2025 – Present  
(R)Evolution Med Spa  
Decatur, GA

**Philadelphia College of Osteopathic Medicine** | 08/2025-Present  
*Clinical Adjunct Assistant Professor, Department of Surgery*

**City of Hope** | 04/2024-12/2025  
*Contracted Physician*  
Newnan, GA

**Randomize Now, LLC** | 05/2023-Present  
*Principal-Investigator*  
College Park, GA

**Colorectal Wellness Center** |  
11/2022-Present  
*President/CEO*  
*Colorectal Surgeon*  
Fayetteville, GA

**Atrium Health Navicent** | 06/2022-01/2023  
*Colorectal Surgeon (per diem)*  
Macon, GA

**Georgia Colon and Rectal Surgical Associates** | 08/2014-03/2022  
*Colorectal Surgeon*  
Atlanta, GA

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## **Professional Certification and Licensing**

**American Board of Colon and Rectal Surgery** | 09/2015

**American Board of Surgery** | 03/2014

**Georgia Composite Medical Board** | 06/2013

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## **Honors and Awards**

### **Top Doctors in Atlanta | 2026**

Castle Connolly Top Atlanta Doctors

Featured in Modern Luxury Magazine January 2026

### **Best of Georgia Surgery**

**Practices** 2025 Georgia

Business Journal

### **Top Doctors in Atlanta |**

2025 Castle Connolly Top

Atlanta Doctors

Featured in Modern Luxury Magazine July 2025

### **Top Doctors in Atlanta | 2024 Castle**

Connolly Top Atlanta Doctors

Featured in Modern Luxury Magazine July 2024

### **40 Under 40 Recognition | 2022**

Association of Women Surgeons

### **Georgia Top Doc | 2022, 2021, 2020**

Georgia Trend Magazine's annual listing of top doctors in the state of GA began in 2020. Vote is via peers and government sources.

### **Xavier University Distinguished 40 under 40 Alumni | 2021**

Annually at homecoming 40 alumni of the university under the age of 40 are recognized for their outstanding achievements and contributions to the institution.

### **The Dukes Club Recognition | 2021**

Based out of the UK. To celebrate the 30th Anniversary of Women in Surgery Network, The Dukes' Club

for colorectal surgical trainees invited nominations for innovative, inspiring and influential female colorectal surgeons.

**Young Surgeon Spotlight** | 2020

American Society of Colon and Rectal Surgeons highlighted a series of up-and-coming colorectal surgeons in the organization.

**Presidential Citation** | 2017

Recognized for service by the president of the Atlanta Medical Association

**Young Physician of the Year** | 2016

Voted by the membership of the Atlanta Medical Association

**Academic Achievement Award** | 2010

Recognized for excellence by the Orlando Health general surgery residency program

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**Professional Affiliations and Leadership**

**Leadership Positions – Work**

**Councilor and Examiner** | 07/2025- Present

American Board of Surgery

**Director** | 07/2025- Present

General Surgery Board of the American Board of Surgery

**Member of OR Capacity and Utilization Working Group** | 2024

Piedmont Fayette Hospital

**Physician Champion, Wheels in to Wheels Out OR operations subgroup** | 2024-2025

Piedmont Fayette Hospital

**Founding Surgeon** | 2022-Present

Colorectal Wellness Center

Fayetteville, GA

**Associate Professor** | 2018-2022

Northside Hospital Colorectal Fellowship Program

**Research Director** | 2018-2022

Northside Hospital Colorectal Fellowship Program

**Chair, Division of Robotic Surgery** | 2017-2019

Piedmont Fayette Hospital

### **Memberships**

Society of Black Colon and Rectal Surgeons

Fellow, American Society of Colon and Rectal

Surgeons (ASCRS) Fellow, American College of

Surgeons (ACS)

American Medical Association (AMA)

National Medical Association

(NMA) Association of Women

Surgeons (AWS) Medical

Association of Atlanta (MAA)

International Anal Neoplasia

Society (IANS)

American Medical Women's Association (AMWA)

Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

### **Leadership Positions - Professional Organizations**

**President, SBCRS** | 2025 - present

**Co- Chair Communications Committee,**

**AWS** | 2025-present

**President Elect, SBCRS** | 2023-2025

**Member at Large, Executive Council**

**ASCRS** | 2024-Present

**Vice Chair Communications Committee,**

**AWS | 2024-2025**

**Founding Member, SBCRS | 2023**

**Annual Scientific Meeting Program Committee Co-chair ASCRS | 2022-23**

**Colorectal Committee SAGES | 2022-24**

**Community Practice Committee SAGES | 2022-Present**

**Chair DEI Committee, ASCRS | 2021-2024**

**Leadership Selection Taskforce, ASCRS | 2021-2022**

**Advisor, AWS Diversity & Inclusion Mentorship Program | 2021-23**

**Engagement Committee, ASCRS | 2021-Present**

**Chair Diversity Taskforce, ASCRS | 2020-2021**

**Young Researchers Committee, ASCRS | 2020-23**

**Mentorship Taskforce, ASCRS | 2019-2021**

**Secretary, Atlanta Medical Association | 2018-2019**

**Membership Chair, Atlanta Medical**

**Association | 2017-2021 Professional**

**Outreach Committee, ASCRS | 2017-2021**

**Public Relations Committee, ASCRS | 2017-2021**

**Assistant Secretary, Atlanta Medical Association | 2017-2018**

**Social Media Committee, ASCRS | 2016-2017**

## **Advisory Boards**

### **Women's National Football Conference (WNFC)**

Inaugural Medical Advisory Board | January 2026 - present

## **Professional Service**

### **Peer Support** | 2023-2024

Physician Just Equity provides peer-support to physicians and surgeons in the United States who experience workplace conflicts, through education, research, empowerment and advocacy - Championing a Balanced Resolution - while facilitating institutional culture change that optimizes patient care.

### **Abstract Reviewer** | October 2022

AWS Research Committee STARR (Student and Resident Research) Forum

Reviewed abstracts submitted by medical students and residents who compete for the opportunity to present their work at the Association of Women Surgeons annual meeting

### **ASCRS DEI Student Pathway Program**

**Organizer** | May 2022 ASCRS Annual Scientific

Meeting, Tampa, FL

Our DEI committee organized a day program at the conference where high school, undergraduate and medical school students and their parents were able to spend a day at the meeting for didactics and hands on experiences

### **Creation of DEI Track** | 2022

Our DEI committee combed the entire scientific program for the ASCRS 2022 to highlight all works pertaining to DEI efforts and created a dedicated track for this content which will continue to be in use for future meetings.

