Redefining Interdisciplinary Practice

Although bandied about more these days than in the past, the term “interdisciplinary practice” has been in use for many years and refers traditionally to the involvement of two or more professional disciplines in the care of the patient, including physicians, nurses, social workers, pharmacists, psychologists, nutritionists, chaplains, and physical therapists. The number of healthcare professionals involved has never been static and varies depending on the setting, the patient’s needs, the hospital’s resources, the patient’s resources, and often the inclinations of the “team captain” (i.e., the physician). The more complicated the patient’s needs or the more difficult the management, the more often the interdisciplinary team concept will be invoked. Oncology care and hospice are two prime examples. In fact, as health care has become so much more complex, there may not be any area today in which care can or should be provided by only one professional.

This idea, that the state of health care today demands involvement of a number of different professionals, is somewhat different than our previous notion that interdisciplinary care was desirable. What does this shift in perception mean to us, our patients, and health care in general? Perhaps an experience I had recently sort of sums it up. When attending an Oncology Nursing Society/Association of Community Cancer Centers-sponsored health policy institute in Washington, DC, in February, I visited my senator’s office to meet with her health-policy assistant. Two other attendees at the institute, a physician and a nurse educator, joined me to discuss concerns related to the nursing shortage and cancer care. The physician opened the discussion with his point of view that, given the state of health care today, the whole way in which we look at care delivery needs to be reconsidered. He seemed to be saying that nurses need to step up to the plate to care for the general problems typically handled by primary care physicians. Doctors, he argued, need to provide the specialty care when patients are diagnosed with specific illnesses. What a departure from the way in which we are used to hearing doctors speak. I am not going to comment on the merits of his point of view but rather let it serve to point out that, at least in some quarters, as healthcare reform continues, our traditional ideas of an interdisciplinary “team” might need to be adjusted. If we reshuffle the players and assign the workload, we may find ourselves in an environment where patient care becomes more transdisciplinary.

The first time I heard this word used was at the recent Oncology Nursing Society/American Cancer Society Cancer Nursing Research Conference in Florida. Barbara Given, PhD, RN, used the word to describe some of her multisite research. Without explaining her choice of words, she used the word transdisciplinary to characterize the nature of some of what she was doing. My ears perked up at the sound of this unfamiliar word, and I began to process it in terms of its potential meaning. I started to feel quite comfortable with the images it conjured. To me, transdisciplinary practice was much more the type of healthcare delivery that we nurses have been striving to achieve. It brings us to the table with more equal footing and seems to diminish the notion that the team needs a captain to function.

With each profession bringing its unique talents to the job of providing care for a patient and family, it seems to remove the gatekeepers and allow all accessibility to those who need the expertise, regardless of what it is. It has the potential to breakdown some of the barriers that still remain in an interdisciplinary world, and it opens up the lines of communication between and among the disciplines both informally, in the day-to-day work world, and formally, in print and at educational meetings. Imagine a world where each group’s expertise is held in regard, offered, and shared as the need arises. Imagine a time when the patient can determine which kinds of practitioners he or she needs or wants, and then imagine a system that makes those professionals available. This could be our future.

Success of a system like this will depend, in part, on each profession maintaining the highest standards, including expectations of advanced education, some sort of certification, and requirements for continuing education to maintain competency. We should not be afraid of this brave new world. We should embrace it and be grateful for the opportunities it presents to us as individuals and also as a profession.