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CHIEF EDITOR

SMITH W. HARTLEY *shartley@ushealthcarejournals.com*

MANAGING EDITOR

KAREN TATUM *ktatum@ushealthcarejournals.com*

EDITOR/WRITER

PHILIP GATTO *pgatto@ushealthcarejournals.com*

CONTRIBUTORS

MELINA DRUGA

CYNTHIA HICKS

MARGO PIERCE

CORRESPONDENTS

RAY HANLEY

NATHANIEL SMITH, MD, MPH

JOSEPH W. THOMPSON, MD, MPH

ART DIRECTOR

LIZ SMITH *lsmith@ushealthcarejournals.com*

SPONSORSHIP DIRECTOR

DIANNE HARTLEY *dhartley@ushealthcarejournals.com*

PHOTOGRAPHER

ZOIE CLIFT

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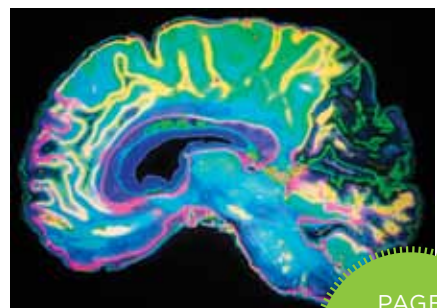
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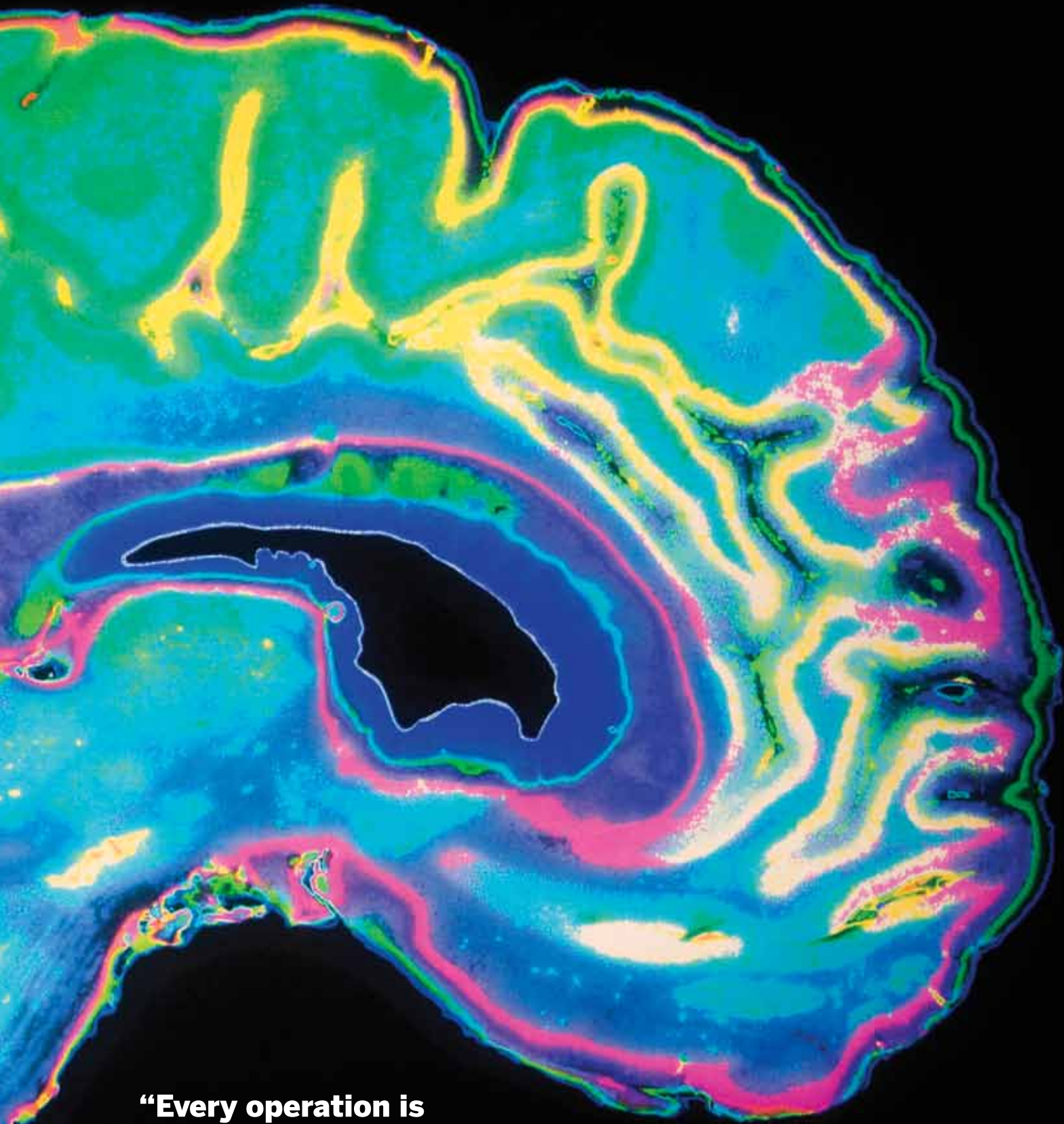
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THE “OLYMPICS” OF
**neuro
surgery**