### **Diversity, Equity, and Inclusivity Luncheon**

**Organizer** | May 2022 ASCRS Annual Scientific

Meeting, Tampa, FL

Our DEI committee organized a luncheon sponsored by Medtronic to discuss

disparities in healthcare and future directions of the society

**Women and Allies of Women in Colorectal Surgery Luncheon Co-chair** | 2019-2022 ASCRS Annual Scientific Meetings

Annually at the scientific meetings a luncheon is held in support of women colorectal surgeons

**Performing High Resolution Anoscopy with the THD Proctostation** | 2022

Created ongoing virtual educational webinar to train colorectal surgeons and their staff on the use and indications of high resolution anoscopy. THD America

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**Community Education/Presentations and Webinars**

**Presentation on HPV-related Anal**

**Cancer** | 01/2023 US vs HPV

Prevention Week

**AIS Channel: DEI Initiatives in Colorectal**

**Surgery** | 01/2023 Presenter and moderator

International Webinar Series for surgery

**Master Class: Anal Cancers** | 01/2023

Presentation for Colorectal Surgery in Ghana-Training and Practice Series

**Live Surgery Broadcast**

**Session** | 06/2022 Presenter

and moderator

National Youth Leadership Forum Medicine Summer Program for high school students

**Perspectives on Colorectal Cancer**

**Screening** | 03/2022 Panel Discussion

Atlanta Medical Association

**Is there a Doctor Colorectal Surgeon in the**

**House?** | 09/2021 Virtual Presentation

Marietta Chapter of Medical Coders

**The Importance of Health Screenings:**

**Colon Care** | 08/2021 Health Education

Series Virtual Presentation

National Association of Health Services Executives

**The Importance of Colon Care** | 06/2021

Health and Wellness Leadership Series

Virtual Presentation Women of Color

Empowerment Institute, Atlanta Chapter

**HPV...It's Everywhere** | 02/2021

Virtual presentation on the

topic of anal HPV Brenau

University

**A Focus on Colorectal Cancer in the African American Community** | 09/2020 Virtual Community Presentation

Cancer Support Community

**Frankly Speaking About Colorectal**

**Cancer** | 08/2020 Virtual Community

Presentation

Cancer Support Community

**Anal HPV, Dysplasia and Cancer: Not Just a Disease of Men Who Have Sex with**

**Men** | 12/2019 Dinner presentation for Physicians and Advanced Practice Providers

Supported by THD America

**Assessing the Post-Op Patient, Robotics and When You Should Call the Surgeon**

| 03/2019 Presented at Nursing Shared Governance Conference

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**Media Appearances**

**The Coalition Talk Show** | 03/2024

Colon Cancer Awareness Month Interview

The Coalition: Colon Cancer Awareness

**Fox 5 Atlanta Portia Show** | 09/2023

Appearance as medical expert in a discussion on Colon Care Portia: Colon Care

**10 Tips for a Healthier New Year from Doctors on**

**Twitter** | 01/2023 Interviewed for comment for article on BuzzFeed

10 Tips For A Healthier New Year From Doctors On Twitter

**Gut Check Podcast Co-host** | 08/2022 – 8/2025

Gut Check Official Podcast of ASCRS

**Legacy of Tuskegee and Other Medical Racism Lives on**

**Today** | 08/2022 Interviewed for comment for blog for Association of Health Care Journalists Legacy of Tuskegee and other medical racism lives on today

**3 Decades, 2 Best Friends, 1**

**Inspiring Story** | 06/2022 Featured in a blog post about National Best Friends Day Instapath

3 decades, 2 best friends, 1 inspiring story

**Voices From Black Women in Medicine**

| 06/2021 Featured in a Blog post Instapath

Voices from Black Women in Medicine: Dr. Erin King-Mullins

**Physicians as Caregivers, a Powerful**

**Position** | 06/2021 Blog post

Association of Women Surgeons

**Celebs, Organizations Work to Raise Awareness of Colorectal Cancer Among Black Men** | 06/2021 Interviewed for comment

Today.com

[Celebs raise awareness of colorectal cancer among Black men](#)

**Healthy Living, Addressing**

**Hemorrhoids** | 05/2021 Online video

interview

Voices of America (VOA)

[Healthy Living, Addressing Hemorrhoids, S1, E99](#)

**Why People of Color Should Care About Colon**

**Cancer** | 03/2021 In My Shoes Podcast

[Colon Cancer Awareness Month, Corona Mamas, Colorectal surgeon, African Americans, Podcast](#)

**Epidose 85: Colon Cancer Boseman** | 03/2021

A Squared Podcast Media interview

[A Squared Podcast |](#)

[iHeart](#)

**Colon Health in the Wake of the Death of Chadwick**

**Boseman** | 09/2020 Media interview- The Karen Hunter Show

Sirius XM Radio

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**Community Service**

**Coaching and Mentorship:**

Association of Women Surgeons, Atlanta Medical Association and American Society of Colon and Rectal Surgeons

Also mentor 2 students who reached out via Twitter

**Local Community:**

Via the Atlanta Medical Association I have participated in many community service events such as health fairs, toy and monetary collections for the holidays, community

food services, and charity runs

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## Consulting

### **Surgical Robot Proctor** |

04/2025-Present Intuitive

### **Speakers Bureau** | 01/2025-

Present Vertex Pharmaceuticals

### **Medical Consultant** | 04/2022

Medtronic surgeon advisory board

### **Paid Educational Consultant** |

01/2021-Present THD America

## Research, Publications, and Scholarly Presentations

### **Iltamiocel Compared to Placebo for Chronic Fecal Incontinence in Females With Obstetric Injury (DigniFI)**

Principal Investigator for local site

[Study Details](#) | [ClinicalTrials.gov](https://clinicaltrials.gov)

### **Collection of Samples from the United States Population for Optimization and Evaluation of Colorectal Cancer (CRC) Plasma Circulating Free-DNA (cfDNA) Marker Panel Performance (PROVE)**

Principal Investigator for local site

Korous, K. M., Brooks, E., **King-Mullins, E. M.**, Lucas, T., Tuuhetaufa, F., & Rogers, C. R. Perceived Economic Strain, Subjective Social Status, and Colorectal Cancer Screening Utilization in U.S. Men—A Cross-Sectional Analysis. *Behavioral Medicine*, 1–10. April 2024. <https://doi.org/10.1080/08964289.2024.2335156>

Uwah, M., Nonnemacher, C., **King-Mullins, E.**, Nfonsam, V.N. (2023). Observation

Versus Chemoradiotherapy for Management of Superficial Anal Cancer. In: Umanskiy, K., Hyman, N. (eds) *Difficult Decisions in Colorectal Surgery. Difficult Decisions in Surgery: An Evidence-Based Approach*. Springer, Cham. [https://doi.org/10.1007/978-3-031-42303-1\\_30](https://doi.org/10.1007/978-3-031-42303-1_30)

**King-Mullins E**, McElroy IE. Social media for patient engagement. *Surgery*. 2023 Oct;174(4):1092-1093. doi: 10.1016/j.surg.2023.07.005. Epub 2023 Aug 8. PMID: 37558586.

