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South African Society of Cardiovascular Intervention

SASCI Visiting Professor Program
Feedback Report from Prof Gregory W Barsness

It is with fond memories that I submit this report on my recent experience as the SASCI Visiting Professor. Participating in the 2020 SASCI VPP has truly been one of the highlights of my career. The opportunity to integrate and practice alongside the South African interventional cardiology community was both professionally rewarding and personally fulfilling. I feel that I have made lasting friendships among the many eager and talented faculty while hopefully opening avenues for trainees to grow and challenge themselves into the future. I would without question recommend the program to my US colleagues, and better yet, would welcome the opportunity to return again myself some day!

Many aspects of the program worked well and contributed to the overall exceptional experience. In general, I was greeted with a warm reception by faculty and found universal enthusiasm in the trainees with whom I was fortunate to meet and interact. My South African colleagues were warm, welcoming, and eager to share their knowledge and experience. There was a general openness to my presence and willingness to consider novel care opportunities within the constraints of the available resources – which were, in fact, less limiting than I had initially anticipated when planning for the visit. Starting the experience in Cape Town was beneficial in this regard, as human and procedural resources were relatively more plentiful and there was a high level of enthusiasm, providing an early benchmark of the potential limitations and opportunities for future experiences at the other institutions.

Left: *Prof Barsness with the Cathlab team at Groote Schuur Hospital, Cape Town.*

Many centers attempted to fully integrate me into the hospital program, including daily teaching, rounding and interventional procedural activities, a combination of activities that proved most effective. I enjoyed experiencing the routine while familiarizing myself with the overall flow of the various practices. This gave an appreciation of the scope of practice and allowed me to tailor my focus to meet the specific needs of the sites. I was impressed by the complexity and challenge of the

patients, who were among the most compliant I have ever cared for anywhere in the world, and witnessing the focus and dedication of the care teams was phenomenal.

Several specific programmatic elements facilitated a good experience. Participation on hospital rounds, including critical care rounds, was very helpful in creating an inclusive atmosphere and permitted greater continuity and familiarity for me to optimize teaching opportunities with the trainees. I found this of particular value given the extraordinary teaching that occurs regularly on rounds at these institutions, and I took away valuable personal lessons that I will be certain to add to my teaching armamentarium when back home. I would suggest that this could be extended to more routine visits with pre-procedural and follow-up of post-procedural patients, which I think would even further enhance the experience, although admittedly, time constraints limit this opportunity to some extent.

From a procedural perspective, the experience at several centers was helpful in identifying best opportunities for teaching and practice. At centers with higher case volumes, scheduling a combination of pre-selected, complex interventions along with unselected but high-impact procedures seemed to optimize the overall experience with faculty and trainees. The ability to work side-by-side on a spectrum of cases permitted improved collegiality, continuity of teaching, and the ability to build on concepts with the trainees to reinforce training already being done by local colleagues. In addition, exposure to the entirety of cases, from patient selection to access to completion, while requiring ample time and some interruption of the usual care flow, provided the best experience for me and seemed to promote confidence and enhanced learning for the trainees.

Prof Barsness with the Cathlab team at Steve Biko Academic Hospital, Pretoria

Similarly, the experience was enhanced at centers that permitted greater trainee exposure to case selection, procedural planning and didactic conferences during my participation. Going through procedural planning and carrying this forward with focused didactic sessions and patient follow-up proved to be well-received and enhanced interaction and educational opportunities. Tying all of this together, daily lectures, especially when pre-scheduled, provided exceptional opportunity for interaction and engagement with faculty and fellows, especially when there was some flexibility to modify the talks or add additional sessions based on previous daily experience.

Prof Barsness in the Cathlab at Inkosi Albert Luthuli Central Hospital, Durban.

Importantly, some centers permitted additional time for faculty interaction, sharing best practices in clinical care, research and education. Case selection discussions, research review and focused small-group meetings of faculty with special interests added to the camaraderie and facilitated the over-all educational atmosphere. I think that these interactions strengthened the experience for all involved, including enhancing the educational atmosphere for trainees. In addition, there is potential for encouraging research collaboration amongst a team of interested faculty and trainees, potentially expanding to ongoing national or even (ideally) international collaboration over time.