By Margo Pierce

As told by one of its pros



“Every operation is like going to the Olympics...you have to win the gold.”

When doctors want the best neurosurgical training, many of them go to Dr. Ali Krisht, FACS. And when he meets them, he tells them he's not going to teach them surgical technique. He's going to teach them to be better people. Mentored by two of the most renowned neurosurgeons, Krisht became one himself during his 29 years of study and practice. He shares his expertise by offering surgical training in foreign countries, but Krisht also offers one-on-one training at the facility he runs right here in Little Rock, the Arkansas Neuroscience Institute (ANI) with the St. Vincent Health System. And his students hail from all over the world.



Dr. Ali Krisht

CALLING ANY NEUROSURGERY “ROUTINE” SHOULD BE ALARMING.

“When my Fellows come to me I don’t tell them, ‘You are going to come and learn my technique.’ I say, ‘If you think you will learn technical skills or tricks so you can become a better neurosurgeon, you’re in the wrong place,” he says. “I like to think I teach them character, how to really care in such depth that (they) are going to be better surgeons. When you want to do a good job, you’re going to pursue it (as) a lifetime learning experience, you want to improve on yourself every day.

“I make sure they live a healthy life. They cannot drink, stay up, and go operate. You have to be rested and in shape. You have to have the stamina. If you have a good body and (are) healthy, then everything becomes possible. If you want to do very long hours in surgery, sometimes 16 to 18 hours – the longest I’ve managed is 26 – you have to be fit. Your stamina has to be at the level when, in the last minute of the operation, you are

as sharp as the first minute of it.”

Krisht says he believes he can always do better. That motivation and drive are what he tries to teach all surgeons. But that only comes with a kind of self-knowledge that isn’t taught in medical school.

“I usually teach my colleagues, physicians: You have to watch yourself and be aware of where and how you can improve yourself,” Krisht says. “You need to know what it is that you need to perform. The second half of the technique is to be dedicated to improvement, which means to see how



DERO SANFORD



JASON MASTERS

Arkansas Neuroscience Institute (ANI) neurosurgeon Emad T. Aboud, MD demonstrates his groundbreaking "About Model" which circulates a blood-like perfusent throughout a cadaver to simulate life-like conditions during surgery. The "About Model" allows physicians, fellows and residents from around the world to train in a safe, state-of-the-art lab setting at ANI in Little Rock.

somebody does it and to try and simulate it.

"That's something I learned from my mentors; something that I've seen in most people who have done a good job in what they do. It's a combination of really caring about your patient and wanting to improve on every procedure you've done. That's really the core or the essence of how to become a specialist, (to) technically improve."

This understanding of all aspects of neurosurgery is why Krisht was named among the top 1 percent of neurosurgeons in the country by the physician ratings firm Castle Connolly. But Krisht is always critical of his performance and worries that other physicians are becoming complacent. Calling any neurosurgery "routine" should be alarming.

"It shouldn't be like that. The value of somebody trusting you with their brain, their life, it's a big deal. This is why I cannot relax," he says. "Even though I feel like this is a 'piece of cake' surgery – I've done it

so many times – it's not that for the patient.

"I joke sometimes. I say, 'My training is more like rehab.' They finish their training and they come and they get what is missing."

A connection to the patient is one of those things that's missing. Krisht would prefer every surgeon consider the most important person in her life and the kind of operation she'd like for that person to have. Then transfer that feeling of concern for and connection to the patient undergoing the procedure to heighten awareness and conscientiousness. Considering how unique each person is, how the circumstances of each surgery can be different, eliminates the impulse to take surgical competence for granted. Being careless can result in death.

"Every operation is like going to the Olympics...you have to win the gold," Krisht says. "The success is how you prepare for it. It's (developing) the ability for the person who trusts in you. This is something we have

to nurture and instill in a lot of physicians."