Bridges, L.; **King-Mullins, E.**; Hand, K.; Fabien, J. The Black Panther Effect: Was there a Decrease in the Median Age of Colon Cancer Screening After the Death of the Famous Actor. Presented at ASCRS annual conference June 2023

**King-Mullins E**, Maccou E, Miller P. Intersectionality: Understanding the Interdependent Systems of Discrimination and Disadvantage. *Clin Colon Rectal Surg*. 2023 Mar 15;36(5):356-364. doi: 10.1055/s- 0043-1764343. PMID: 37564344; PMCID: PMC10411112.

Martin, A., Grimes, C., Hayden, D.M., **King-Mullins, E.M.**, Rogers, C.R., Korous, K.M., Brooks, E., Tuuhetaufa,

F. (2023, June 3-6). *Recommending Robotics: How Do Colorectal Surgeons Decide? A Pilot Survey*. (Accepted Poster Abstract). American Society of Colorectal Surgeons Annual Scientific Meeting, Seattle, WA, United States

Hayden, D., Korous, K. M., Brooks, E., Tuuhetaufa, F., **King-Mullins, E.**, Martin, A. M., Grimes, C., & Rogers,

C. R. (*in press*). Factors contributing to the utilization of robotic colorectal surgery: A systematic review and meta-analysis. *Surgical Endoscopy*. 15, December, 2022

Korous, K. M., Brooks, E., **King-Mullins, E. M.**, Lucas, T., Tuuhetaufa, F., & Rogers, C. R. Perceived Economic Strain, Subjective Social Status, and Colorectal Cancer Screening Utilization in U.S. Men—A Cross-Sectional Analysis. *Social Science & Medicine Manuscript submitted and under review*

Korous, K. M., Brooks, E., **King-Mullins, E. M.**, Lucas, T., Tuuhetaufa, F., & Rogers, C. R. (2022, November). Objective and subjective socioeconomic status and colorectal cancer

screening uptake among U.S. men. Presented at the American Public Health Association's Annual Meeting and Expo, Boston, MA.

Sandhu, J.; Fabien, J.; Finucan, M.; **King-Mullins, E.**; Schertzer, M.; Ambroze, W. Anal Paps in High Risk Women: A Single Institution Retrospective Review. Poster presented at American Society of Colon and Rectal Surgeons Annual Conference, Tampa, FL, May 2022

Sandhu, J.; Finucan, M.; **King-Mullins, E.** Differences in PACU Narcotic Usage and Time to Discharge for Patients Receiving Liposomal Bupivacaine after THD. Poster presented at American Society of Colon and Rectal Surgeons Annual Conference, Tampa, FL, May 2022

Korous, K. M., Hayden, D., Brooks, E., Tuuhetaufa, F., **King-Mullins, E. M.**, Martin, A. M., Grimes, C., & Rogers, C. R. Contributing factors to disparities in the use of robotic colorectal surgery: A systematic review and meta-analysis. Poster presented at Digestive Disease Week (DDW), San Diego, CA, May 2022

Ray JJ, Bowers KD, **King-Mullins E**, Dykes S, Fabrizio A, Friel C, Hayden D, Jenkins C, Justiniano CF, Laryea J, O'Connor L, Stapleton S, Tuckson W. Consensus statement from a group of colorectal surgeons for health equity and justice. *Endosc Int Open*. 2022 Mar 14;10(3):E227-E228. doi: 10.1055/a-1672-3985. PMID: 35295240; PMCID: PMC8920597.

Kevin M. Korous, PhD, Kia L. Davis, ScD, MPH, Ellen Brooks, BS, **Erin M. King-Mullins**, MD, FACS, FASCRS, Todd Lucas, PhD, Fa Tuuhetaufa, BS, Charles R. Rogers, PhD, MPH, MS, MCHES A Cross-Sectional Analysis of Objective and Subjective Socioeconomic Factors and Colorectal Cancer Screening Uptake among U.S. Men 2022 *Manuscript pending acceptance*

Korous, K. M., Hayden, D., Brooks, E., Tuuhetaufa, F., **King-Mullins, E. M.**, Martin, A. M., Grimes, C., & Rogers, C. R. Development of an Implicit Bias Calculator to Reduce Disparities in Access to Robotic Colorectal Surgery, *ongoing research Awarded grant for \$50,000 from Research Foundation of American Society of Colon and Rectal Surgeons in 2021*

Baker S, Miller-Hammond K, **King-Mullins E**. Small Bowel Obstruction in the Virgin Abdomen. Surg Clin North Am. 2021 Dec;101(6):1045-1052. doi: 10.1016/j.suc.2021.06.003. Epub 2021 Aug 25. PMID: 34774267.

**King-Mullins, E** and Laryea, Jonathan. Getting involved in ASCRS/national organizations" Seminars in Colon and Rectal Surgery 2021-06-01, Volume 32, Issue 2, Article 100814

Al Fayyadh, M; **King-Mullins, E**; Schertzer,M.; Ambroze, W. **Colorectal Adenomas in Diagnostic Colonoscopies: A retrospective review in younger patient populations.** Virtual Presentation for American Society of Colon and Rectal Surgeons Annual Scientific Meeting, April 2021

Sarah B. Jochum, **Erin M. King-Mullins**, Ethan Matthew Ritz, Henry R. Govekar, Anuradha R. Bhama, Theodore John Saclarides, Dana Michelle Hayden, Disparities in Robotic Colorectal Surgery: A National Surgical Quality Improvement Program Study. Journal of the American College of Surgeons, Volume 231, Issue 4, Supplement 2, 2020, Page e97, ISSN 1072-7515, <https://doi.org/10.1016/j.jamcollsurg.2020.08.245>.

