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President's Page

Passion: A Day in the Life of an Interventionalist

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Friday started at 1:30 a.m. The beeper said "STEMI alert, ETA 12 minutes". The pre-hospital ECG had shown STEMI, and the ambulance was 12 minutes from the emergency department. Twenty minutes later the patient arrived in the cath lab moaning and writhing. We opened the left anterior descending in 15 minutes, his moaning stopped, and he relaxed. While we considered how to stent the thrombotic bifurcation lesion, his left anterior descending closed and the moaning resumed. Then it happened. He turned his head to the right and spewed vomit, covering one cath technologist from head to toe, the back sterile table, the floor, the radial access drapes, and even the far wall of the lab.

Cleanup efforts started on two fronts. Bifurcation stenting was the easier part. Cleaning the lab was far harder. A junior cardiology fellow endeared himself forever to the cath lab staff by dropping to hands and knees and scrubbing the floor. Later, as the patient left the lab free of pain and smiling, we were all still laughing over the episode. The techs promised that our hard-working fellow's clean-up efforts would live forever in the folklore of our lab. In the CCU, the patient's family was incredibly happy that their patriarch had survived his heart attack. A week later, the cath techs were still kidding with one another over "The Big Throw-Up". We all have had this experience: saving a life (or at least relieving suffering), experiencing the gratitude of patient and family, the pride of working as part of a high-performing team, and having lots of fun and laughter along the way.

Interventional journal club started at 7:30 a.m. We discussed PROTECT II [1], and talked to the fellows about how they will need to safely introduce new technologies into their labs over the coming decades. It was exciting to remind the fellows that, just as new technologies emerged requiring new skills over recent decades, they will have the opportunity to master new technologies and learn new skills over their careers.

The rest of the day was scheduled as "administration", but when a partner called in sick I agreed to take his place. Working with fellows and patients in clinic may

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not be as much fun as working in the cath lab, but it beats "administration" any day. Our first patient was an asymptomatic, vigorous 83-year-old woman whose first ECG in two decades showed "septal infarct". On stress echocardiography the septum looked normal, but a small area at the apex failed to increase contractility. With no symptoms, did she need a cath? She looked worried. We discussed pros and cons of catheterization, and she was pleased to hear that a reasonable alternative was to take aspirin and call if symptoms arose. Chatting about her grandchildren was almost as much fun as the early morning PCI, and I was glad that we could relieve her anxieties.

At noon, a colleague from a non-surgery-on-site hospital called and asked for review of angiograms of a severely calcified right coronary artery. Could he send the patient to our lab for rotational atherectomy? Sure. I called the patient, discussed it with him, and he was happy that we could immediately schedule him for outpatient PCI. The referring cardiologist was happy that in 15 minutes from his original call, we had arranged care for his patient. How often can you make two people happy that fast?

At 5 p.m., a first year resident with an interest in cardiology came to my office. She had volunteered to write a review article on patent foramen ovale closure. Despite knowing little about cardiology, and despite English being her second language, her first draft was nuanced and eloquent. I told her so. We edited the paper together line by line to smooth the grammar and changed a few conceptual points. She was delighted at my compliment and I was delighted that she was excited about cardiology.

At 6 p.m., I drove to another city where the SCAI Board of Trustees would meet the next day for a retreat. En route I thought about how lucky I had been that day to help patients and to work with enthusiastic and idealistic colleagues, staff, and trainees. How could professional life be any better?

The next day at the retreat, we talked about how to communicate SCAI's new strategic plan [2], which would be unveiled at the SCAI Annual Scientific Sessions. We talked about SCAI's new vision statement, "save and enhance lives", and what that means. One Trustee explained it by showing a 26 million hit TED talk on "How Great Leaders Inspire Action" [3]. The speaker compared Apple to other personal computer makers and explained how Apple's competitors' strategy is to first make great computers, and then convince consumers to buy them. But this strategy fails to engage the heart and soul of potential buyers; it is merely a transaction. In contrast, Apple starts with a belief that they need to disrupt the status quo, think differently, and be innovative. They do that by building elegant, user-friendly computers. Apple convinces consumers that when they buy an Apple computer, they are buying a transformational product that will help the buyer think differently and be innovative. In other words, purchasing the Apple computer will transform the buyer. And for the buyer, that is a much more attractive value proposition. Apples' core vision invigorates everything they do.

That was our "Aha" moment. We realized that, just like Apple, interventional cardiovascular professionals are passionate about their profession because we are motivated by a vision, and that vision is ultimately to "save and enhance lives". And this is the way to communicate SCAI's new Strategic Plan. SCAI members are passionate about saving and enhancing lives, first for patients, and also for all of the cardiovascular professionals with whom we work every day. I thought back to my work day, just 24 hours earlier. The reason it felt so good was that it was filled with opportunities to "save and enhance lives" of patients and colleagues. How could we be luckier than to have these opportunities literally thrown at us every day? How can we not be passionate about our profession?

I began my term as president of SCAI talking about "Optimism in Interventional Cardiology" [4]. During this year, I have been amazed by the generosity of interventional professionals who have given time, usually at the expense of self and family, to further SCAI's mission of "leading the global interventional cardiovascular community through education, advocacy, research, and quality patient care". I have been amazed at the dedication of SCAI's staff who have worked overtime with passion and energy. And I have been amazed at SCAI's leaders - both past leaders who still passionately support SCAI and future leaders who have amazing wisdom and commitment. Thank you for your dedication to the Society. I remain optimistic – even more optimistic than I was a year ago, that SCAI is stronger than ever and positioned better than ever before to save and enhance lives. For that goal we should all be passionate.

REFERENCES

1. O'Neill WW, Kleiman NS, Moses J, Henriques JPS, Dixon S, Massaro J, et al. A prospective randomized clinical trial of hemodynamic support with Impella 2.5 TM versus intra-aortic balloon pump in patients undergoing high-risk percutaneous coronary intervention: the PROTECT II Study. Circulation 2012; 126: 1717–1727
2. Sinek S. How great leaders inspire action. https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action?language-en, accessed February 27, 2016.
3. Blankenship JC. SCAI's future: the 2016 strategic plan. Catheter Cardiovasc Interv 2016;87:183–187.
4. Blankenship JC. Optimism and interventional cardiology. Catheter Cardiovasc Interv 2015;86:183–185.