The sporting reference is more than an analogy for Dr. Krisht. Once on the career path of a professional soccer player, he was sidelined with a broken leg. That injury, combined with acceptance to medical school, gave him an opportunity to consider a way to bring together his interest in neuroscience with his preference for hands-on activity. A career in neurosurgery took him from medical school at the American University of Beirut, Lebanon, to Atlanta, Georgia, for his residency training at Emory University.

This was followed by what he calls "a golden opportunity to be sandwiched between two of the giants of our field." Krisht worked with professors Dr. Ossama Al-Mefty and Dr. Mahmut Gazi Yasargil as a staff member in the Department of Neurosurgery at the University of Arkansas for Medical Sciences. He credits both men, his mentors, and their generous teaching as

“Most surgeons will finish their training, and they might not have encountered the bleeding aneurism. This way you can simulate 10 or 15 aneurisms in one cadaver – make them bleed one after the other – and they gain experience, which is amazing.”

the foundation of his success. In addition to being promoted to associate then professor of neurosurgery, Krisht was the vice chair and professor of neurosurgery until September 2009.

During that time Krisht learned a great deal from Yasargil, who is frequently called the “Father of Neurosurgery.” With pride he easily cites a few of Yasargil’s accomplishments: Dr. Yasargil introduced and developed the use of the operating microscope for neurosurgery and developed the Yasargil vascular clips used to treat brain aneurysms, which are the mainstay of brain aneurysm treatment today. Yasargil was also named Neurosurgery’s Man of the Century 1950-1999 by the Congress of Neurological Surgeons.

In 2009 Drs. Krisht and Al-Mefty co-founded the Arkansas Neuroscience Institute (ANI). Al-Mefty has since joined Brigham and Women’s Hospital at Harvard Medical School. Krisht currently serves as the institute’s director and the director of the Cerebrovascular and Neuroendocrine Clinics.

“Mentors are important,” he says. “We can do more good by teaching more people. We used to be trained in a rigorous way. We needed to achieve certain skills, but at the same time we (were) being watched by our mentors in how we acted and reacted to patients, how we reacted to our failures. We (were) being always put under the gun to achieve more and better. The level

of knowledge and experience is shrinking over time.”

Krisht likens medical training today to following a recipe in a cookbook – a list of steps to be followed with the expectation of the same outcome every time. The ability to deal with unusual circumstances, unique needs, and the ability to think and act under pressure isn’t part of the “didactic” approach currently used by most medical colleges.

Combined with a reduction in the working hours and exposure to open surgery for medical students, neurosurgeons need to augment their training outside school. Alternative ways to learn various approaches to surgical treatment for things such as cerebral aneurysms and how to handle unforeseen neurovascular emergencies in the operating room is essential, according to Krisht.

To experience operating room-like conditions, participants in Krisht’s program are trained with the Aboud Model, which circulates a blood-like perfusant throughout the veins of the cadaver to simulate real-life conditions. Residents are first taught by one of the ANI neurosurgeons. Wearing 3-D glasses, they watch the surgical instruction on a large screen. Then they perform the procedures in a life-like setting. The objective is to give residents and younger neurosurgeons more experience and allow them to learn how to handle surgical emergencies in a safe environment. The U.S. Department

of Defense’s Physicians Committee for Responsible Medicine recognizes the Aboud Model as an effective training tool.

“Most surgeons will finish their training, and they might not have encountered the bleeding aneurism,” Krisht says. “This way you can simulate 10 or 15 aneurisms in one cadaver – make them bleed one after the other – and they gain experience, which is amazing. It’s kind of like what pilots do with simulation when they fly a plane.

“Operating on the brain, you have to have the highest level of skill to do it. To do that you have to have the highest level of training. One of the missions of our institute is to complement that part of the training, which is not being done as well as it should be done.”

Once those basic skills become engrained, Krisht believes surgeons should learn other ways to improve performance. On the physical side, that’s learning breathing techniques and how to move the body during surgery in ways that enhance performance.

“Like a professional basketball player, you have to find out what’s the best way to improve on your shot (so) that you can score every time,” Krisht says. “You have to find out that, if you are in front of the basket, you’re going to score better than when you’re on the side. You have to always position yourself in the front, and you do it so many times that it becomes part of you, (like) breathing.”

He understands that the discipline required to focus on improving performance over time requires a level of maturity that young physicians might not have. This is why he believes mentors are critical for guidance. And until medical schools stress the importance of this issue, Krisht believes healthcare will suffer.

“The certain level of maturity and curiosity you would want medical students to have is not always present,” he says. “You have a young population, they have lots on their minds. It’s only (a) few who will be able to achieve that level of maturity. The rest of them, if the system is not strong enough... may be ill prepared.” ■