Sarah B. Jochum, **Erin M. King-Mullins**, Ethan Matthew Ritz, Henry R. Govekar, Anuradha R. Bhama, Theodore John Saclarides, Dana Michelle Hayden, Disparities in Robotic Colorectal Surgery: Do All Patients Have Equal Access? Submitted for presentation American Society of Colon and Rectal Surgeons Annual Scientific meeting June 2020

**King-Mullins, E**; Schertzer,M.; Ambroze, W. Can a Non-Colorectal Robotics Program achieve the same clinical outcomes for Robotic Colon Surgery? Poster Presentation at American Society of Colon and Rectal Surgeon Annual Scientific meeting June 2019

Zhang, C; Hart, D; **King, E**; Schertzer,M.; Ambroze, W. Misdiagnosis of Transverse Diverticulitis via Computed Tomography Poster Presentation at American Society of Colon and Rectal Surgeons Annual Scientific meeting May 2018

Zhang, C; Hart, D; **King, E**; Schertzer,M.; Ambroze, W. Stercoral Ulcer Presenting as a Bowel Obstruction Poster Presentation at American Society of Colon and Rectal

Surgeons Annual Scientific meeting May

2018

Saidy MN, Adewole AD, Ambroze WL, Schertzer ME, Al-Temimi M, **King E**, Armstrong DN. Treatment of non-healing Pilonidal Disease using topical 10% Metronidazole: A ten year review Poster Presentation: American Society of Colon and Rectal Surgeons Annual Scientific Meeting May 2016

**King E**, Armstrong L, Parry L, Armstrong D. Efficacy of Topical 10% Metronidazole in Chronic Non-healing Pilonidal Incisions Poster presentation at American Society of Colon and Rectal Surgeons Annual Scientific Meeting May 2014

**King E**, Moon R, Teixeira A, Jawad M. Gallstone Ileus After Laparoscopic Cholecystectomy in a Patient with History of Roux-en-y Gastric Bypass Surgery Video presentation at American College of Surgeons Annual Scientific Meeting, October 2013

**King E**, Kotick J, Lube M. Traumatic Aortic Occlusion from a Crush Injury Between the Spine and a Horseshoe Kidney Poster Presentation at the Southeastern Surgical Congress Annual Scientific Meeting February 2013

Kim R, **King E**, Soliman M, Stevens R, Gallagher J, Mueller R, DeJesus S, Ferrara A, Williamson P. The Use of a Detachable Anvil in Stapled Hemorrhoidopexy Presented at the American Society of Colon and Rectal Surgeons Annual Scientific Meeting June 2013

**King, E**, Richard Sontchi, Adam Waldman, Jeffrey Bott, Eric Wiefert, John Promes Case Report: A Survivor of Blunt Traumatic Cardiac Atrial and Ventricular Septal Rupture Poster presentation at Southeastern Surgical Congress, Nashville, TN February 2011

Freeland M, **King E**, Safcsak K, Durham R. Diagnosis of appendicitis in pregnancy. Am J Surg. 2009 Dec;198(6):753-8. doi: 10.1016/j.amjsurg.2009.05.023. PMID: 19969125

Subramanian A, Vercruyse G, Dente C, Wyrzykowski A, **King E**, Feliciano DV. A decade's experience with temporary intravascular shunts at a civilian level I trauma center. J Trauma. 2008 Aug;65(2):316-24; discussion 324-6. doi:

## **Professional Presentations and Invited Lectures**

### **Co-Moderator: Health Care Labyrinth: How to Guide Patients Through the Maze**

May 2026

ASCRS Annual Scientific Meeting, Tampa, FL

### **Keynote Speaker**

May 2026

ASCRS Pathway Program, Tampa, FL

### **DEI on Demand |**

10/2022 Presenter

ASCRS Surgical Leadership Institute, La Jolla, CA

### **Colorectal Emergencies**

**Webinar** | 10/2022 Panelist

International College of Surgeons, US Section

**CRC in the Underserved: Important Points to Consider** | 05/2022 Virtual educational presentation for colorectal fellows

### **Beyond Appearances: Optimizing Patient Care**

| 05/2022 Moderator

ASCRS Annual Scientific Meeting, Tampa, FL

### **Treating the Young Patient with Colon Cancer**

05/2022 Symposium Presentation

ASCRS Annual Scientific Meeting, Tampa, FL

### **CRC in the Black Community: Think Outside the Stats**

03/2022 Virtual Grand Rounds

University of California at Irvine

**The Other Side of the Lens: Why DEI is Important**

**for All** | 01/2022 Webinar Moderator

American Society of Colon and Rectal Surgeons

**Prioritizing at Work & Work-Life Integration**

11/2021 Annual Colorectal Residents Career Course

University Hospitals and The Cleveland Clinic, Cleveland, OH Guest Faculty

**Anal Cancer Screening in GYN Oncology Patients**

10/2021 Gyn-Oncology APP Lecture Series  
Northside Hospital, Atlanta, GA

**Diversity, Equity and Inclusion Best Practices: Now is the Time to Embrace Change**

08/2021 Webinar Moderator

American Society of Colon and Rectal Surgeons

**Mentorship and Beyond: Strategies to Implement Today**

03/2021 Webinar Panelist

American Society of Colon and Rectal Surgeons

**CRC in the Black community: Think outside the stats**

01/2021 Colorectal Virtual Educational Series

**How to Make the Most Out of Your First Job**

12/2020 Virtual presentation for early practice colon and rectal surgeons ASCRS

**Colon and Rectal Surgery II Session**

10/2020 Moderated Virtual session during Clinical Congress American College of Surgeons

**Research Madness**

09/2020 Virtual Discussant

Association of Women Surgeons

## **Diversity, Equity and Inclusion Best Practices: Now is the Time to Embrace Change**

08/2020 Webinar Moderator

ASCRS

### **Hospital Based Practice**

11/2018 & 11/2019 Annual Colorectal

Residents Career Course

University Hospitals and The Cleveland Clinic, Cleveland, OH

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## **Professional Training**

### **Personalized Nutrition Practitioner Training Program**

June 2022 American Nutrition Association

The Personalized Nutrition Practitioner Training Program provides non-nutrition healthcare practitioners clinicians with foundational knowledge of the science and application of personalized nutrition.

