by holding a hearing on August 3, 2016 . . . at which Dr. Gorman must appear and be subject to examination and cross-examination on this issue . . . .'' As discussed more comprehensively in part II B of this opinion, Judge Lager proceeded to rule that Dr. Gorman was precluded from offering expert testimony as to causation.

On August 2, 2016, Barnes filed a letter addressed to Judge Lager and the defendants' counsel indicating that, in light of Judge Lager's preclusion of Dr. Gorman's causation opinion, Barnes would not produce Dr. Gorman at the scheduled hearing on August 3, 2016. On August 3, 2016, the parties appeared before Judge Lager to, inter alia, present argument on Barnes' August 1, 2016 request to disclose Dr. Shah as a causation expert and the defendants' objection thereto. After Judge Lager had denied the request to disclose and sustained the defendants' objection, there was a discussion on the record about the defendants' pending motion for summary judgment. During that discussion, Judge Lager stated the following: ''I think the ruling [on July 26, 2016] is clear that the [c]ourt felt there was an inadequate factual basis for the [c]ourt to make that determination [regarding Dr. Gorman's knowledge of the applicable standard of care] and was going to provide today, not any other day, but today, [Barnes] that opportunity to establish that basis. That has not been done. So as of today, the [c]ourt can only conclude that there is no factual basis, based on the record before it.''

On August 10, 2016, Judge Lager heard argument on the defendants' motion for summary judgment, to which Barnes had filed an objection accompanied by an affidavit of Dr. Gorman dated August 8, 2016 (August 8, 2016 affidavit). On August 11, 2016, in her memorandum of decision granting the defendants' motion for summary judgment, Judge Lager stated in relevant part: ''In the ruling dated July 26, 2016 . . . this court focused on

the lack of foundational evidence upon which the court could make a finding that '[Dr.] Gorman knows the prevailing professional standard of care applicable to [Dr.] Daddio in Connecticut in 2011 or that his Pennsylvania podiatric practice was governed by the same standard of care.' . . . Although the court was aware that [Dr.] Gorman averred in [the July 18, 2016 affidavit] that the 'standard of care for treating patients is the same,' this conclusory statement lacked foundation. In [the August 8, 2016 affidavit], [Dr.] Gorman aver[red] that: 'The standard of care is the same for all podiatrists. The national standard of care as to what is expected of a reasonable, prudent podiatrist [with respect to] the diagnosis and treatment of a patient under the same circumstance is the same in Connecticut as it is in all other states.' The foundation for this averral is that podiatry students 'in the United States are trained in the same manner; [t]he same textbooks and reference materials are used.' " Judge Lager then concluded that, in light of Dr. Gorman's testimony during his deposition that he did not know the standard of care in Connecticut, the "conclusory statements in [the August 8, 2016 affidavit]" failed to provide the "requisite foundation for establishing [Dr.] Gorman's knowledge of the prevailing professional standard of care in this case" and "[t]here is an inadequate factual basis before the court to find [Dr.] Gorman qualified to testify as to the standard of care." For these reasons, Judge Lager, in effect, precluded Dr. Gorman's standard of care opinion.

The administratrix asserts that Judge Lager erred in precluding Dr. Gorman's standard of care opinion because physicians, including podiatrists such as Dr. Gorman, are governed by a national standard of care in medical malpractice cases. The administratrix also contends that Dr. Gorman was qualified to offer a standard of care opinion on the ground that evidence was produced illustrating, inter alia, that Dr. Gorman had treated thousands of podiatric patients since 1967 and

trained residents in the field of podiatry.[21] These contentions are unavailing.

The relevant inquiry here is whether Dr. Gorman knew what the prevailing professional standard of care applicable to Dr. Daddio was. Dr. Gorman's January 29, 2016 deposition testimony strongly suggested that he was *not* familiar with the standard of care. Judge Lager found that the July 18, 2016 affidavit in which Dr. Gorman asserted knowledge of a national standard of care was conclusory and lacked foundation. Judge Lager then considered the August 8, 2016 affidavit, in which Dr. Gorman averred that, because (1) all students enrolled in podiatry schools in the United States are trained in the same manner, (2) all podiatrists attend the same seminars and conferences to earn continuing education credits, and (3) there are many organizations in the United States offering continuing education courses relating to podiatric medicine, "[t]he standard of care is the same for all podiatrists" and "[t]he national standard of care as to what is expected of a reasonable, prudent podiatrist [with respect to] the diagnosis and treatment of a patient under the same circumstance is the same in Connecticut as it is in all other states." Judge Lager found that such affidavit did nothing to cure the conclusory nature of, and lack of foundation for, Dr. Gorman's opinions as to standard of care. As Judge Lager reasonably determined, Dr. Gorman's averments failed to establish that Dr. Gorman had the requisite knowledge of the applicable standard of care in order to testify thereto.[22] Accordingly, we conclude that

[21] The administratrix also claims that Judge Lager erroneously concluded that Dr. Gorman failed to meet the requirements of § 52-184c. The administratrix apparently overlooks that, as set forth previously in this opinion, Judge Lager concluded that Dr. Gorman satisfied the requirements of subdivision (2) of § 52-184c (d).

[22] In *Logan* v. *Greenwich Hospital Assn.*, 191 Conn. 282, 301–302, 465 A.2d 294 (1983), our Supreme Court recognized that the standard of care in a medical malpractice case is a national, rather than local, standard. See also *Grondin* v. *Curi*, supra, 262 Conn. 652 n.16 ("[a]t the time § 52-184c was enacted, [our Supreme Court] had, because of the increasing national uniformity in physicians' 'educational background and training,' moved from

Judge Lager did not abuse her discretion in precluding Dr. Gorman's standard of care opinion.

B

We next consider the administratrix' claim that Judge Lager erred in precluding Dr. Gorman's causation opinion. We are not persuaded.

"All medical malpractice claims, whether involving acts or inactions of a defendant physician, require that a defendant physician's conduct proximately cause the plaintiff's injuries. The question is whether the conduct of the defendant was a substantial factor in causing the plaintiff's injury. . . . This causal connection must rest upon more than surmise or conjecture. . . . A trier is not concerned with possibilities but with reasonable probabilities. . . . The causal relation between an injury and its later physical effects may be established by the direct opinion of a physician, by his deduction by the process of eliminating causes other than the traumatic agency, or by his opinion based upon a hypothetical question. . . .

"To be reasonably probable, a conclusion must be more likely than not. . . . Whether an expert's testimony is expressed in terms of a reasonable probability that an event has occurred does not depend upon the semantics of the expert or his use of any particular term or phrase, but rather, is determined by looking at the entire substance of the expert's testimony. . . . An expert . . . need not use talismanic words to show reasonable probability. . . . There are no precise facts that must be proved before an expert's opinion may be received in evidence. . . .

"To prevail on a negligence claim, a plaintiff must establish that the defendant's conduct legally caused

the statewide standard of care, which was reaffirmed in *Fitzmaurice* v. *Flynn*, 167 Conn. 609, 617, 356 A.2d 887 (1975), to a national standard, free of geographic limitations"). We do not construe the trial court's decision to mean that the court applied a local standard of care; rather, the court determined that Dr. Gorman's averments regarding the applicable standard of care were conclusory and without a sufficient foundation.