Pediatric fellowship adds sim training

Sim program gives fellows the opportunity for extra training

When Northwestern University asked for groups interested in doing a pediatric surgery simulation-based educational curriculum study, Diana Diesen, M.D., leapt at the opportunity.

“Even when I was a resident, I was interested in skill acquisition,” said Dr. Diesen. “I’m interested in how we learn some of these skills and how we retain them, so when I came here...one of the areas I was interested in was medical education. I had been talking to other pediatric surgeons and I heard about this opportunity to be one of the sites in this study.”

UT Southwestern was accepted into the study as one of 10 sites, Northwestern donated 3D printed models, fetal bovine tissue was donated from a local butcher, and Storz Medical donated the pediatric-sized equipment. Throughout the program, fellows learn both technical and non-technical skills.

Dr. Cornell gives lecture

Dr. Cornell returned to Dallas to give a grand rounds lecture at UT Southwestern

On April 5, J. Michael Cornell, M.D., was invited to give a surgery grand rounds lecture at UT Southwestern. Dr. Cornell’s lecture, entitled “Twenty-Three Thousand and Done,” was extremely well-received.

Prior to the lecture, Dr. Cornell met with Interim Chair of the Department of Surgery Dr. Robert Rege and the residency director for the surgery program.

Of the lecture, Dr. Cornell said, “Everything went quite well. I enjoyed doing the talk and was appreciative of the invitation. I wasn’t intending to be inspirational. My best results would be to foster some enthusiasm among the residents for where they are and where they are going. I’m glad they enjoyed it. I was pleased to do it.”

Dr. Cornell is a member of the American College of Surgeons, Society of Vascular Surgery, and Texas Surgical Society, and has been the site director of the San Angelo rotation of the UT Southwestern surgical residency since the beginning of that program.
I am pleased to share the summer/fall 2017 issue of Surgery News. In this issue, we present our cover story on the pediatric surgery fellowship simulated surgery program, founded by Diana Diesen, M.D., who has been dedicated to skill acquisition in medical education since she came to UT Southwestern. We are proud to highlight the program and its impact on the pediatric surgery fellows.

We also would like to thank Dr. Mike Cornell for returning to UT Southwestern to give his grand rounds presentation, “Twenty-Three Thousand and Done,” this past spring and for encouraging the residents to look to the future.

In our Alumni Corner, we spoke with Dawn Hui, M.D., assistant professor of cardiac surgery at the center for comprehensive care at Saint Louis University. Dr. Hui graduated from the residency program in 2010.

If you would like to find out where our recently graduated chiefs are headed next in their careers, check out the Education Corner, which also includes an article on another recently implemented program -- the Top Knot Challenge.

Also in this issue, we are trying something new. In an effort to give some perspective on the mentor/mentee coaching relationship, we called in an expert and asked him to weigh in. Ralph Weickel is the president of Corporation for Positive Change in Lexington, Kentucky, and an expert on a variety of coaching models. His article, “Coaching in the Health Care Arena: An Opportunity to Strengthen Outcomes,” explores how UT Southwestern faculty can apply the appreciative coaching model in their mentor/mentee relationships.

I hope you enjoy this issue and welcome any suggestions for the next one.

– Robert Rege, M.D.
Alumni: then and now

Dawn Hui, Assistant Professor of Cardiac Surgery, Center for Comprehensive Cardiovascular Care, St. Louis University

What are some highlights of your training?

I had great trauma and critical care experiences. I also remember the chief’s conference, and my introduction to adult cardiac surgery, which has become my chosen and beloved discipline.

What are your current hobbies and interests outside of medicine?

My nonclinical time is primarily dedicated to research. Any extra time beyond that is spent experimenting with baking and trying new restaurants. On occasion, I still partake of the “intern sandwich,” which is a cracker between two crackers. This is a phrase I learned in internship, invented by my then-R3, Craig Olson.

What advice would you give to current residents?

Read, read, read. Approach each rotation as if it were the thing you are going into, even if you don’t plan on it, and learn everything you can about it. In caring for cardiac surgery patients, I still apply a great deal of non-cardiac surgery principles and knowledge. Take advantage of the great mentorship at UT Southwestern.

Which UT Southwestern faculty member influenced you the most?

James Valentine, Erwin Thal, Gary Purdue, Stan Henry, and Michael Jessen.

Alumni Members

We are eager to hear from you! Through this newsletter, we plan to keep connected and create stronger ties with our alumni. If you have any updates or exciting news, please share them with us.

