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00:00:00.076 --> 00:00:21.538 Announcer Funding for Yale Cancer answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer answers with the director of the Yale Cancer Center, Doctor Eric Winer. Yale Cancer Answers features conversations with oncologists and specialists who are on the forefront of the battle to fight cancer. Here's Doctor Winer.

00:00:21.615 --> 00:00:55.230 Winer Today, we're going to be exploring the important, and I would say, transformative, role of oncology nurses in the care of patients who have cancer and the incredible impact that individual nurses can have on a patient's experience. Joining me tonight is Toby Bressler, who's the vice president for patient services at Smiley Cancer Hospital and a director at large, in the ER, College of Nursing Society.

00:00:55.307 --> 00:01:26.384 Winer Toby herself is also a an oncology nurse who has been in the field, for more than a few years. Toby is uniquely positioned to help us understand how oncology nurses play such a critical role in in cancer care, and we'll explore during the conversation a whole range of issues, including the many different types of roles that oncology nurses play.

00:01:26.461 --> 00:01:35.076 Winer So, Toby, without further ado, welcome to Yale cancer answers. Thank you so much for being here with us tonight.

00:01:35.153 --> 00:01:38.307 Bressler Thanks, IRA, for having me.

00:01:38.384 --> 00:02:02.423 Winer So I'm going to just start off asking you a little bit about you, and what originally drew you to oncology nursing. Is it something that you intended to pursue from the first day of, of nursing school, or is it something that you came upon after some number of years?

00:02:02.500 --> 00:02:30.384 Bressler So, nursing is a second career for me. I wanted to become a nurse after, a few years doing some other things, namely, being a preschool teacher. I went into nursing to be an oncology nurse. I had, an aunt who died of breast cancer. She was diagnosed at 34 and died at 36. And many, many years ago, that was the rhythm of things.

00:02:30.461 --> 00:03:20.461 Bressler And I wanted to become a nurse, to be at that point of care when a patient goes through. And here's what some of the worst words of their lives. And as somebody of the Orthodox, Jewish faith, it is atypical, for someone to leave the community and go seek, academic pursuits outside of the community. And that was something very purposeful that I felt using my faith and, my professional values so deeply aligned with oncology, nursing and the gifts that we give to our patients and their families, which is being present with them.

00:03:20.538 --> 00:03:42.538 Winer At some point in time, I suspect you were a bedside or clinic side oncology nurse long before you became Toby Bressler, the vice president of patient care services. It's my little hospital. Yes. When and what kind of work did you do as a as a young oncology nurse?

00:03:42.615 --> 00:04:11.307 Bressler I will share with you the road to being an oncology nurse was not easy. I, started my career in New York City. And in those days, there were. It was snail mail and I got several postcards in the mail saying, come back when you have experience. And after 7 or 8 closed doors, I started going to hospitals in person with my resume, asking, for an opportunity to work in oncology.

00:04:11.384 --> 00:04:34.615 Bressler And in those days, new grads without med search experience were not, being hired as oncology nurses and, nurse manager took a chance on me and hired me in a surgical oncology unit. And I loved every minute of it. And it was kind of a perplexing look that I got from the recruiter saying, you sure you want to be in oncology?

00:04:34.692 --> 00:04:39.423 Bressler And I was like, yes, that is where I want to be. And that's where I need to be.

00:04:39.500 --> 00:04:47.615 Winer And so in oncology, you've been a surgical oncology nurse. I think you've had a role in medical oncology as well.

00:04:47.692 --> 00:05:21.153 Bressler And radiation. I've done a number of things. I've done pedes, BMT, and, he monk that is the beauty of nursing and in particular in oncology. You can do anything that is calling to you whether it's infusion, radiation, office practice, inpatient, surgical oncology, medical oncology. The door is always open, to learning something new and to practice in a different modality.

00:05:21.192 --> 00:05:52.000 Winer And how did you decide that you would enter the the world of nursing administration? I mean, I and I have to I have to tell our listeners that you are, a leader and an administrator, but you're somebody who cares very deeply about the patient experience. And as best I can tell, you're still as in touch with that as I presume you were when you were by the bedside.