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## **Languages**

**English:** Native Language

**Spanish:** Intermediate Listener, Intermediate Speaker, Advanced Reading and Writing

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## **References**

**Upon Request**

**AFFIDAVIT OF PAHRESAH L. ROOMIANY, M.D.**

PERSONALLY APPEARED before the undersigned officer duly authorized to administer oaths in this state, Pahresah L. Roomiany, M.D., who after being duly sworn, deposes and states as follows:

1. I am over eighteen (18) years of age and I am otherwise competent to give this affidavit.
2. I understand that I am giving this Affidavit in support of a medical malpractice action.
3. This Affidavit is based on my own personal knowledge, training, and experience, along with my review of certain medical records and materials pertaining to this case.
4. I am a medical doctor duly licensed to practice medicine in the State of North Carolina. I was so licensed at the time the negligent acts and omissions described herein occurred. I am a Hospitalist at Duke University Health System. I am also an Assistant Professor of Medicine and the Associate Medical Director of Education at Duke Regional Hospital.
5. I am board certified in Internal Medicine by the American Board of Internal Medicine, and I am also a Hospital Medicine Specialist.
6. My curriculum vitae is attached to this Affidavit, and it is expressly incorporated herein by reference.
7. During at least three of the last five years immediately preceding the negligent acts and omissions discussed herein, which occurred in 2024, I was continually practicing medicine within the specialties of internal medicine and hospital medicine.
8. I have reviewed the following medical records of Mindi Grooms in connection with giving this Affidavit:
  - a. Effingham Health System

- b. Wellstar Health System / MCG
  - c. Candler Hospital
  - d. Mayo Clinic
  - e. Select Specialty Hospital
9. The medical records I reviewed indicate that:
- a. On January 17, 2024, Mindi Grooms presented to the Effingham County ED complaining of heart palpitations, diarrhea and bloody stools.
  - b. Mrs. Grooms was advised to follow up with her PCP and a cardiologist, and she was also referred to Dr. Wynn, a general surgeon, for further evaluation and possible colonoscopy.
  - c. Mrs. Grooms followed up with Dr. Wynn on January 24, 2024, and Dr. Wynn scheduled a colonoscopy and EGD.
  - d. A colonoscopy was performed by Dr. Wynn on February 5, 2024, during which biopsies were taken; however, Dr. Wynn terminated the colonoscopy at the level of the descending colon due to friable tissue and active disease.
  - f. Dr. Wynn then started Mrs. Grooms on a steroid taper and recommended a repeat colonoscopy after completion of steroids.
  - g. On May 21, 2024, Mrs. Grooms returned to Dr. Wynn's office, and Dr. Wynn documented that Mrs. Grooms presented "with a colitis flare." Dr. Wynn then noted that he would "restart the steroid taper."
  - h. Mrs. Grooms returned to Dr. Wynn's office again on June 18, 2024, and Dr. Wynn noted that Mrs. Grooms "had a good response to steroid taper initially" but

that “when the taper was started she began to bleed again.” Dr. Wynn then noted that Mrs. Grooms would need “prebiologic testing as she has failed steroids and asacol for management of her inflammatory bowel disease.” Dr. Wynn then ordered another “colonoscopy in preparation for biologic therapy” and noted that his assessment was “Other specified noninfective gastroenteritis and colitis.”

- i. On July 8, 2024, Mrs. Grooms returned to Effingham Hospital, where Dr. Wynn performed a second colonoscopy.
- j. The colonoscopy showed: (1) inflammation and ulcerations throughout the rectum and sigmoid colon; (2) no areas of concern in the descending colon; (3) ulcerations in the transverse colon; and (4) no inflammation in the ascending colon and cecum. Biopsies were not taken, and, while the ileocecal valve was identified, the terminal ileum was not observed according to the note.
- k. After performing the colonoscopy, Dr. Wynn recommended that Mrs. Grooms start biologic treatment when results of the pre biologic screening were available. Dr. Wynn then diagnosed Mrs. Grooms with “moderate ulcerative colitis which is prednisone refractory.”
- l. Mrs. Grooms returned to the Effingham Hospital ED on at 9:23 p.m. on Sunday, August 4, 2024, with generalized abdominal pain, diarrhea, and nausea over the following three days. Dr. James Wheeler, who saw Mrs. Grooms in the ED, both noted that Mrs. Grooms’s CT showed signs of ulcerative colitis and assessed Mrs. Grooms as having ulcerative colitis.

During her visit to the ED, Dr. Wheeler noted that Mrs. Grooms has a

“History of ulcer colitis on 40 mg prednisone daily.” Dr. Wheeler also noted that he would “increase her steroid to 60 mg daily for the next 3 days back to her daily 40.” Dr. Wheeler also noted that Mrs. Grooms would “follow up closely with her GI physician for this.” And there may have been discussions about getting Mrs. Grooms “on further medications for UC.”

Dr. Wheeler then apparently referred her to The Center for Digestive & Liver Health. According to the medical records provided to Mr. Grooms by Effingham Health System, this appears to be the only time anyone affiliated with Effingham Health System referred Mrs. Grooms to a gastroenterologist before her colon became toxic and was removed.

- n. Mrs. Grooms returned to the ED at the Effingham Hospital on August 7, 2024, where she was admitted complaining of severe stomach pain from ulcerative colitis and nausea, vomiting, and diarrhea. It was also noted by Dr. Bernardino Villegas that Mrs. Grooms presented “with the worst flare of ulcerative colitis that she has had previously”, and he noted that Mrs. Grooms reported “daily hematochezia with increased fecal urgency, rectal pain, decreased appetite, lower abdominal cramping, intractable dry heaving, and near 30 bouts of diarrhea daily” over the last 5 days.

Dr. Villegas further noted that Mrs. Grooms “was recently started on 60 mg prednisone daily 3 days ago with no changes”, and he noted that “Eating and drinking makes symptoms worse and nothing makes her symptoms better.”

Dr. Villegas then noted that Mrs. Grooms takes Asacol daily for

ulcerative colitis, and he noted that “Dr. Wynn [had been] consulted for further guidance” and that Dr. Wynn stated that he “would like the patient to be started on Remicade, but insurance has been prohibitive.” Dr. Villescas also noted that Mrs. Grooms had her last “last BM at this facility” and that it was made up of “blood tinged diarrhea.” According to Dr. Villescas, the plan formed in consultation with Dr. Wynn was “to start Remicade tomorrow.”

o. Mrs. Grooms was hospitalized for roughly 21 days, between August 7, 2024 and August 28, 2024, during which time she was seen and treated by Dr. Wynn, Dr. Villescas, and Dr. Christopher Curro. Their records, in part, indicate the following:

- Mrs. Grooms was admitted with a “severe ulcerative colitis flare” and that she had had “no response to high dose prednisone for the last three days.”