Send your stories or comments to Georgia Smith at georgia.smith@utsouthwestern.edu. We welcome your input and hope you will keep in touch.
The outgoing surgical chiefs prepare for a new chapter

The surgical chiefs graduated from the surgical residency program on June 23. In honor of their achievement, here is what is next for each outgoing chief:

Dr. Kristen Arnold  
Surgical Critical Care Fellowship  
University of Pittsburgh, Pittsburgh, Pennsylvania

Dr. Alison Barron  
Breast Surgical Oncology Fellowship  
Mayo Clinic, Rochester, Minnesota

Dr. Nicole Bedros  
Surgical Critical Care Fellowship  
Baylor University Medical Center, Dallas, Texas

Dr. Dale Butler  
General Surgery  
Naval Hospital, Camp Lejeune, Jacksonville, North Carolina

Dr. Allyson Cook  
Surgical Critical Care Fellowship  
Stanford, Palo Alto, California

Dr. Tracy Geoffrion  
Cardiothoracic Surgery Fellowship  
UT Southwestern, Dallas, Texas

Dr. Moriah Hagopian  
Surgical Critical Care Fellowship  
Baylor, Dallas, Texas

Dr. Bret Johnson  
Plastic Surgery Fellowship  
UT Southwestern, Dallas, Texas

Dr. Jacob Opfer  
General Surgery  
Bozeman Health Medical Group, Bozeman, Montana

Dr. Natalia Partain  
Breast Surgical Oncology Fellowship  
MD Anderson Cancer Center, Houston, Texas

Dr. Melody Saeman  
Pediatric Colorectal Surgery Fellowship, University of Cincinnati, Cincinnati, Ohio

Dr. Christopher White  
Colorectal Surgery Fellowship  
Cleveland Clinic Florida, Weston, Florida

Congratulations and good luck in the next chapter of your careers!

The Top Knot Challenge brings square knots to the table

Last year, surgical oncologist and assistant professor of surgery, Deborah Farr, M.D., noticed inconsistencies in the knots tied by residents during surgery. The standard square knots were not being used by all residents. In response, Dr. Farr came up with a game, inspired by Top Chef, to help the residents practice.

Dr. Farr planned the challenges and gathered faculty support. Interim Chair Dr. Robert Rege, Professor Dr. John Mansour, and Professor Dr. Adam Yopp all agreed to serve as faculty judges for the Top Knot Challenge.

The challenge has five parts, including contests like tying lap ports on stuffed animals, to suturing gummy bears to glitter-filled balloons. The residents draw knives (instead of straws) to be divided into three teams, each monitored by a faculty judge, with each team competing to win. Every resident year participates—from interns to 5th year chiefs—and Dr. Farr believes the challenges are an important addition to the residents’ surgical education.

“I’ve seen a resident finish a knot, then Dr. Rege stick a pen in the knot, pull up, and the whole thing come undone. That’s when it dawns on them how important this is,” says Dr. Farr. “That’s what the faculty judges do. They drive that lesson home.”

The winner of the challenge is a team, not an individual. One resident may complete a portion of the challenge quickly, but the other members of his or her team must do the same in order to win.

Dr. Deborah Farr, founder of the Top Knot Challenge, explains each part of the event. In this part, the residents must suture a gummy bear to a duct tape flap on a glitter-filled balloon. Each knot must be a square knot, the gummy bear must remain whole, and the residents cannot pop the balloons.
Once a month, two faculty members drill two fellows on OR and consultation scenarios before allowing them to practice their technical skills.

“It’s just an opportunity to do it in a safe environment and focus on the details,” says Dr. Diesen. “Like, instead of saying ‘the baby’ [to expectant mothers], ask the baby’s name if they have one picked out.”

The program is divided into four modules, and each module focuses on a congenital issue: intestines that are separated instead of continuous, esophagus separation, holes in the diaphragm, or malformed lungs.

Each of the fellows does simulated surgery cases twice over the year. The surgeries are recorded the first time so that the fellows can review them. The fellows are given assessment forms so that they can identify areas to improve, and they keep monthly case logs. After their second time doing the case, the fellows move on to the next case.

“It’s great to help someone else who is your colleague,” Dr. Diesen says. “These are already board-certified surgeons. We just want to help them polish their skills specific to pediatric surgery. Pediatric surgery is a small group, so chances are my fellows will take care of one of my patients because kids move and the fellows move.”

Northwestern completed their study in May of 2015, but Dr. Diesen intends to continue the program.

If you have a moment, be sure to wish Dr. Diesen luck on her upcoming trip to climb Mount Kilamanjaro in September and October.

