

Isabella Rosa Nanini

Mr. Speice

Independent Study and Mentorship- 3A

23 February 2017

Interview Assessment 5

Name of Professional: Dr. Robert Jaquiss

Profession: Pediatric Cardiothoracic Surgeon at Dallas Children's Hospitals

Date of Interview: February 22, 2017 at 4pm

Assessment:

My first interview with a pediatric cardiothoracic surgeon. I had been waiting for this for my entire Independent Study and Mentorship journey, and I finally had the once in a lifetime opportunity to speaking with an experience pediatric cardiothoracic surgeon, Dr. Robert Jaquiss. I began this interview by explaining what ISM was and why I chose to become a part of this program. I followed by asking why Dr. Jaquiss decided to pursue the career of pediatric cardiothoracic surgery. He said he became inspired to become a surgeon when one of his high school teachers had asked him to read *The Making of a Surgeon*. After that Dr. Jaquiss became fixed on becoming a neurosurgeon, but after his 3rd year of medical school's clinical rotations he had become specifically interested in pediatric cardiothoracic surgery. Dr. Jaquiss said pediatric cardiothoracic surgery is variable, and that children are stronger and heal a lot quicker. I followed by asking about his journey to become a pediatric cardiothoracic surgeon, Dr. Jaquiss took the more traditional way into this field beginning with undergrad, grad school, medical school, a general surgical residency, a cardiothoracic residency, and a pediatric cardiothoracic

residency. He also spent some time in research. I also learned that an alternative journey towards the education to become a pediatric cardiothoracic surgeon, the I-6 program, where general residency and cardiothoracic surgical residency are combined into 6 years.

Part of my interest in this career the ability for me as a health professional to impact less privileged countries, and I asked Dr Jaquiss if this is something he has had the opportunity to experience. Dr. Jaquiss said that providing congenital heart surgery to less privileged can become complicated due to its great cost. With this money an organization could instead provide infrastructure, structures of need, and save millions. This is something that I had not opened my mind to think of, but that has allowed me to better understand the idea of my impact as a pediatric cardiothoracic surgeon. After this I followed to begin to speak of my final product idea, a publication on tissue engineering with the use of decellularized matrices. Dr. Jaquiss said we are on the lookout for the holy grail material. Structural congenital heart disease varies, but the goal for most reconstructive materials inside the heart it to be thin, strong, flexible, grow, and become biocompatible. People first chose to use tissue from a patient's own pericardium, but found that this material does not allow for growth. Decellularized matrices are frameworks for recellularization, and a new use of these is intestinal submucosa. This again is unsuccessful. Dr. Jaquiss said that although there are many unsuccessful ideas, it is still important to write. This truly made me think about my proposed publication idea, should I search for a more innovative area of tissue engineering in pediatric cardiothoracic surgery? Is there a point in researching a topic that has become unsuccessful? These are all questions that had not come to mind before this interview, but that will lead to a more successful publication.

Overall, I am beyond thankful for this interview. It really was a once in a lifetime opportunity I will never get. An interview like this is truly what Independent Study and Mentorship is all about, and why I chose to become a part of Reedy High School's first ISM class. Dr. Jaquiss has opened my mind and eyes to the field of pediatric cardiothoracic surgery, and has given me the great opportunity to have a mentorship with his colleague Dr. Timothy Pirolli.

Notes:

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

February 20th 4pm Dr. Jaquiss

2) The making of a surgeon, resident, college (doc/chemist)
 3rd yr (clinical) cardiac surgery
 - not alot CHD (common) 15-20,000 + 200,000
 ped → variable, 25, children organ reserve (less tolerant)

6) und, med school, gen, cardio, fellowship
 I-U program, cardio 18 yrs 1-2 research
 15) a leading + general 1995 year

Traveling → people, expensive, not a right structure + infrastructure
 need, inc. expensive, im → save millions, cultures,

Final product idea: holy grail. structural CHD, varies,
 reconstructive material (thin, strong, flexible, grow) → bio
 A lot of unsuccessful idea, should write
 8) 3 times
 bit time → patient - about it
 - operating room - translational research
 1) - small bits 3½-8 hrs → purpose

infant mortality:
 - premie - Area of intensive research
 - malnutrition 13) congenital neonatal
 treatment of HIV most rewarding
 vertical transm. 4) no surprises
 - effective, happiness well exposed

arelys:
 speak w/ professionals - Annals of LS
 kinds of personality - European
 self assessment - Journal
 infant grat. - not as successful

2) U-7am - U-30-8:30pm - medical school faculty
 weekends - editorial boards
 - Hospital 1-2 op. - teaching resident
 rounds, in-charge