- Mrs. Grooms was continued on high-dose steroids” while “awaiting insurance approval for infliximab”.

- Dr. Wynn ordered the administration of Inflectra, and it was administered to Mrs. Grooms for the first time on August 13, 2024.

q. At 11:58 am on September 2, 2024, Mrs. Grooms returned to Effingham Hospital ED on advice of Dr. Wynn complaining of “10/10 abdominal pain and distension” and it was noted that “her CT again demonstrates similar findings to before with mildly worsening dilation of her colon.” At that point, Mrs. Grooms “Case was discussed with Dr. Wynn and Dr. Villescas” and it was decided that Mrs. Grooms would be admitted to the hospital.

r. The next day, on September 3, 2024 at 5:50 p.m., Dr. Wynn took Mrs. Grooms to

the operating room for surgery. During surgery Dr. Wynn found that Mrs. Grooms' colon had perforated in multiple places and that there was a large amount of feculent material in Mrs. Grooms' abdominal cavity. Dr. Wynn then removed her colon. Following surgery, Dr. Wynn noted that there was "HIGH RISK" midline infection as the surgery "was a dirty, contaminated case due to frank stool contamination."

- s. In the days and weeks after surgery, Mrs. Grooms declined. Despite this, she largely remained under the care of Dr. Wynn, Dr. Curro, and Dr. Villescas without documented involvement of a gastroenterology specialist. The records also indicate that Dr. Wynn shifted in his diagnosis from ulcerative colitis to Crohn's disease, while Dr. Curro and Dr. Villescas continued to note a diagnosis of ulcerative colitis.
- t. Mrs. Grooms was ultimately discharged to Wellstar MCG Health in Augusta on December 28, 2024. Her first consultation with a gastroenterologist occurred on December 29, 2024 at Wellstar MCG Health in Augusta, more than 10 months after her initial ulcerative colitis diagnosis.

10. It is my opinion, to a reasonable degree of medical certainty, that Bernardino Villescas M.D. breached the standard of care employed by internists and hospitalists in similar conditions and like surrounding circumstances by:

- a. managing Mrs. Grooms' care for weeks without gastroenterology consultation;
- b. failing to recognize impending toxic megacolon on August 12, 2024 when CT imaging demonstrated transverse colonic dilation of 8.2 cm, and a second CT on the same day documented 7.7 cm transverse dilation with air-fluid levels. Despite these imaging findings of colonic dilation with abdominal exam

intermittently described as distended, the patient continued on medical management without urgent surgical planning or transfer; and

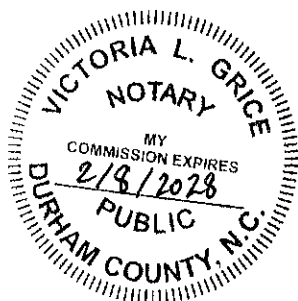
- c. failing to obtain Mrs. Grooms' informed consent regarding the significant risks of managing her complex inflammatory bowel disease without gastroenterological involvement, and regarding the availability of gastroenterology referral as an alternative course of management.
11. It is my opinion that Dr. Villescas' failure to recognize the severity of Ms. Groom's condition and consult a gastroenterologist to initiate successful treatment prior to discharge, and his mismanagement of Mrs. Groom's ulcerative colitis were each a deviation and a gross deviation from the standard of care employed by internists and hospitalists in similar conditions and like surrounding circumstances.
  12. It is also my opinion, to a reasonable degree of medical certainty, that Dr. Villescas' failures to successfully treat Mrs. Grooms' ulcerative colitis contributed to Mrs. Grooms' development of toxic megacolon, perforations and her colectomy and post-surgical infections.
  13. It is my opinion, to a reasonable degree of medical certainty, that Christopher Curro, M.D. breached the standard of care employed by internists and hospitalists in similar conditions and like surrounding circumstances by:
    - a. managing Mrs. Grooms' care for weeks without gastroenterology consultation;
    - b. failing to recognize impending toxic megacolon on August 12, 2024 when CT imaging demonstrated transverse colonic dilation of 8.2 cm, and a second CT on the same day documented 7.7 cm transverse dilation with air-fluid levels. Despite these imaging findings consistent with colonic dilation, the patient continued on medical management without urgent surgical planning or transfer; and
    - c. failing to obtain Mrs. Grooms' informed consent regarding the significant risks of managing her complex inflammatory bowel disease without gastroenterological involvement, and regarding the availability of gastroenterology referral as an

alternative course of management.

14. It is my opinion that Dr. Curro's failure to recognize the severity of Ms. Groom's condition and consult a gastroenterologist to initiate successful treatment prior to discharge, and his mismanagement of Mrs. Groom's ulcerative colitis were each a deviation and a gross deviation from the standard of care employed by internists and hospitalists in similar conditions and like surrounding circumstances.
15. It is also my opinion, to a reasonable degree of medical certainty, that Dr. Curro's failures to successfully treat Mrs. Grooms' ulcerative colitis contributed to Mrs. Grooms' development of toxic megacolon, perforations and her colectomy and post-surgical infections.
16. My opinions are based on my personal knowledge, training, education, and experience, as well as my review of the above-referenced medical records.
17. This Affidavit is given in order to comply with O.C.G.A. § 9-11-9.1 and is not intended to detail of all of the opinions held by me.
18. I reserve the right to modify and/or supplement my opinions based upon consideration of additional information and evidence.

FURTHER AFFIANT SAYETH NAUGHT.

This 8<sup>th</sup> day of June, 2026.



  
Pahresah L. Roomiany, M.D.

Sworn and subscribed before,

this 8<sup>th</sup> day of June, 2026.

*Dustin J. Grace*  
Notary Public

My commission expires: 2/8/2028





## Pahresah L. Roomiany, MS, MD, FACP

Phone: 208.380.1269

Email: plr6@duke.edu

Location: Chapel Hill, NC

***Board-certified Internal Medicine Hospitalist with more than 15 years of experience in high-acuity inpatient medicine at a large academic health system. Brings extensive leadership experience in peer review, professional practice evaluation, and standard-of-care assessment, currently serving as the Vice Chair of a hospital peer review committee. Experienced medical expert providing record review, standard-of-care opinions, expert reports, and deposition preparation.***

### Credentials

ABIM certified

2012, 2022

Medical License, State of North Carolina

2012-current

### Affiliation

Hospitalist, Duke University Health System, Durham, NC

Duke Regional Hospital      2012-current

- Associate Medical Director for Education 2020-current:
  - Rotation site director for the School of Medicine, Family Medicine, and Internal Medicine residency programs.
  - Mentor twenty-five academic Hospitalists and perform twice yearly performance reviews.
  - Core Faculty: Duke Internal Medicine Residency, Duke Medicine-Pediatrics Combined Residency Program

Duke University Hospital

- Hospitalist, procedure, and teaching service 2014-2019, credentials maintained.