19th Annual Surgical Research Forum winners

Winner Dr. Adam S. Dayoub

Winner Dr. Nicholas Clarke (middle) with Drs. Andrew Lowy and Steven Wolf

Winner Dr. Epameinondas Dogeas (middle) with Drs. Andrew Lowy and Steven Wolf

Winner Dr. Tarik Madni (middle) with Drs. Andrew Lowy and Steven Wolf

NEW FACULTY

Barry Hicks, M.D.
Pediatric Surgery

Samir Pandya, M.D.
Pediatric Surgery

Linda Dultz, M.D.
General Surgery

Jennifer Grant, M.D.
Burn, Trauma, Critical Care
Sara Hennessy, M.D., is ready to take Clements University Hospital’s Bariatric Clinic to the next level. “We offer a quality, safe bariatric surgery,” says Dr. Hennessy. “We’ve hired a brand-new program director and section chief who are used to doing a high volume, we have four surgeons, a full-time dietician, NPs and PAs—really everything we need. The infrastructure is there. We’re ready.”

The Bariatric Clinic is also partnered with the UT Southwestern Max Program, designed to optimize patient health prior to surgery in order to improve their post-operative recovery time.

The Max Program teaches patients about good nutrition and encourages increasing physical activity if possible. Even a short daily walk can help.

The expertise of the clinicians and surgeons, combined with the new Max Program, puts the Bariatric Clinic in a good position for success.

Ibtisam Al-Hashimi, D.D.S., M.S., Ph.D., and professor of surgery, has joined the division of Oral and Maxillofacial Surgery.

Dr. Ibtisam Al-Hashimi was a tenured full professor at Texas A&M School of Dentistry, previously Baylor School of Dentistry. She holds a Ph.D. in oral biology, and her sub-specialty is salivary gland dysfunction. She directed the salivary dysfunction clinic for decades at the Texas A&M School of Dentistry. She has relocated her clinic to UT Southwestern Medical Center to expand her clinical and research collaboration with faculty at UT Southwestern.

Dr. Al-Hashimi has recently established the Salivary Dysfunction Clinic at UT Southwestern Medical Center, specializing in Sjögren’s syndrome and Sjögren’s-like diseases, salivary gland dysfunction, dry mouth and xerostomia, oral candidiasis, mucositis, lichenoid lesions, and contact mucositis.

**Faculty spotlights**

**Dr. Ibtisam Al-Hashimi opens Salivary Dysfunction Clinic**

Ibtisam Al-Hashimi, D.D.S., M.S., Ph.D., and professor of surgery, has joined the division of Oral and Maxillofacial Surgery.

Dr. Ibtisam Al-Hashimi was a tenured full professor at Texas A&M School of Dentistry, previously Baylor School of Dentistry. She holds a Ph.D. in oral biology, and her sub-specialty is salivary gland dysfunction. She directed the salivary dysfunction clinic for decades at the Texas A&M School of Dentistry. She has relocated her clinic to UT Southwestern Medical Center to expand her clinical and research collaboration with faculty at UT Southwestern.

Dr. Al-Hashimi has recently established the Salivary Dysfunction Clinic at UT Southwestern Medical Center, specializing in Sjögren’s syndrome and Sjögren’s-like diseases, salivary gland dysfunction, dry mouth and xerostomia, oral candidiasis, mucositis, lichenoid lesions, and contact mucositis.

**Dr. Hennessy touts Bariatric Clinic at CUH**

Sara Hennessy, M.D., is ready to take Clements University Hospital’s Bariatric Clinic to the next level.

“We offer a quality, safe bariatric surgery,” says Dr. Hennessy. “We’ve hired a brand-new program director and section chief who are used to doing a high volume, we have four surgeons, a full-time dietician, NPs and PAs—really everything we need. The infrastructure is there. We’re ready.”

The Bariatric Clinic is also partnered with the UT Southwestern Max Program, designed to optimize patient health prior to surgery in order to improve their post-operative recovery time.

The Max Program teaches patients about good nutrition and encourages increasing physical activity if possible. Even a short daily walk can help.

The expertise of the clinicians and surgeons, combined with the new Max Program, puts the Bariatric Clinic in a good position for success.
Coaching in the health care arena: an opportunity to strengthen outcomes

Establishing a coaching or mentor/mentee relationship with a resident or staff member can be tricky. How should a mentor coach his or her mentee? What does an ideal coaching relationship look like? In an effort to answer these questions, the Department of Surgery asked an expert to weigh in. Ralph Weickel is the President of Corporation for Positive Change, and is an expert on a variety of coaching models. For those in the health care industry, he recommends what he calls the appreciative model. The following article, written especially for Surgery News, explores this model.