Some aspects of the program prevented an optimal experience for me and the cardiology teams. To some extent, the latter portion of my visit was overshadowed by the mounting COVID crisis, and this limited my participation in the general cardiovascular program in a substantial way at these centers. In addition, institutional and human resource limitations had some negative effect on the visit, with centers stretched thin by high volumes and limited personnel finding it understandably difficult to deploy necessary time and resources. Unfortunately, limitations beyond local control, such as load shedding, had a negative impact on planned activities. Again, when anticipated, contingency planning for alternate activities at affected centers was necessary and often successful to mitigate the negative effects of these limitations.

Regardless of resource availability, the best experiences were at centers that had done the most pre-visit preparation. Limited preparation for the visit hindered a rapid startup, and given the limited timeframe at each center, even a small delay in the ability to "jump in" had negative repercussions on teaching and engaging trainees. To some extent, this was also reflected in a smaller procedural patient volume and limited the ability to provide educational continuity. This is unfortunate given the large underlying volume of patients amenable and suitable for discussion, intervention and teaching. Greater institutional pre-visit consideration to goals and expectations for the experience is a vitally important aspect of a successful visit.

Prof Barsness with Alfonso Pecoraro and Jane Moses Tygerberg Hospital, Cape Town

A fundamental, but perhaps irremediable limitation was the quick transition between sites, including short stays at private labs. A minimum of 7-10 days/site seems optimal, with longer stays at larger sites. Shorter stays, especially if limited by less pre-visit preparation, proved quite limiting for my comfort and teaching efficacy, as learning the local system and gaining the familiarity and trust of local providers (and *vice versa*) is essential for an effective visit. The private lab visits could be improved if there was some way to extend time commitments at these centers or allow a means of introduction and expectation-setting prior to what amounts to a single 6- to 8-hour exposure.

A number of opportunities exist for further programmatic enhancement. These include more dedicated time for unstructured interaction with trainees, which has significant potential to enhance subsequent focused learning opportunities. Indeed, more direct trainee exposure, both during procedures and in an informal educational exchange setting, including wide-ranging discussions related to research, clinical care and career planning would be of particular interest and benefit. Similarly, formalizing an international trainee exchange program would be mutually beneficial if logistics could be managed.

SASCI and SA Heart KZN Branch Evening Lecture

Opportunities for direct faculty interaction and collaboration were spotty but very enjoyable and potentially productive. Enhanced opportunities for focused faculty interaction would be welcome to increase the likelihood of successful collaboration among a group of busy clinicians. Pre-visit tele-meetings might facilitate such interactions, with pre-arranged post-visit follow-up furthering the cause.

For instance, given the unique disease patterns present in South Africa, there are multiple opportunities for local and international research collaboration. While there were many research-related discussions during my visit, a formal mechanism for research collaboration would increase the likelihood of seeing projects move forward from an initial conceptual phase. This should be an emphasis for future programs and could be further enhanced by pre-visit consultation and discussion to set a framework for potential high-impact and desirable projects. In this way, baseline data collection or research could precede the visit and allow actual progress during the visit. Involvement of a team of motivated faculty and trainees would be ideal.

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From an administrative standpoint, the overall quality of the program was excellent. Accommodations were very comfortable and there was very generous local support for transportation, activities, social programming and clinical support, which was instrumental in creating a successful and memorable visit. I was impressed by the uniform availability of subspecialized equipment at most sites, an element of the program that was well-conceived. Greater programmatic influence over assuring visit preparation at each site and assisting with local logistics such as internet access would be helpful.

Although my stay was unfortunately cut short due to the COVID outbreak, I found the experience to be extremely valuable and I am grateful for the opportunity to have participated as a SASCI VP. I can only hope that my contribution to the program provided even a fraction of the tremendous benefit that I received by being a member of the South African interventional cardiology community.

Wishing you all good health and hope to see you again soon,

Gregory W. Barsness, MD, FACC, FAHA, FSCAI

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