00:05:52.076 --> 00:05:55.038 Winer So. But how is it that you you made that choice?

00:05:55.115 --> 00:06:27.307 Bressler I appreciate those kind words. It really chose me. I didn't choose administration. I was going for graduate school for my master's degree, and, really was geared into a clinical, track. I was training to be a clinical nurse specialist and took a budget and finance course, and asked a lot of questions and was so curious of, how the business end of, the hospital nuances go.

00:06:27.384 --> 00:06:51.346 Bressler And, the professor pulled me to the side and said, I think you need to take another budget course and another finance course, and maybe an administration, might be for you. And I was like, no, it's not. And, mentor had told me, keep your ears and eyes open to the possibilities. So I did both at the same time.

00:06:51.423 --> 00:07:01.269 Bressler And, I really did enjoy the business and

MBA parts of the master's program, and I was hooked.

00:07:01.346 --> 00:07:31.884 Winer Yeah. You know, I'm I'm I've been struck over the years that people who do oncology. This is certainly true of physicians, but it's very much true of nurses that people often embrace the area early on and then just don't leave it. It's, it's addicting in its own way. It's not as if people, you know, are in college, you nurse for five years and then do pedes and then do something totally different.

00:07:31.884 --> 00:07:42.269 Winer They usually stick with the field. What about it? Do you think you draws people in and and holds them to it?

00:07:42.346 --> 00:08:25.346 Bressler So I'm going to share my perspective. I feel like oncology nursing is the connective tissue of cancer care delivery. We are an ever present, person's throughout the patient's journey, whether it's diagnosis, treatment, survivorship, or even end of life care. Oncology nurses are not administering complex therapies or translating information. We're really anticipating that patients and their needs and serving as a translator as a century, as a guide, through the very precious moments of a person's life.

00:08:25.423 --> 00:08:49.307 Bressler And I think that overwhelming sentiment, that's both highly nuanced and clinical, with scientific expertise, is a very deeply human connecting, part of our work. And that's what keeps oncology nurses where they're at.

00:08:49.384 --> 00:09:19.115 Winer Yeah. No, I mean, you know, over the many years that I've been a collagist, I have felt that taking care of patients is something that is very much near and dear to my heart and something that I find deeply satisfying, because there is the ability to form relationships with people, in a way that is difficult in many other areas.

00:09:19.153 --> 00:09:49.076 Winer I often say that when somebody is diagnosed with cancer, that it's as if there's a door opening into their lives and into their family's lives. And as an oncologist, you can choose to walk in or not. But if you do, it's a very rich experience. And I think it's even more true for our college nurses. Patients open themselves up to, to nurses, in a way that is really unique.

00:09:49.153 --> 00:09:55.000 Winer And, I suspect you agree. And maybe you want to comment on that.

00:09:55.076 --> 00:10:40.269 Bressler Or I, I violently agree, and I think the empathy it's really an intimate moment that happens when a patient and family are vulnerable with you and with the care team and it's all about relationships. The nurses will see these patients day in, day out on every visit. They learn about their families, their successes, their troubles, and nurses are all in, and the nursing team here at Smile are great innovators, and they hear about an issue or concern, and they figure out a way to problem solve and to support that family.

00:10:40.346 --> 00:11:18.576 Bressler And we've had so many beautiful stories here from weddings that we've made happen, to to celebrations to, you know, goodbyes and nurses feel that, that their empathy runs deep and, I don't and patients remember that, they come to us knowing that we have the clinical expertise, the science, the more than 300 open clinical trials like they know that we we deliver expert cancer care.

00:11:18.653 --> 00:11:32.192 Bressler It's the relationships and the non quantifiable that really resonates with patients and families. And that feeling is something that they take with them forever.

00:11:32.269 --> 00:12:00.076 Winer Yeah. You know patients you know typically seek out facilities often because of doctors. But I often say that they stay at facilities because of nurses. And then nurses are the ones who are there for them day in and day out. Not not that, you know, not to put down my physician colleagues, and not that I feel like I'm not present for my patients.

