Editorial

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Embracing a collaborative care approach to paediatric surgery

Benedict C. Nwomeh

"No one can whistle a symphony. It takes a whole orchestra to play it". As he wrote those words, H.E. Luccock may have had in mind the repertoire of a string quartet, but he also struck a chord with the practice of modern medicine, particularly those aspects devoted to the surgical care of infants and children. Some doctors will readily recognise the relevance to our profession, where the need for interdisciplinary collaboration and teamwork is greater than ever before. It is timely, therefore, that the article by Okoro *et al*[1] in this issue of the journal should be a reminder that much work remains to promote the concept of interdisciplinary teamwork among paediatric and other specialists in sub-Saharan Africa.[1]

Interdisciplinary care models have led to progress in the treatment of a variety of conditions such as breast cancer,[2] carotid artery stenosis,[3] and spinal metastases.[4] Even more impressive outcomes are seen when doctors team up with non-physician health workers to devise creative solutions that improve care. Such collaborations have facilitated placement of central lines in paediatric oncology patients,[5] improved care of drains after breast procedures[6] and expedited the mobilisation of patients after orthopaedic surgery.[7]

One of the best examples of interdisciplinary collaboration in paediatrics involves the treatment of Wilms tumor. Beginning in 1969 the National Wilms Tumor Study (NWTS) ushered in an ongoing prospective randomised investigation directed by the collaboration of multiple specialists from surgery, paediatric oncology, radiation therapy and pathology. The impact has been decisively positive. Accrual of patients has expanded such that currently nearly 80% of all incident cases of Wilms tumor in the United States are enrolled in one of the protocols. The clear result has been a steady improvement in survival, currently above 90%. The success of NWTS illustrates the potential for the paediatric surgery community to participate in a cooperative effort to address an important clinical problem, working as a team with our colleagues in other specialties. There is much evidence to show that such progress is not endogenous to North America and can be recapitulated in sub-Saharan Africa.

Paediatric surgery is a specialty that requires many years of training and a degree of diligence that is perhaps unmatched by any other field of medicine. Yet, for all their vaunted knowledge, skill and wisdom, the mass of available knowledge expands beyond what a single surgeon or even a small group of surgeons could master. The best ideas for treating a difficult paediatric condition sometimes reside with the paediatrician, the paediatric radiologist, or paediatric pathologist. Avoidance of an intraoperative disaster during the conduct of a challenging operative case may depend on the surgeon who has the humility to listen to an attentive anaesthetist.

Fortunately, paediatric surgeons in West Africa suffer no illusions about their omniscience and recognise the value of interdisciplinary intellectual exchange. In practice, however, such an expansive notion of teamwork appears elusive. For example, nearly all the paediatric surgeons (92%, n=41) surveyed in a recent study by Ameh and Ekenze identified communication skills with colleagues and families as an essential aspect of paediatric surgery training.[8] Yet, in the current study by Okoro *et al*[1] a similar proportion of paediatric surgeons (95.7%, *n*=45) report inadequate collaboration with other specialties. Once again, noble aspiration meets the hard reality of a medical practice culture that sometimes retards progress.

Without available additional data, there is much room for speculation regarding factors contributing

Department of Pediatric Surgery, Nationwide Children's Hospital, Columbus, Ohio

Address for correspondence:
Dr. Benedict C. Nwomeh,
Department of Pediatric Surgery, ED 379, Nationwide Children's Hospital, 700 Children's Drive, Columbus, Ohio 43205.
E-mail: nwomeh.1@osu.edu

to lack of teamwork among paediatric specialists in the region. However, merely pointing fingers is not a panacea for the harm that could befall children and their families when they receive fragmented and ineffective care because their doctors fail to work as a cohesive team. Therefore, the challenge facing the paediatric community is to create more patient-oriented collaborative models of care, based on shared goals and mutual respect. A good place to begin is in holding joint teaching sessions, death and complication conferences, and even multidisciplinary ward rounds, where these are not already in effect. Interdisciplinary rounds that include nurses as true partners have been shown to promote more efficient care of surgical patients.[9] By taking the initiative to create viable interdisciplinary educational and research collaboration, paediatric surgeons will assume a leadership role in fostering a sense of camaraderie and teamwork in the entire health workforce. Such leadership is, after all, one that comes naturally to surgeons, whose mastery of craft have been nurtured by long and intense years of disciplined apprenticeship.

For those of us who have been bestowed the wonderful privilege of caring for sick children, care models that focus on achieving the best outcomes for our patients should be the primary commitment. By working together, all health providers that care for children can succeed together. The children deserve no less.

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