INTRODUCTION: BACKGROUND & CONTEXT

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

MISSION/VISION STATEMENT

**AHC GME VISION:** To demonstrate GME’s leadership role in driving a culture of continuous learning → high reliability org

**CCL Vision:** To demonstrate high quality communication within the CCL to promote educational training, patient outcomes, CCL efficiency, and staff well-being

**AHC GME MISSION:** To improve care for our patients & the well-being of our clinical team members through implementation of system aligned QI projects

**CCL Mission:** To improve procedural education of the fellows and the well-being of our clinical team members through implementation of CCL initiatives

AIM/PURPOSE/OBJECTIVES

- Improve communication/feedback between fellows ↔ faculty
- Improve the effectiveness and efficiency of the CCL

METHODS: INTERVENTIONS/CHANGES

- Explicitly defined fellow’s role in the CCL based on PGY status
  - Delineated levels of supervision x whom (attending, IC fellow)
  - 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

BARRIERS – STRATEGIES

**HIGH VOLUME & SCHEDULING – PACE & TRANSITION**

- **STRATEGY:** Team Buy In
  - Keeping fellows involved and driving change
  - Instilling the value/importance of system changes for faculty
  - Promoting a culture where staff (RNs, techs, non-clinical members) feel valued as essential team members within the CCL

**HIERARCHICAL STRUCTURE**

- Lack on input/response by non fellow/faculty team members despite outreach
- **STRATEGY:** Team Buy In
  - Consistency: Continued promotion of interventions
  - Utilize Data: Redirect actions post data analysis to improve interventions
  - Communication: Continuous updates/action items presented at faculty and fellow meetings

DISCUSSION

**CRITICAL NEXT STEPS**

- Re-evaluation via CLEQ survey post intervention
- Comparison of pre and post intervention data
- Revision of current interventions to correct course/direction
- Create fellows’ Role of Training (ROT) framework document to be used as template outside the CCL

**AREAS SEEKING GUIDANCE/INPUT**

- Motivating fellows/faculty to actively participate
- Strategies to address hierarchical structure/culture in CCL: high stakes, fast-paced, complex

METHODS: MEASURES/METRICS

- CCL data regarding volume, transition, and delays
- ACGME semi-annual survey data for fellows/faculty
- Clinical Learning Environment Quick Survey (CLEQ)
- Mayo Well-Being Index

GROUP FEEDBACK