00:12:00.153 --> 00:12:45.153 Winer But, nursing is just so important. And, I mean, maybe we can just. Well, we're going to be breaking it a minute. So I'm not going to launch into a brand new subject. But, maybe we can talk just in this last minute about the ways in which oncology nurses, somewhat uniquely, can can embrace patients and reach out to them that the emotional connection, whether it's whether it's while and nurses administering a chemotherapy infusion or at another time is just, so important.

00:12:45.230 --> 00:13:21.769 Bressler Cancer. I think that nurses and the advanced practice providers, are uniquely positioned, to practice in the way in which patients need so very patient centered and, how a patient shows up, what a patient and their family needs is quickly assessed by the staff to see what it is that this family could benefit from. And, and nurses are our true educators, their leaders.

00:13:21.846 --> 00:13:33.769 Bressler They they know what that secret sauce is for that patient and their family. And, and I couldn't be more proud, obviously, to be a nurse, but to be part of this team.

00:13:33.846 --> 00:13:59.269 Winer Yeah. All right. Well, we're going to take a very brief break. I've been speaking with Toby Bressler, vice president for patient services at Smile Low cancer Hospital. And when we come back, we're going to talk about some of the very different roles oncology nurses can play. And a whole range of other topics. So we'll be right back.

00:13:59.346 --> 00:14:29.038 Announcer Funding for Yale Cancer Answers comes from Smiley Cancer Hospital, where a team of clinicians and the gynecologic oncology program provide comprehensive and compassionate care for women with gynecologic cancers, including cervical cancer, somalo Cancer hospital.org. The American Cancer Society estimates that over 200,000 cases of melanoma will be diagnosed in the United States. This year, with over 1000 patients in Connecticut alone.

00:14:29.115 --> 00:15:06.038 Announcer While melanoma accounts for only about 1% of skin cancer cases, it causes the most skin cancer deaths. But when detected early, it is easily treated and highly curable. Clinical trials are currently underway at federally designated comprehensive cancer centers, such as Yale Cancer Center and its Mylo Cancer Hospital, to test innovative new treatments for melanoma. The goal of the specialized programs of research excellence and skin Cancer Grant is to better understand the biology of skin cancer, with a focus on discovering targets that will lead to improved diagnosis and treatment.

00:15:06.115 --> 00:15:14.576 Announcer More information is available at Yale Cancer center.org. You're listening to Connecticut Public Radio.

00:15:14.653 --> 00:15:46.230 Winer Hello, this is Eric Weiner again with Yale Cancer Answers. I'm here tonight with Toby Bressler, vice president for patient care services. The smell of cancer hospital, and a faculty member at Yale School of Medicine. We are talking about the huge role that oncology nurses play in delivering oncology care. Well, let's take a minute and talk about the very many roles people play.

00:15:46.307 --> 00:16:23.076 Winer I'm going to start off, though, with talking about nurse practitioners. In the course of my, career. That's been longer than I will admit. I have worked with a total of four nurse practitioners over the course of, 30 plus years. These are relationships that, in the ideal world, would last for a long time. And any oncologist can't live without a nurse practitioner or sometimes a PA physician, assistant working with them.

00:16:23.153 --> 00:16:36.384 Winer And I would like to think that that nurse practitioner feels the same way about the physician that she or he is working with. But so, Toby, do you want to just talk a little bit about the role of oncology nurse practitioners?

00:16:36.461 --> 00:17:18.192 Bressler Sure. So, the nurse practitioners in oncology are besides having a master's degree in, clinical practice, a master's of science in nursing. They are also uniquely, competent and, have special, certification to board certified to be oncology advanced practice nurses. And, that goes through writing chemotherapy orders to, completing bone marrow biopsies, assisting, radiation oncologists and, all sorts of activities in between.

