



Duke Chief Resident Oral History Project

Interview of Dr. Babatunde Yerokun

By: Justin Barr, 31 May 2020

Keywords: Tunde Yerokun, COVID-19, Kirk, joint training program, cardiac surgery, I-6, Mulvihill, Ranney, Davis, Wang, Sprinkle, Shenoi, Pappas, DCRI, intern JAR, CTSN, Roe, Peter K. Smith, Acute Care Surgery

Justin Barr: Good afternoon. This is an interview of Dr. Babatunde Yerokun on the 31st of May 2020, at Duke Hospital by Justin Barr. Thanks so much for joining us, really appreciate it. Do you want to start just a little bit about where you came from, where you went to school, how you got interested in medicine?

Babatunde Yerokun: Yes, I was born in Oklahoma City. My parents were born in Nigeria, moved from Nigeria to the States, initially in Ohio and a couple of other States before moving to Oklahoma when my mother was in pharmacy school, and that's when I was born. We moved a couple more times before the age of five, to Texas, Kansas, Oklahoma, and then to Texas one last time, which was when I was in second grade, and then from then on, throughout high school, I grew up in Arlington, Texas, so I mostly claim Texas as home.

After that, I went to Stanford for undergrad and majored in human biology, did an honors thesis there as well. Then after finishing there, I spent a year teaching middle school science before going to medical school at the University of Chicago.

Justin: Did you go to Stanford knowing you were planning a pre-medical curriculum?

Dr. Yerokun: For the most part. I did try to keep an open mind into other professions but stuck with medicine. University of Chicago medical school for four years.

Justin: Did you go to medical school knowing you want to do surgery?

Dr. Yerokun: No, I went to medical school with the thought that I would end up going into pediatrics, but I knew I was interested in cardiac physiology. Then my first rotation in medical school my third year was surgery, and I really enjoyed surgery.

Justin: What was your experience like as a medical student on the surgery clerkship compared to the medical students' experience here on their clerkships?

Dr. Yerokun: I think things have changed even in the past 10 years, I guess it's been, since I was rotating. I think we were allowed to take call...we were actually told to take call. We could stay overnight, we had more responsibility. I think for good and for bad, things have changed, but that is what it is. I would say it's probably dramatically different than the experience that the medical students here have now,



but I'm sure that will change 20 years from now and whatnot, so. Yes, I did that, I spent four years there then matched here and came here.

Justin: Any particularly influential mentors in medical school?

Dr. Yerokun: Yes, a couple. One of them was a CT surgeon, Dr. Jeevanandam who is still there.

Justin: How do you spell his name?

Dr. Yerokun: That's a good question. [chuckles] Yes, he's still at the University of Chicago. I see him at meetings, so he was definitely a mentor. Definitely, some general surgery attendings at the University of Chicago were also pretty helpful and then some med school people as well, so I had a whole bunch of people.

Justin: When you were applying to surgery residency, were you already interested in cardiac surgery?

Dr. Yerokun: Yes.

Justin: Did you consider applying to any of the I-6 Programs?

Dr. Yerokun: I did. I at least considered it, but I did not. My fourth year I did an away rotation at Stanford in cardiac, which I really enjoyed. It was mainly for those who were interested in applying to the I-6 Program at Stanford, but I rotated there and really enjoyed it, but I knew at that point I wasn't going to do or apply for the I-6 mainly just because at that time it was a new thing and the traditional method was more tried and true. I think for me, it was just more beneficial to go into general surgery. I think the training is definitely very strong, and I thought that that would be the best way for me to train to be a cardiac surgeon.

Justin: Chicago has a terrific surgery program. What led you to come to Duke for your residency?

Dr. Yerokun: They do. The surgery program here is also just as strong if not stronger, has a very dominant history of training leaders, which the University of Chicago also has, but then has a very strong history of training cardiac or CT surgeons, which the University of Chicago had less of. At the time I was applying, they didn't even have a CT surgery fellowship, now they do, so I think those were the big things. Then I really just needed to get out of Chicago for weather-related reasons, too. I enjoy the city itself, but the weather there was ridiculous.

