

Investigating the Collaboration of Interventional Radiology and Vascular Surgery

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Background

Interventional radiology (IR) and vascular surgery (VS) overlap in parts of their skillsets. This overlap has led to disagreements regarding clinical responsibilities at many large institutions.¹ Strong multidisciplinary collaboration between IR and VS is a unusual in the U.S., but has been consistent at our institution for the past 18 years. The benefit of multidisciplinary care in other specialties in medicine has been well documented.² The purpose of this study was to investigate the perceived benefit of multidisciplinary care for vascular patients.

Materials and Methods

Because of the nature of this study, the IRB deemed it to be exempt. A survey was created using Qualtrics (Provo, UT), and distributed to two survey populations: 16 faculty members from VS and IR, and a second group of 64 internal referring providers with knowledge of the local VS/IR collaboration. The referring group consisted of physicians from transplant surgery, surgical oncology, cardiothoracic surgery, cardiology, and trauma/acute care surgery. This survey was designed to delineate how the IR/VS relationship impacts job satisfaction, faculty retention and perceived quality of patient care.

Results

The IR/VS survey group had a response rate of 87.5% and the referring group had a 25% response rate. 100% of respondents from the IR/VS group reported that this partnership both increased job satisfaction and was a contributing factor in wanting to stay in their current job (**Fig 1, Fig 2**). 92.8% reported risk mitigation most or all of the time as a result of this partnership (**Fig 3**). When asked if clear and open communication was observed, 85.7% responded reported that it occurred most or all of the time in the IR/VS group (**Fig 4**) and 75% of the time from the outside group. 92.8% of the IR/VS group and 93.8% of the outside group reported that the IR/VS relationship helped to foster trust (**Fig 5**). All survey participants reported Increased productivity most or all of the time (**Fig 6**).

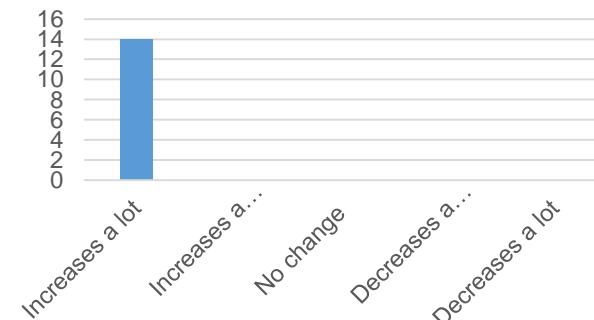


Figure 1. How does this situation affect your job satisfaction?

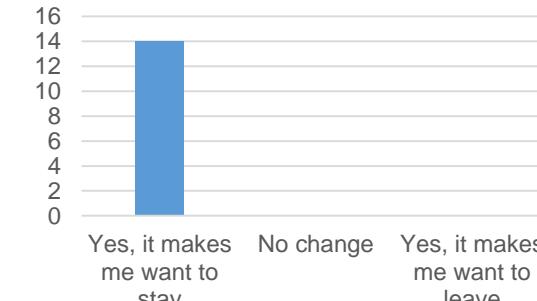


Figure 2. Does this collaboration play a role in staying at this institution?

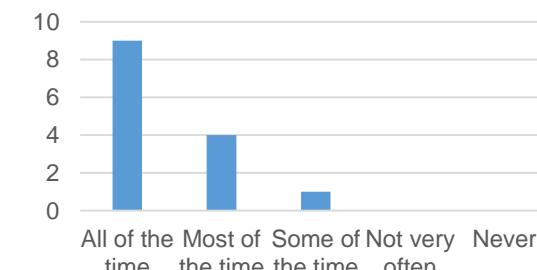


Figure 3. How often do you feel that this relationship mitigates risk?

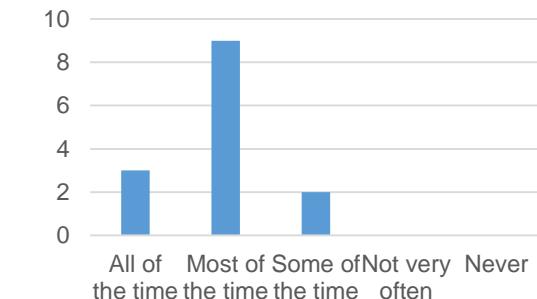


Figure 4. How often are clear objectives and roles established?

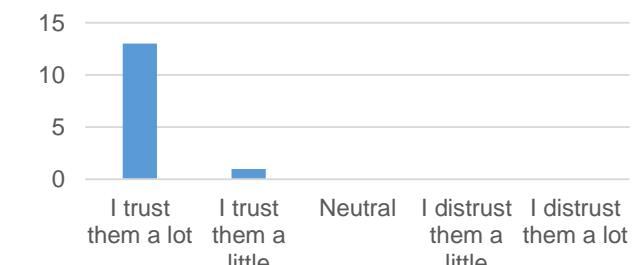


Figure 5. How much do you trust your interventional radiology/vascular surgery counterpart?

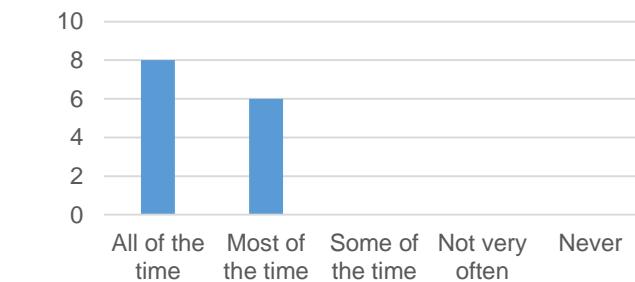


Figure 6. How often do you feel that this collaboration increases efficiency and productivity?

Conclusion

The collaborative model between IR and VS at our institution is a strong asset for both departments as well as the hospital, which may have beneficial effects for career satisfaction and physician retention. Similar working relationships may be of benefit at other medical institutions.