00:17:18.269 --> 00:17:45.807 Bressler The advanced practice nurse or physician assistant really does partner with that oncologist to ensure the highest quality of care and safe patient care is being managed. They are the air traffic controllers. But they make sure that people are in the right place at the right time, being seen by the right person. And we can do, any work without them.

00:17:45.884 --> 00:18:08.576 Winer And I have to say, at times, they're really the experts in the room. So I, as people know, have been a breast cancer doctor for many years. And I've been asked, you know, if you had breast cancer, who would you see? And my answer is frequently the nurse practitioner I work with

because they have, just exquisite judgment at times.

00:18:08.576 --> 00:18:37.692 Winer And there's nothing better in my mind in terms of oncology care. But then there's so many other roles. So we have, oncology nurses in our infusion room. We have oncology nurses on the inpatient setting, we have practice nurses, and we also have a whole group of people who are involved in clinical trials. The research nurses. It's it's an incredibly varied field.

00:18:37.769 --> 00:19:05.115 Bressler Yeah. I mean, we have more than 800 oncology nurses serving in a variety of roles from inpatient to ambulatory and even doing telephone triage over the phone. So, if you could think of it, nurses in oncology will do it. And we have almost 200 advanced practice providers, which includes nurse practitioners and physician assistants of those staff.

00:19:05.192 --> 00:19:48.269 Bressler Close to 300 of those folks are board certified, which is twice the national average. So our folks here are really smart, and have the credentials to demonstrate that we have nurses in office practice and infusion and survivorship and radiation in surgery. And, launching our nurse navigators, we have, tremendous team of nurses and advanced practice providers who are uniquely skilled to help patients navigate the complex therapies and also support them through every step of their journey.

00:19:48.307 --> 00:20:15.653 Winer And although it's probably beyond the scope of this conversation, it's probably worth noting that they're oncology nurses, oftentimes PhD trained oncology nurses who do very important research in in oncology care. It's often focused on how do we improve that care. What steps can we take to make it even better in the future? And they play a just a really important role.

00:20:15.884 --> 00:20:32.038 Bressler I agree 100%. As a PhD prepared nurse, you're singing my song. And you know, the nursing science that has contributed to symptom science and, care coordination and improving health equity cannot be understated.

00:20:32.115 --> 00:21:02.423 Winer It's really huge. So we're making progress in cancer care. There's no question about that. We're making progress in at least two very important ways. Our treatments are better than they used to be. And people live longer than they did. Many more patients are cured. And of course, even those who are not cured oftentimes live very productive lives for a very long time.

00:21:02.500 --> 00:21:25.000 Winer And then I think we also have are paying much more attention to making sure that people are able to live with cancer and live a reasonable life. There are still many gaps when you look into the future, what would you like to see change the most? What do you what do you view as the biggest gap we have today?

00:21:25.076 --> 00:21:30.615 Winer Recognizing that, and I'm asking you to address this from the perspective of an ecology nurse.

00:21:30.692 --> 00:22:03.576 Bressler I'm not sure, what the future will hold, but I will share with you that harnessing, AI is, going to be part of the future. And, how we use that to enhance our care delivery is going to be important. I, I do believe that oncology nurses are perfectly positioned to use all of their training and their knowledge and their skills to help us move that forward.

00:22:03.653 --> 00:22:34.000 Bressler And I do think that oncology nursing is a global phenomenon, more than it has been ever before, and that the clinical trials, phase one research, is now part of a global conversation. I just had a chat with, some nurse leaders in Jamaica who were, you know, talking about palliative care and how they're incorporating that into their day to day practice.

00:22:34.076 --> 00:22:55.076 Bressler Our world is so much smaller than it used to be, and technology is helping us get there. So I would probably say that we should lean into the future of AI and embrace it so that we could be part of the conversation and help lead and advance that to the future.

00:22:55.153 --> 00:23:22.538 Winer Well, and maybe we can think about, as the years go by, I think about using AI to help eliminate some of the disparities that exist, both globally, but also, very much locally, where we know that the best cancer care is not always available to everyone for a whole range of reasons. And that is something that we we very much need to fix.