Justin: What was Duke's reputation at the time when you were applying?

Dr. Yerokun: I spoke with my mentors, and it was funny, the surgery attendings who I spoke to portrayed the reputation of Duke's malignancy, and they were like, "Oh, don't go there." But in talking with other people, mainly-- The University of Chicago is



a small school, so not only are you friends with people within your class, but you're also friends with people of other classes as well. I had a couple of friends who applied into surgery the year before me who interviewed at Duke and who only spoke good things about it. Listening to that was very reassuring, but I probably would have interviewed here regardless just to see the place for myself.

Justin: What'd you think when you interviewed here?

Dr. Yerokun: Oh, I enjoyed the interview. It was amazing. I remember I spoke to a fair amount of people, but I remember one person who stuck in my mind was Tony Castleberry, who was just very awesome and impressive.

Justin: What year did you start at Duke and who was in your intern class?

Dr. Yerokun: I started in the year 2013. In that class was Mike Mulvihill, Dave Ranney, Patrick Davis, Alice Wang, Shanna Sprinkle, and Mithun Sheno.

Justin: What was your intern year like?

Dr. Yerokun: It was fine. Nothing really remarkable about intern year.

Justin: Any good stories from intern year?

Dr. Yerokun: I don't really have any good stories. I know there was a story that Patrick, I'm not sure if you've heard this in the other interviews, but Patrick took some nurses into the closet to yell at them for incessantly paging him while he was operating. That's the one story that probably comes to mind that might be a little bit humorous.

Justin: When you came to Duke, there was no Chairman, was that correct? There was no permanent Chairman?

Dr. Yerokun: Yes, it was Dr. Pappas. I guess when I interviewed here, I guess that was in January, the October before that I think is when Danny Jacobs left, so Dr. Pappas was interim Chair, and he's the one I interviewed with when I was applying. Then I matched here and my intern year was all Dr. Pappas until I believe April or May when Dr. Kirk came.

Justin: Did it give you any pause to join the program without a definite Chairman?

Dr. Yerokun: No, not at all, just because it's Duke.

Justin: How do you think your intern year was different from the intern year of today?

Dr. Yerokun: Again, and I'm sure like people 10 years ago would say, our intern year was pretty soft, but I think the thing is now, things are less tolerated in terms of blowing up at people, which I would say like when I was an intern happened

File name: Yerokun interview.m4a



probably not as often as like 20 or 30 years ago, but definitely more so than now. Then there was a less APP support when I was an intern, which made things more difficult, but we survived.

Justin: Then JAR year, some people think JAR year is the hardest year of residency, some people think intern year is the hardest year of residency. Do you have strong thoughts on that?

Dr. Yerokun: Yes, I'm of the opinion that JAR year is probably the most difficult year of residency. Intern year is actually pretty easy once you start to figure out what to do, and when to talk to people, but JAR year is just like, you're in the hospital a lot more. You're responsible for more, which, intern year you're not really responsible for anything. I think that's probably the most demanding and challenging year. You're making plans and the attendings don't trust your plans because you're a JAR, so it can be exhausting, but at least for me, it was pretty standard.

Justin: Any fun stories from JAR year?

Dr. Yerokun: Not that I can remember. Nothing like Patrick dragging nurses in the closet to yell at them. I'm sure there was a lot of funny stuff that happened, but nothing really comes to mind.

Justin: Then you went out to the lab for two years, what did you end up doing for your two years of research?

Dr. Yerokun: Yes. I spent time at the DCRI, which was nice, because I got to do a lot of clinical work, outcomes work, clinical trials work, which was invaluable. I got to work with the STS database, and then I got to work with the CTSN, which is the Cardiothoracic Surgical Trials Network, which was nice because both through STS and CTSN, I got to meet a lot of people across the US in the field, which I think was very invaluable.