By Ralph Weickel

The health care industry is faced with ever-complex challenges that are stretching hospitals, medical centers and provider organizations. Health care organizations, like their business counterparts, have increasingly turned to coaching to strengthen and develop their physician, nurse, and administrative staff.

While there are multiple definitions of coaching, they all seek to strengthen the individual or team performance. Coaching is designed to enhance performance to a healthy, well-functioning level or higher while engaging the individual to design the actions. — Making a Case for Coaching, by Michael Horn, M.D.; Lee Elliott; and Louis R. Forbringer, Ph.D.; Physician Executive Journal, November-December 2010

The coaching relationship is solely about the development of the individual being coached to excel in his or her field. The coach seeks to build on the strengths of the individual and support the desired behavior change to achieve consistent success. Coaching has these qualities:

• Coaching focuses on the actual behavior of the individual – seeking multiple examples of the desired behavior from actual experiences.
• The person being coached is seen as healthy and whole – the mentee is a successful person and the behavior to be addressed is not who they are, rather it is an action they took.
• Coaches listen actively to feelings as well as to what is said and not said as a guide to action – taking notes and connecting the dots of the stories told allows the coach to remind the individual of previous successes and the actions taken.
• The goal of coaching is to achieve excellence – excellence as defined by the person being coached and the institution in a mutually supportive manner.

The successful coaching relationship is built on several pillars. The coach has a curiosity mindset, he or she sees the coaching relationship as a journey and consistently looks for the opportunity in situations while leveraging strengths. The coach accomplishes this by:

Asking appreciative questions
• Appreciative questions are based on positive assumptions and challenge the narrative of the person being coached.
• The questions change the narrative around the topic or behavior, which brings new insights to the individual and the situation.
• Appreciative questions short-circuit the negative hard wiring that most people have and allows them a new perspective.

Being present
• Being present allows for listening with an appreciative ear and creating a safe space for the mentee.
• The brain is challenged to process new data, and by being present, the coach listens for what is and is not being said in response to questions – they can hear the cracks in the stories that mentees tell.
• Listening is beyond verbal; appreciative listening involves hearing body language, eye movement and tone of voice – these are all clues to invite behavior change.

Use of stories
• Storytelling is the oldest form of communication, and mentees will tell themselves many different stories about a situation and what is possible.
• Appreciative coaching uses stories to identify strengths, connect to previous success and to change narratives around current situations.
• Stories are a method of changing the narrative, including the words used by the mentee.

Another key pillar is the creation of a safe environment – the person being coached has to believe his or her best interest is at the heart of the engagement.

Being present is one of the actions that creates a safe environment, and two others are:
• Creating a neutral meeting space, and meeting at a time that works in the mentee’s schedule. The majority of my coaching interactions are held in coffee shops and early in the morning or at the end of the day. It is a way to demonstrate that the person being coached is at the center of the engagement.
• Building a relationship that allows for an emotional connection. Appreciative coaching is not a clinical process, it is relational and mirrors the relational skills that are desired to be developed. This means the coach has to be able to model the relational skills well – as a living example.

This coaching model allows the mentee and coach to have discussions about specific behavior while encouraging the other person to re-experience the behavior when it is ideal. Since most mentees have a positive experience of the desired behavior, it is necessary to have them “live” these positive experiences and learn from them. Appreciating the best and aligning this with the mentee’s strengths moves the discussion toward creating a vivid image of the ideal outcome or desired outcome and what actions will create it.

The health care community is being challenged to address the expectations of patients and their work teams. Coaching is a tool that facilitates this development in a manner that embraces the best of individuals, encourages their passions and celebrates their success.

Ralph Weickel is the President of Corporation for Positive Change; P.O. Box 24361 Lexington, KY 40524 859-536-2488 info@ralphweickel.com; www.positivechange.org
History revisited: Storz donates to UT Southwestern

In 1998, Sybill Storz (center, of Storz Medical) donated the first laparoscopic training machines to UT Southwestern Medical Center.

This photo shows the beginning of the UT Southwestern Center for Minimally Invasive Surgery (SCMIS), which has since become an integral part of its surgery medical education curriculum. Pictured here are former Chair of the Department of Surgery C. James Carrico, M.D., Interim Chair of the Department of Surgery Robert Rege, M.D., Sybill Storz, Daniel Scott, M.D., and Storz sales rep Brent Trammel. Trammel is still the current Storz sales rep for UT Southwestern.