Medical Resident, University of North Carolina, Chapel Hill, NC

2009-2012

**Education**

MD, University of Utah, Salt Lake City, UT

2009

MS Microbiology, Idaho State University, Pocatello, ID

2005

BS Microbiology, Idaho State University, Pocatello, ID

2003

**Experience**

1. Duke Regional Hospital Professional Practice Evaluation Committee (formerly Peer Review Committee)
  - Member 2018-current
  - Vice-Chair 2020-current
2. Point of Care Ultrasound: Committee for adoption of use for Duke University Health Hospitalists (2019-current)
3. Course instructor: Duke University MS1 students
4. Course instructor: Longitudinal POCUS curriculum for the Duke School of Medicine (2021-current)
5. Committee for Hospital Medicine Academic Promotional Standards (2021-current)
6. Duke Committee on Appropriate Treatment of Learners (CATL): 2023-current
7. Course Director:
  - Updates in Internal Medicine for PA and NP Hospitalists in Hilton Head, SC July 2024
  - Duke Updates in Hospital Medicine 2025, Hilton Head, SC

- Oversee all aspects of conference: curriculum and CME certification, website and registration development, budgeting, agenda formation, contracts, and advertising.
8. Project supervisor: *Duke Internal Medicine Intern Night Curriculum* (2019-current)  
Created a multimedia (video and pdf) curriculum for common night coverage issues based on results from an IRB-supported survey of learners to determine best practices.
  9. Project Supervisor: *Support for interns not meeting clinical milestones* (2020-current)  
Created an IRB-supported reporting survey based on 5 common deficiencies in tandem with ACGME requirements.
  10. Designer/Coordinator, *Educators' Bootcamp* (2019-current)  
Yearly curriculum that I write and host for our faculty at Duke Regional Hospital.  
Formative feedback, DEI best practices and incorporating QI and EBM into teaching service flow.
  11. Safety huddle for senior residents in Internal Medicine (2020-current)
  12. ABIM Internal Medicine Testing Standard Committee: Oct 2024, Philadelphia, PA
  13. ABIM Internal Medicine Item-Writing Task Force: March 2025-current
  14. Associate Editor: *Aquifer Consortium Medical Education*. 2024-current  
Collaborate with educators nationwide to author online curriculum to improve clinical reasoning for medical students.
  15. Associate Editor Assessment Lead: *Aquifer Consortium Medical Education*. 2025
  16. Content writer: *ScholarRx*. 2024-2026
    - a. Collaborate with educators globally to author online clinical content for the digital learning platform for USMLE preparation for medical schools.
  17. *Duke Internal Medicine Residency Redesign* taskforce: Fall 2024-current.
  18. Editorial Board: *SHM The Hospitalist*: Appointed February 2025 for two-year term
  19. Site Director: *Duke Regional Hospital*
    - a. *Duke University Physician Assistant Program: Internal Medicine*
    - b. *Duke University School of Medicine: Internal Medicine*

## **Training in Clinical Education and Leadership**

- POCUS Education:
  - CHEST Essentials in Critical Care POCUS course: Glenview, IL Nov 2021
  - NYU Essentials in Critical Care POCUS course: New York, NY Sept 2022
  - UCSF Advanced POCUS skills course: San Francisco, CA Nov 2023
  - Completion of CHEST/SHM POCUS Certification: Nov 2024
  - ACP POCUS Mentorship Program: May-Oct 2025
- Duke Evidence Based Medicine Course: April 2015
- Society of Hospital Medicine Academic Hospitalist Training Academy: October 2017, 2018
- Greeley Executive Leadership Course in Peer Review: Boca Raton, FL 2018.
- Horty-Springer Hospital Leadership Course in Peer Review: 2021
- Guide to Managing at Duke: 2022: Three-day program for DUHS managers to meet changing strategic, operational, and work culture objectives through effective managerial practices.
- Duke Stepping In: Creating a Culture of Respect and Inclusion: workshop 2022.
- Setting testing standards and applying psychometrics: ABIM, Philadelphia, PA. 10/25/2024-10/28/2024
- Elsevier Scientific Publishing Peer Reviewer Certificate: Jan 2025
- Peer Reviewer: Annals of Internal Medicine Clinical Cases

## **Awards and Recognition**

- Duke University School of Medicine Excellence in Clinical Medicine Award Spring 2018
- Duke University Department of Internal Medicine Residency Teaching Award June 2019
- DRH Hospitalist of the Year 2019
- American College of Physicians Fellow designation 2020
- DRH Hospitalist Teaching Award 2020
- Duke Department of Medicine Excellence in Education 2020
- DRH Educator of the year nominee 2021

- Duke University Health Excellence in Education for Hospital Medicine Programs nominee: 2021
- NC Society for Hospital Medicine Excellence in Clinical Education in Medicine Award: March 2025
- Duke Internal Medicine Residency Educator of the year nominee—2025
- Duke University Department of Medicine Clinical Excellence Society nominee 2026

### Publications

1. **Roomiany P**, Axtell RC, Scalarone GM. 2002. Comparison of seven Blastomyces dermatitidis Antigens for the Detection of Antibodies in Humans with Occupationally Acquired Blastomycosis. *Mycoses*. 45 (8), 282-6. PMID: 12572716
2. Golden K, Mounsey J, Chung E, **Roomiany P**, Morse M, Patel A, Gehi A. Outcomes of Atrial Fibrillation Ablation Using a Closed Irrigation Radiofrequency Ablation Catheter. *Pacing Clin Electrophysiol*. 2012 May; 35(5):506-16. PMID: 22296283
3. Ali M, Foster Y, Brooks M, **Roomiany P**. An Outbreak of Beta-2 Adrenergic Toxicity from Adulterated Heroin. *Am J Med*. 2016 Aug; 129(8). PMID: 27103048
4. Sharma P, Brooks M, **Roomiany P**, Verma L, Criscione-Schreiber L.J Physician Assistant Student Training for the Inpatient Setting: A Needs Assessment. *Physician Assist Educ*. 2017 Dec; 28 (4):189-195.
5. Romanoff E. **Roomiany P**. Blue Toes - An Unusual and Mysterious Presentation of Fibromuscular Dysplasia. *Mayo Clinical Proceedings*. August 2019.
6. Sharma P, Brooks M, **Roomiany P**, Verma L, Criscione-Schreiber L. Impact of On-Site Hospital Medicine Curriculum on Preceptor Perception of Rotation. *The Journal of Physician Assistant Education: The Official Journal of the Physician Assistant Education Association* 31, no. 3 (September 2020): 155–58. PMID 32840342
7. **Roomiany P**, Shuman T, Pichan C. Hemopericardium from ventricular rupture: a rare but predictable complication of subacute infarction. *AIM Clinical Cases*. 2025;4:e250378. doi:10.7326/aimcc.2025.0378