Justin: Any papers of which you're particularly proud?

Dr. Yerokun: I'm proud of all of them.

Justin: Then you write better papers than I do.

Dr. Yerokun: That's very false. [chuckles] I guess nothing more so than the other.

Justin: Did you have any desire to do basic science or were you always focused on outcomes?

Dr. Yerokun: I did basic science in undergrad and in medical school, so I initially was giving it a thought when I was a JAR, but then the DCRI thing opened up and given I'd done basic science before, and I hadn't really done any strong clinical work, I thought it would be a good opportunity to expand.



Justin: Any particular mentors you worked with during these two years?

Dr. Yerokun: Yes. I did a lot of projects with a whole bunch of different people, but mainly it was with Matt Roe, who is now unfortunately gone.

Justin: Can you spell his last name?

Dr. Yerokun: R-O-E, who is a cardiologist who was at the DCRI. Then with CTSN, it was with Dr. Peter K. Smith. I would consider those to be the main two people that I was working with during my two years.

Justin: Then you came out of the lab into SAR one year and you applied to the Joint Training Program. Had that been a plan from day one or did that develop as you spent time at Duke, the idea of applying to the Joint Training Program?

Dr. Yerokun: That I think, had been the plan from day one, at least to apply, just because I knew I was interested in CT surgery pretty early on.

Justin: How did being part of the JTP affect or change your residency experience here?

Dr. Yerokun: The earlier exposure to CT surgery was nice, and I think it changed it for the better. I think the training in general surgery is very rigorous and very helpful, but the early exposure is also very helpful, as well, particularly when you're going into CT. It makes the first couple months that you're rotating on CT very difficult, but you survive.

Justin: SAR one year?

Dr. Yerokun: Yes. SAR one year, I applied and then got accepted into the JTP, but SAR one year, I think is a good year just because you're operating a lot in Raleigh, at the Reg, and then doing some rotations here as well. It was a good year. It was a good operative year.

Justin: Did your class change coming into SAR one year in terms of people coming in and out of research?

Dr. Yerokun: Yes. Jeff joined, because he entered the year before we did but then he spent three years in research, so he joined our class. Patrick entered when I entered the residency, but he took one year of research. Then Mithun entered when we did, but he took no years of research. Then Meza, also entered a year before we did, but he took three years of research, and then Shanna left. Mulvihill also entered when we did, and then took three years.

Justin: Quite a different cohort?

Dr. Yerokun: Yes.

File name: Yerokun interview.m4a



Justin: What's SAR two year like, splitting time between general surgery and cardiac surgery?

Dr. Yerokun: It was good. I don't really consider intern year a real year, so in the pecking order of things, I think JAR year is probably the most difficult year by far, but then the next year that's probably "the toughest" would be SAR two year, mainly just because with SAR one year, you're operating a lot and you're in terms of the totem pole, you're the highest on the totem pole who does junior call, which is 2222. You don't do as much 2222 relative to the JARs, and then usually the chiefs who make the schedule will give you the best shifts of 2222.

SAR 2 year you are now the lowest on the totem pole of senior call, which is in-house chief. Because you're the lowest on the totem pole, you're usually doing more call, and you're usually doing the less desirable shifts because the chiefs are doing better shifts. Then I think because of that, I would maybe say that is probably the "second toughest year", but it's fine and you're still operating a fair amount. That's in general surgery, and then my rotations on CT, both of them were on cardiac that year, were good. CT is very busy, but that's good.

Justin: Was it challenging transitioning from one specialty to the other?

Dr. Yerokun: A little bit, but other people have done it.

Justin: Then how has chief year been?

Dr. Yerokun: Chief year is great. I do six months of general surgery and six months of CT, so the general surgery months were great. I did one colorectal month. I was supposed to do two, but that got changed with the pandemic.

Justin: How has the pandemic affected chief year for you?