00:23:22.615 --> 00:23:53.423 Winer I want to go back to something you raised in the beginning, and that is that you are a, highly observant Orthodox Jew and that is, a lifestyle that oftentimes isn't as, compatible. I don't know if that's the right word, but is compatible with leading a very busy professional life, in an academic medical center.

00:23:53.500 --> 00:23:59.076 Winer And I'm just interested in how you balance that yourself.

00:23:59.153 --> 00:24:34.230 Bressler Well, I'll tell you, oncology nursing could be emotionally demanding, and it's a place where meaning matters. And I think my faith based values and traditions, emphasizes that. It emphasizes reflection, community, resilience and relationships. And those are qualities are essential in cancer care. I also think representation matters. So being open about who I am helps create a culture where other people feel more comfortable and bringing their whole selves to work.

00:24:34.307 --> 00:25:09.230 Bressler You know, in healthcare and in particular in leadership. Diversity not only of perspectives, but of, persons backgrounds. It strengthens us. It makes us better people to have, different voices at the table. There is a concept in Judaism called tikkun olam, which is, translated as healing the world. And I think that really encapsulates oncology care is healing the world one person at a time.

00:25:09.307 --> 00:25:29.115 Winer That's lovely. Do you, do you have people in your in your community who, asked challenging questions and pushed back

a little bit about leaving the community and going out and spend your time doing what you do?

00:25:29.192 --> 00:26:05.692 Bressler I think at the beginning there was some misconceptions about what it really means, and how would I be able to hold on to my values while practicing in a tertiary academic medical centers, which has been my, my backyard, my entire life, my entire career. Now that I've been able to bring back to the community, some awareness for example, Baraka screening and counseling, there was a lot of misconceptions about what if.

00:26:05.692 --> 00:26:24.192 Winer I'm just going to just jump in here just to make sure people understand. So bracket screening is screening for mutations that increase the risk of breast and ovarian cancer and a variety of other cancers, and that are so much more common. In the Ashkenazi Jewish population. Sorry to interrupt.

00:26:24.423 --> 00:27:01.192 Bressler No. Yes. That's correct. And thank you. So, you know, translating that information from a medical and scientific perspective to key stakeholders in the Jewish community has been invaluable. And, I think those types of examples in which I'm in a unique position that I straddle both worlds to be the translator of science, but also sometimes be the, you know, the Department of Religion for people at work who really are curious and want to understand more.

00:27:01.192 --> 00:27:20.615 Bressler And, of the school of thought that no question is a stupid question. And people can ask me whatever it is, and I'm happy to explain. And, and sometimes, dispel some myths that might be, in existence.

00:27:20.692 --> 00:27:47.884 Winer So in our last minute, I'm going to take this from, a lofty subject that we were just discussing to something. That's, Oh, I don't know, a little different, little more commonplace, which is doctors and nurses. You know, I think there are people in the past who have thought that, you know, doctors and nurses are like cats and dogs.

00:27:48.038 --> 00:28:05.692 Winer And, and they, they can't live with each other and they can't live without one another. I think that's less the case than in the past. And I'm interested in your perspective on the the relationships between oncology nurses in our colleges.

00:28:05.769 --> 00:28:32.115 Bressler I think it's all about role appreciation and understanding what each of us brings to the table. It's a very unique set of skills that an oncologist brings to the table, and it's a very unique set of skills that nurses bring to the table. And I think when we appreciate one another's roles and really bring our full selves to work and understand that we're there to take care of the patient and their families, and that is our collective goal.

00:28:32.192 --> 00:28:33.615 Bressler You can't go wrong.

00:28:33.692 --> 00:28:57.384 Announcer Toby Bressler is vice president of pa-



tient services at Smiley Cancer Hospital. If you have questions, the address is Cancer answers@yale.edu and past editions of the program are available in audio and written form at Yale Cancer center.org. We hope you'll join us next time to learn more about the fight against cancer funding for Yale Cancer answers is provided by smile o Cancer Hospital.