INTERPROFESSIONAL COMMUNICATION AND FEEDBACK IN THE CARDIAC CATHETERIZATION LABORATORY

Matthew McDiarmid DO, Charnai Sherry PA-C, Jodi Zilinski MD, Tonga Nfor MD, Deborah Simpson, PhD, Renuka Jain MD
Cardiovascular Disease Fellowship - Milwaukee, Wisconsin

INTRODUCTION: Background
• The Structural Heart Team works in a dynamic, fast-paced, high procedural volume environment with multiple team members
• Highly recognized for successes in:
  o Patient outcomes
  o Patient satisfaction
• Continued growth in procedural volume & innovative tech in the Cardiac Catheterization Laboratory (CCL) → increased complexity of CCL fellowship training

Aim/Purpose/Objectives
• Improve communication and feedback between fellows ↔ faculty
• Improve the effectiveness and efficiency of the CCL

METHODS: Interventions/Changes
• Explicitly defined CCL fellow’s role by PGY status
  o Delineated levels of supervision x whom (attending, IC fellow)
  o Feedback frequency, formality, timing (pre-post procedure)
• Promote in office procedural consent - goal >70% outpatient
• Earlier procedural case assignment to the fellows
• Fellow confirmation of procedure and access site

METHODS: Measures/Metrics
• CCL data regarding volume, transition, and delays
• Clinical Learning Environment Quick Survey (CLEQS)
• Mayo Well-Being Index
• ACGME annual fellows survey re: feedback

RESULTS: Continued
ACGME Fellow Perspectives re: Faculty Feedback

Key Findings
• Improvement on 3-4 metrics (small decrease in CLEQS)

Limitations
• Change in fellows, staff, and attendings in the lab during different times in academic year
• Data potentially impacted by pandemic – time away from CCL lab and then very active since restart

Next Steps and Sustainability
• Continue to instruct all CCL stakeholders on fellows’ roles and expectations
• Seek strategies to increase faculty/fellow investment in project and avoid stake holder burnout
  o Establish policies/incentives to promote change