Dr. Yerokun: I don't think it's really affected me that much. I guess the way things worked, the pandemic happened when I was on general surgery. I was on transplant in March, and I did the three weeks of transplant before the whole pandemic schedule went into effect, so I missed maybe a week of transplant, which isn't really much of a thing. Then I missed a month of colorectal, which for me is not really a thing. I think I was fortunate that those were the rotations that I missed as opposed to missing CT, which probably would have hindered me a little bit more. For me, I think it didn't really affect me as much.

Justin: Were you involved at all in re-configuring everybody's schedule or you just took your marching orders from Jim like the rest of us?

Dr. Yerokun: The latter.

Justin: How's the rest of chief year gone?

Dr. Yerokun: It's been good. My months on CT have been good. For the JTP, you do two months on congenital, two months on thoracic, and two months on cardiac. The congenital months are, you don't really do as much operating. You're more either first or second assisting, but the operations are technically very challenging, so rightfully so. Really, at least for me, there's really no good way to learn congenital without actually seeing the anatomy, so it was good in that respect. Thoracic was also good. I did that the next two months, and then these last two months are cardiac which have been good.

Justin: Your class as chiefs, at least from the perspective of those of us below, have been particularly proactive and trying to change the residency and improve things. Can you talk a little bit about the initiatives that you all set forth to tackle and how successful or unsuccessful you've been in accomplishing those goals?

Dr. Yerokun: I'm sure I can't remember all of them, but I think, going into our chief year, there were a couple of things that we wanted to change or a couple of areas of improvement that we saw that we wanted to see if we can make everyone's lives better, not necessarily easier, but better. I guess one of the things we did was we tried to get the schedule out earlier than it was coming out, the monthly schedule, which I think before our class, there were times where we were getting the monthly schedule only days before. We committed to getting it out a month before. I know the rising chief classes now are trying to get it out two months before, but I think we were pretty successful in at least getting that going.

Another thing was moving the weekly Kirk talks or chairman's talks or chairman's whatever, moving it from Friday to Monday. It appeared as if Friday was somewhat detrimental to people's weekend plans, and attendance suffered as a result of that, so moving it to Monday, I thought, was a good idea, we thought was a good idea which it seemed, in terms of attendance, that helped.

Another thing with chiefs conference was having more people present. I think before our class, the SAR ones and twos had to present twice every year but we changed it so that the SAR ones and SAR twos only presented once, and then we got the JARs to present once, and then the interns to present once, which most of them avoided because of the pandemic. That was another change which I think worked out pretty well. I think those were some of the big ones.

We also, I guess, which I think maybe was done before, but we assigned an individual chief to each class to take care of particular classes' needs. I was responsible for the interns, and then I had an intern point person, Annie Liu, who would funnel all the intern thoughts to her and then relay them to me, and then I would try to, as best as possible, take care of the set of issues.

Justin: Is that an effective system?

Dr. Yerokun: Yes, I think the thought was that because I think, what was new for our class or what happened before was, there was a chief for every class. What ended



up happening is those seven people in said class who would just barrage that chief with a whole bunch of different thoughts. Having one point person, which was a new thing that we did, within that class, helped in eliminating the barrage of requests and funneling them down to one coherent, well-put either document or thought that could then be acted upon.

Justin: So you were able to make some changes for the interns this year?

Dr. Yerokun: A little bit, or at least I listened to their concerns. They're great people. I think the intern class this year is very great and strong, and whatnot. They had some wonderful ideas. Unfortunately, I don't think you can do everything that is requested, but I think one of the things they were worried about was their operative experience next year, which is less my domain, and more the domain of the rising chiefs, but they were worried about their operative experience next year as it relates to some of the changes in the resident assignments in Raleigh and the Reg. Unfortunately, there's nothing you can do, but their voices were heard and--

Justin: Acknowledged?

Dr. Yerokun: Acknowledged, yes, there we go.

Justin: How did you guys work with the Acute Care and Trauma Service?

Dr. Yerokun: As chiefs, really never until the pandemic came. Then once the pandemic came, then we had the opportunity to work with them more.

