

It Takes a Village?

Sometimes the reality that confronts us every day can begin to look as if it is filmed through a frosted lens. It is definitely there, recognizable, but the detail and the texture are muted and no longer get our attention in the way they should. In today's world, where life is more complicated and much harder than it used to be, we often focus on putting one foot in front of the other or accomplishing a succession of small tasks until we get through the workday and the demands of our professional lives. Then suddenly, like a jolt, something brings us back the realization of the magnitude of our role as nurses.

I was sitting in a meeting of an advisory board for a research project on patient navigation. We began with presentations detailing what we have learned to date about some of the barriers faced by our patients newly diagnosed with breast cancer; then, one of the board members said simply but so eloquently, "Patients with cancer need so much care." This simple declarative sentence seemed all the more profound when I later found myself talking with a friend whose daughter has been undergoing treatment for breast cancer. In a very real way I could see that this disease was indeed a complex condition involving not just one person but the entire family. My friend was stretched to her coping limits by her daughter's own at-the-brink struggles. It seemed there was not enough help in the world to solve the many cancer-related and personal issues with which the family was challenged. They were overwhelmed as was I by just listening to her story.

This is our daily reality as oncology nurses. Time, energy, and lack of resources can, in a sort of perverse way, make it easier for us to only go so far in caring for our patients; yet, our own sense of compassion, desire, and education either force us go further or leave us with a knowing sense of guilt or helplessness. Are there answers? Are there solutions? More and more, the complexity required

to really care for our patients almost mandates the use of a multidisciplinary team—a village of professional caregivers if you will.

We toss the term around daily, but have we really embraced the concept of interdisciplinary practice as our professional culture? The effectiveness of

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an interdisciplinary team depends on institutional support and promulgation, systematic use of each member, the ability of each member to access resources and avoid his or her own brand of overload, and some workable way for the team to function in sync and not at cross purposes. In addition, every team needs a leader, someone to recognize the skills of each team member and to demand the best performance of each player. Who is that to be? The physician often seems to be everyone's first and most logical choice, but more often than not, the physician's role is more of top dog, the person who must be obeyed, the person who gets to choose first, the person with right of first refusal, and not a coordinator in the true sense of the word. The nursing staff, including advanced practice nurses, might be in a better position to see the whole picture, but sometimes the picture is so large that we get lost in individual tasks that make up the day. We can hardly take the time to figure out which patients need which services, what extra bit of education is needed, and who needs a hug and some quiet time to process everything. So, we come up with "fixes" to fill the gaps—written explanations, pamphlets about

services, helpful suggestions for patients and families—but we have no solutions for our lack of time and energy, for the pace with which patients come and go from our practice settings, or the shortage of space to sit and talk and assess everything that a patient and family might need.

No matter how difficult comprehensive patient care may be, we try to do our best to attain the goal. Usually we work quietly and without fanfare, and without expectation that we can be everything to every patient. Perhaps that is the secret—understanding that it takes a village, a whole team, to succeed. What may be the most important thing however is that we do not each have our own circumscribed role to play. For me, interdisciplinary care is more about the overlaps than turf. It is about working relationships that involve everyone doing a few things as well as another as much as it is each member doing a few things better than any other. In that way, every professional caregiver who interacts with patients offers expertise, interest, hope, support, and caring. Every caregiver can be attuned to his or her particular "tree" while still appreciating the "forest." Maybe if the interdisciplinary team practices so that everyone's job overlaps another's, we can eliminate the cracks through which patients fall.

Do not reserve your thinking about social workers, a hospital chaplaincy, a nutritionist, an occupational therapist, a patient navigator, a patient educator, or any of the myriad resources we may have for extreme cases only. Those resources need to be available to a broader range of our patients in collaboration with the work we do. This combination of skills and talents will help us ensure that every patient receives ALL the care that he or she needs.

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