



The Society for Cardiovascular Angiography and Interventions

President's Page

The Importance of Leadership in the Cath Lab

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The Society for Cardiovascular Angiography and Interventions (SCAI) was founded on the premise that leadership in the catheterization laboratory is essential. As a physician member of SCAI, you are a leader, whether or not you are aware of it, every time you step into your cath lab to perform a procedure. The rest of the cath team depends on you to define the mission (the procedure), lead the team to successfully accomplish it, and produce the best possible result for the patient and the team.

CATH LAB TEAMS

High-quality leadership in medical settings improves the success and safety of patient care [1,2]. This has been well-documented in operating rooms [3,4] and resuscitation teams [5]. The catheterization laboratory team is no different. The patient relies on this team and recognizes the physician as the individual who coordinates care before, during and after the procedure. Within the catheterization laboratory, the physician takes the lead, commensurate with training, knowledge and status. Technologists, nurses and trainees complete the team. While the chief goal of the cath lab team is to safely and effectively complete the invasive procedure, a secondary goal is to optimize the experience for the patient and the cath lab team. Physician leaders must balance procedural safety and efficiency with the sometimes contradictory needs of the patient and team. For example, procedures go slower when the operator answers all of the questions of a highly inquisitive patient or allows a trainee to make multiple attempts to selectively engage a coronary artery.

Formal leadership training is not provided in most cardiology fellowships [6], even though the Accreditation Council for Graduate Medical Education competencies include leadership. Until this changes, physicians who want to become competent leaders must learn these skills while on the job. An extensive literature on leadership has appeared in recent years and has been well summarized [7]. A critically important point in theory of leadership is the difference between transactional and transformational leadership.

TRANSACTIONAL VERSUS TRANSFORMATIONAL LEADERSHIP

Transactional leadership is the style most commonly practiced in cath lab. It is a quid pro quo relationship

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in which the physician leader provides the team with direction during the procedure and a “thank you” at the end, and the team provides the physician leader with their skilled services to accomplish the procedure.

In contrast, *transformational* leadership enriches the team as it works together [8]. The transformational leader teaches during the procedure, empowers the team to speak up when problems occur, supports suggestions for improvements, encourages collaboration among team members and provides psychological safety. Transactional and transformational styles are not mutually exclusive; leaders can transition between them as appropriate for a particular situation. However, the transformational style will lead to better long-term team dynamics and team member satisfaction, and physician leaders should strive to use it [9,10].

SOME PRACTICAL LEADERSHIP TIPS FOR CATH LAB OPERATORS

1. Assess your leadership style and skills. Get feedback from supervisors and colleagues, and staff, or leadership assessment tools (e.g., http://www.mind-tools.com/pages/article/newLDR_50.htm or other tools available through institutional human resources departments). Fellows should recognize the need for leadership skills and seek out mentors and role models to help acquire these skills.
2. Recognize that leadership style can result in success or disaster for the patient, the team and yourself. A tyrannical leadership style may prevent other team members from speaking up and warning of danger signals; alternatively an empowered team can be a powerful asset to the operator. At stake are patient outcomes (effectiveness and safety), team welfare (professional satisfaction and emotional well-being), and personal reputation and liability.
3. Before every procedure, use the time-out to assess your team’s experience and status, the environment including stressors on the team and acuity of the patient, and your own resources (e.g., wakefulness after a night on call, emotional status, capacity for leadership). In rare cases this might lead to postponement of a procedure (e.g., after a disaster during the previous case), replacement of team members (e.g., a fatigued physician operator) or modification of the procedure (e.g., single- instead of multi-vessel coronary intervention).
4. Be directive during the procedure when necessary, but delegate authority to trainees and team members when appropriate.
5. Teach, coach and mentor trainees and staff whenever possible. The skills and experience they gain during the current procedure may benefit the next patient and improve the team overall.
6. Pause after every case to deal with questions or problems noted by your team during the case. Lead the team in a formal debriefing after major adverse events, or arrange for help in doing so.
7. Improve your leadership skills by training (e.g., mock codes), practice, mentoring from colleagues, coaching, soliciting feedback from team members, reading (e.g., the SCAI Quality Improvement Toolkit at <http://www.scai.org/QIT/>), and attending SCAI Cath Lab Leadership Boot Camp sessions at SCAI Annual Scientific Sessions and other meetings. Even those for whom leadership does not come naturally can learn to become excellent leaders.
8. Mentor junior colleagues and trainees in leadership. Participate in team training in the cath lab. Make team training a regular part of cath lab quality improvement activities.
9. Convince program directors to include formal leadership training in the curriculum of cardiology and interventional cardiology fellowships. Help lead that training.
10. Contribute to a cath lab culture that encourages all members of the team to practice leadership skills. Delegate authority when appropriate. Empower staff to speak up about problems. Practice transformational leadership.

As SCAI welcomes new members who are non-physician cath lab professionals, it is particularly appropriate that we view the cath lab as a team enterprise. Physicians, as leaders of the cath lab team, are responsible for helping all members of the cath lab team to thrive, individually and together. This promotes high-quality patient care and creates a positive working environment for all.

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