Justin: Some of your co-chiefs have talked about efforts to reform the service or improve the educational components of that?

Dr. Yerokun: Yes, I guess that was another thing that we tried to change. Yes, we did go to the leadership in that division and requested that they work on their educational component, and I think in talking with them, they were able to do that, and I think that worked out. Also, we asked them to make some changes in the way they did their attending call to benefit the residents, and they were able to change that. We also changed the makeup of the team by adding another person, which really benefited the patients on the trauma service, which was good.

We worked with them and though it wasn't easy, I think we were able to make positive change in that particular division and on that particular service, or those services, ACS and Trauma.

Justin: You guys made a lot of progress. No program is perfect. If you had a magic wand, is there something you would touch and fix about Duke Surgery?

Dr. Yerokun: I don't think so. I guess one thing which is changing, and we just need to continue to push the needle, is I think more cases with residents doing the case with another resident. I think there is a lot to be learned when you are not operating



with an attending. I think there's a lot that you don't really even realize what the attending is doing until they're gone.

Like yesterday or two days ago I was doing a CABG with Jack [Haney] and he left the room after timing out. I did the sternotomy and I took down the mam and whatnot, which I had done before without an attending, but he came in after the mam was down, we did our anastomoses, and then removed the cross-clamp and afterwards, he ran off to do another case and he was like, "Yes, just keep going," I'd never decannulated without an attending in the room, and there's a lot you can mess up there.

I did it safely, but in that moment, I realized I'd never really decannulated before without an attending and mentally in my mind, I was like, "All right, we need to decannulate, all right, let's come off-pump". Then we came off-pump and then I was like all right. The support within the CT ORs is amazing. There's anesthesiologists and a perfusionist, the scrub nurses are terrific. I was like, what to do next, so when we were coming off-pump, the anesthesiologist was like, "Oh, you wanted to start ventilating?" I was like, "Oh, yes, let's start ventilating."

Then we came off-pump and then he was like, "Are you ready for your test dose?" I was like, "Yes, we're ready for our test dose." Then we test dosed it, and I was like, yeah, let's give the rest of the protamine and then we decannulate. In Jack not being there, I realized I need to get better with that, but I would not have had that thought without him leaving, which goes back to the point of I think there's a lot to be gained with residents operating with other residents, so long story short.

Justin: Any particularly influential mentors in your time at Duke Residency?

Dr. Yerokun: Yes, I have a couple. Dr. Peter K. Smith has been a pretty influential mentor to me. He was very helpful in my researchers and then just in helping me grow my career in CT surgery. Dr. D'Amico has also been very influential in helping me from a career standpoint and from a mentorship standpoint and from an advisor standpoint; he is my official advisor. Dr. Migaly's been a very good Program Director. Dr. Kirk, I wouldn't really consider him an advisor or a "mentor", but he is so much a part of all of our lives, more so than probably a lot of other chairmen in other surgery programs so yes, I definitely say him as well.

Justin: Then where are you going from here?

Dr. Yerokun: With the JTP, I'll have two more years of CT surgery training, so I'll be staying here.

Justin: How do you see your career unfolding after those two years?

Dr. Yerokun: After those two years then I will try to find a job, which hopefully won't be too difficult. I'm not really location bound necessarily. I'll just try to find the best job for me, the best offer for me, which not only is financial but just the overall package.

File name: Yerokun interview.m4a



Justin: Any particular area of cardiac surgery?

Dr. Yerokun: I'm thinking heart failure. We'll see if that remains as I progress through these next two years but I'm thinking heart failure right now.

Justin: Was there anything that I didn't ask you that you want to put on the record about your time at Duke Surgery?

Dr. Yerokun: No, I think that was a very thorough timeline of my time here. I'm just very appreciative of having the opportunity to train here with the leaders in surgery that are here and looking forward to spending the next two years here continuing that training, yes.

Justin: Thank you very much.

Dr. Yerokun: Thank you.

[00:34:45] [END OF AUDIO]