

What Makes a Cath Lab Great? Great Leaders and Great Teams

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For teaching centers, July 1st brings new faces to the cath lab, mostly in the form of cardiology trainees. Working with a brand-new cardiology fellow assigned to the cath lab prompted me to review how cath labs become great and how great labs teach cardiac catheterization. A great lab has a developed work ethic or environment where team members take ownership of their actions. I've always thought of the U.S. Army recruiting advertisements a few years ago, "be an Army of 1" doing the very best you can do every day. For the physicians, teaching is part of our job, but I've noted that everyone in the lab can be and should be a teacher to our new team members.

Great Leaders Make Great Labs

In 2010, I wrote a *CLD* editor's page entitled, "Dynamic Leadership in the Cath Lab: Taking

Charge and Being Part of the Team".¹ After reviewing this editor's page 14 years later, I found that the fundamental principles remained the same. The major themes of servant-leadership, communications, ethical responsibilities to our patients and teammates did not change but only reinforced how the labs should be running. The concept of dynamic leadership challenges the old concept that there is one and only one physician leader and a separate nurse/administrative leader. Sometimes this style of leadership has not lead to greatness. Dynamic leadership suggested that leaders at times can (should probably should) pass the role to another capable person as the situation in the lab might dictate. Empowering the team is what makes it great. Table 1 lists 10 lessons for a successful collaborative/dynamic leader.



Figure 1. Characteristics of a strong leader.
EQ, emotional intelligence

Recently, the American College of Cardiology (ACC) addressed the concept of dyad leadership with two individuals of different disciplines (eg, physician and nurse or tech) taking equal responsibility for leading a cath lab or cardiology division. This concept of joint leadership has been known for decades but only acknowledged recently. It has now become part of a key strategy adopted by the ACC as described in the 2024 president's address by Cathleen Biga, MSN, RN.³ Dave Fornell summarized the importance of leadership styles in his *Cardiovascular Business* article, "Why your cardiology department's leadership structure matters".⁴

What Does Dyad Leadership Mean to the Cath Lab Staff?

A dyad leadership model pairs operational administrators with clinical leaders. The model combines the clinical expertise needed for high-quality care delivery with the operational know-how required for effective management. The dyad model encourages a team approach to reduce the narrow silo style of single services accountable only to their specialty. The dyad promotes the idea of a care team so that patients can easily connect with the next steps in the care pathways after the cath lab. Care team leaders will support and encourage patient handoffs between subspecialties which sometimes can be lost. Few things are more discouraging to a patient and their families than having to struggle without clear directions to find follow-up care.

Who is Responsible for Leader Quality?

Leadership quality can be developed from within the cath lab and hospital organization, based on its vision and goals and directed from the top, that is, from within the CEO's office. A high-quality leader encourages employee participation, inclusion, and transparency. Leadership success improves the working life of the physicians and cath lab employees, and raises patient satisfaction. Poor leadership is often not due to just one thing or one person but may result from a weak organizational structure, inconsistent accountability, and outdated governance policies. Among the CEO's and hospital's most important goals is a successful cardiology division and cath lab. This success translates into a large return on the hospital's investment in human capital, employee retention, physician referrals, and higher patient satisfaction scores.

Are You a Transactional or Transformational Leader?

There are two major leadership styles: transactional and transformational. According to former Society for Cardiovascular Angiography and Interventions (SCAI) president Jim Blankenship, MD, MHCM, MSCAI,² transactional leadership is the style most practiced in cath lab. It is a quid pro quo relationship in which the [physician] leader provides the team with direction during the procedure and a "thank you" at the end. The team provides the physician leader with their skilled services to accomplish the procedure.

TABLE 1. Ten key lessons for a successful collaborative/dynamic leader.

1.	Find the personal motive for collaborating and working together
2.	Find ways of simplifying complex situations
3.	Prepare for how you are going to handle conflict well in advance
4.	Recognize that there are some people or organizations you just can't partner with
5.	Have the courage to act for both the short and the long term
6.	Actively manage the tension between performance and building relationships
7.	Invest in strong personal relationships at all levels
8.	Inject energy, passion and drive into your leadership
9.	Have the confidence to share the credit generously
10.	Continually develop your interpersonal skills, in particular: empathy, patience, tenacity, holding difficult conversations, and coalition building.
Modified from http://en.wikipedia.org/wiki/Collaborative_leadership	

TABLE 2. Some practical leadership tips for the cath lab.²

1.	Leaders should get feedback from supervisors and colleagues, and staff, or leadership assessment tools (eg, "How Good Are Your Leadership Skills?" at http://www.mindtools.com/pages/article/newLDR_50.htm)
2.	Fellows and staff should recognize the need for leadership skills and seek out mentors and role models to help acquire these skills.
3.	Be careful of developing a dogmatic or tyrannical leadership style which may prevent other team members from engaging the leader to address danger signals.
4.	Empowered teams are a valuable asset to the operator and the patient.
5.	The cath lab team leader should review cases at the beginning of each day to ensure they have appropriate staff and supplies.
6.	Delegate authority to trainees and team members when appropriate.
7.	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.
8.	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.
9.	Improve your leadership skills by training (eg, mock codes), practice, mentoring from colleagues, coaching, soliciting feedback from team members, reading (eg, the SCAI Quality Improvement Toolkit at http://www.scai.org/QIT/).
10.	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.
SCAI, Society of Cardiovascular Angiography and Interventions. Modified from Blankenship JC. <i>Catheter Cardiovasc Interv.</i> 2015 Sep; 86(3): 361-363	

"Transformational leadership enriches the team as it works together," says Dr. Blankenship. "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 move

between them as appropriate for a particular situation. However, the transformational style will lead to better long-term team dynamics and team member satisfaction."² These styles of leadership are also not confined to only the physician and nurse leaders but extend into all the team members who dynamically take on a leadership role for different parts of the cath lab patient care cycle.

What Traits Do We Admire in Our Leaders?

Personality traits associated with successful leadership include conscientiousness, agreeableness, lack of neuroticism and narcissism, maturity and self-control when working under stress, openness to team members' experiences, ability to mentor other team members in leadership roles, and awareness of personal emotions and limitations. We value the leader that is aware of his/her abilities and if necessary, one that can defer a procedure or hand it off to a colleague who can complete the task in a better way. Figure 1 displays characteristics of a strong leader.

While often the interventional cardiologist is seen as the leader of the team, anyone can be a good leader in the cath lab. When dynamic leadership is embraced, shared as tasks can be simultaneously delegated and completed to keep the patient healthy and safe from harm. Lastly, I believe the best leaders are also the best followers when their teammates' turn at leadership comes up. Everyone should be a leader and follower to be a good team member. Table 2 lists some practical leadership tips for the cath lab.

The Bottom Line

The cath lab, like many hospital clinical activity centers, is an organic structure changing over time as various staffing, equipment, and hospital support change. People make the cath lab live. The team is responsible for the patient's experience, as well as the overall department and hospital reputations. The lab and its leadership (like all similar endeavors) undergo a cycle of growth, change, and regrowth, hopefully to a better state. To make a good lab great, we should embrace the idea that we are all leaders of our personal team of 1 and do our best every day. ■

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