8. Chen V, Kumar A, Barden D, Doshi R, **Roomiany P**, Ehrlich M. A Case of Adult-Onset Post viral Opsoclonus–Myoclonus Syndrome. *Practical Neurology (US)*. 2025;24(7):48-51.
9. James T, Roupas J, **Roomiany P**. Barking up the wrong tree? Hyperthyroidism presenting with unusual vocalization. *Am J Med*. 2025 Nov 12:S0002-9343(25)00800-9. doi: 10.1016/j.amjmed.2025.10.039. Epub ahead of print. PMID: 41238145.
10. **Roomiany P**, Chan J, Naeem H, Hraby C. Unexpected Breakdown: case series of rhabdomyolysis during the 2024-2025 influenza season. *Mayo Clinical Proceedings*. 2026. In press.
11. **Roomiany P**, Eshraghi A, Farber F. Clozaril induced cardiomyopathy. *Cureus*. 2026. In press.

**Non-refereed publications:**

1. **Roomiany P**, Shaman Z. Cardiopulmonary Stress Testing; a review. *ACP Hospitalist* 2014
2. **Roomiany, P**. Clinical Presentation of Constipation. In: Richards JB, LeT, Pham T, et. al, eds. *ScholarRx Bricks: Clinical Presentation Bricks Collection*. To be published 2026. Available at: [www.usmle-rx.com/](http://www.usmle-rx.com/)
3. **Roomiany, P**. Clinical Presentation of Palpitations. In: Richards JB, LeT, Pham T, et. al, eds. *ScholarRx Bricks: Clinical Presentation Bricks Collection*. To be published 2026. Available at: [www.usmle-rx.com/](http://www.usmle-rx.com/)

**Selected abstracts:**

1. Golden K, Mounsey J, Chung E, **Roomiany P**, Morse M, Patel A, Gehi A. Outcomes of Atrial Fibrillation Ablation Using a Closed Irrigation Radiofrequency Ablation Catheter. *Heart Rhythm Society National Meeting*. San Francisco, CA. 2011.
2. **Roomiany P**, Kirsch J. Blood Transfusions in Patients with Sickle Cell disease: a double-edged sword. *Society of General Internal Medicine National Meeting*. Orlando, FL. 2012.

3. Moiez A, Foster Y, **Roomiany P**, Brooks M. A case of “the blues”: beta-2 adrenergic toxicity from adulterated heroin. American College of Physicians North Carolina Chapter Meeting. Greensboro, NC. 2016.
4. Sharma P, Brooks M, **Roomiany P**, Verma L, Criscione L. Training PA students in inpatient medicine: the nuts and bolts of curriculum development and attending engagement. Society of Hospital Medicine National Meeting. San Diego, CA. 2016.
5. Merrill, J. **Roomiany, P**. Wachter, A. Setji, T. Hyperemesis Gravidarum Resulting in Wernicke’s Encephalopathy and Abnormal Thyroid Function Tests. Endocrine Society 2020 Meeting, San Francisco CA.
6. Bate, E. **Roomiany, P**. Catatonia in the Setting of Systemic Lupus Erythematosus: a multifaceted clinical presentation. SHM Converge. Las Vegas NV. 2024
7. Schroeder, B., Miller, K., Darkow, A., Rodgers, J., **Roomiany, P**. Anticoagulation therapy in a patient with atrial fibrillation and hemophilia B. NC ACP Poster presentation Feb 2024
8. Safdar, K., **Roomiany, P.**, Belur, A., Hoyle, J. The Impact of Weekly Huddles on Hospital Performance Metrics and Addressing Medical Residents' and Interns' Concerns: A Prospective Evaluation. Alliance for Academic Internal Medicine (AAIM) 2025, New Orleans, LA
9. **Roomiany, P.**, Safdar, K., Hamdan, A., Hilbert, D., Bousios, E., Verma, L. How do we identify Internal Medicine trainees who are failing to meet clinical milestones and how do we intervene: a survey. Alliance for Academic Internal Medicine (AAIM) 2025, New Orleans, LA
10. Safdar, K. Belur, A. Hoyle, J. **Roomiany, P**. Impact of weekly ‘real world’ teaching on trainee understanding of non-clinical health system metrics. APDIM meeting Oct 2025. Atlanta GA

**Selected Invited Presentations:**

1. International Duke Electrophysiology Summit. Durham, NC. 2016 & 2017  
Panel member: EP device indications & Atrial fibrillation: challenging cases  
Moderator: Internal Medicine Provider Breakout session

2. Duke Health Inter-hospital Grand Rounds. Evidence for Inpatient use of POCUS and Current Society Guidelines. July 2023.
3. Duke Updates in Internal Medicine for PA and NP Hospitalists, Hilton Head, SC. July 2024
4. Duke Updates in Hospital Medicine. Hilton Head SC, Sept 2025. Evaluating dyspnea with POCUS in Four views
5. QI Grand Rounds. From Burden to Buy In: teaching metrics to trainees via a gamified huddle. Bayhealth Health System, Dover, Delaware. Nov 2025
6. Duke Hospital Medicine Faculty Development Seminar: Improving the Mentor-Mentee Relationship. October 12<sup>th</sup>, 2025
7. CME Vacations: Co-presenter, Honolulu Hawaii. December 2025
8. CME Vacations: co-presenter, Quintana Roo, Mexico. February 2026
9. Alliance for Academic Internal Medicine National Conference. Supporting Formative Assessment in Residency Training: A Milestone-Aligned Reporting Tool to Capture Early Trainee Performance Signals. April 2026. Seattle, WA
10. Alliance for Academic Internal Medicine National Conference. From Burden to Buy-In: A Workflow-Embedded, Gamified Resident Huddle to Transform Documentation into Systems-Based Practice Education. April 2026. Seattle, WA