Crossing Over...

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THERE WAS SOMETHING DIFFERENT about crossing this threshold. I always held the threshold to a patient's room in a sacred way from the very beginning of my practice. I often paused before stepping over and into the room. As a new nurse in the ICU, sometimes it was a deep breath and hope that I would do everything right—from what I said to how I gave a medication to remembering to say all of the salient details in report. And then as a nurse practitioner in hospice, it was that I would be fully present, leave everything on my mind behind, and ask the important questions. It always felt extraordinary to be called into the room, indeed into the life, of another person at a very important and private time.

I wasn't shy about entering patients' rooms, despite taking that brief pause before entering. I was humbly confident in my different roles for those many years. They had called me, needed me to see them, either as a nurse, a consultant, or as their attending. I had something to offer, a plan to co-develop, an opinion to give, a list of tasks. I would sit and listen, then decide, then act. It was a needed visit and justified in my writing of notes, prescriptions, and multiple phone calls about what I "found" and thought. They needed me.

And now, I needed them. Standing in front of the hospice house, I took deep breaths, cleared my mind and still felt a pause. Now I was here as a researcher. I wasn't being called into the room; rather I was coming calling. It was my first study and for some reason, I hesitated. I felt intrusive. I felt nervous, the nail-biting kind. I hadn't remembered this feeling when I worked as a research assistant on two prior studies. Those were also in patient's homes and nursing homes. But I hadn't written the script then. I hadn't been the one who gained support and funding deeming it an important study. This time, crossing the threshold felt as though I was taking a giant step.

Previous research has demonstrated that patients and families are eager to tell their stories. And I was certain that

their stories would have something important to say about my research topic, which in turn was crucial to the future of end-of-life care (after all, this is what my funded grant proposal argued!). I knew it, and yet the potential participants seemed so far away. My name badge said "Researcher," not "Nurse."

But it still said my name. I was still bringing myself into the room. I might be crossing over in roles, requiring a bit of a change in my mission that day. But the crossover meant finally engaging my curiosity about their experience when I didn't have to direct the plan of care. It meant that for a moment of time, I could witness, document, and analyze their experience without having to fix the details. The doorstep was an opportunity—perhaps even one for both of us. I still needed to be humble and considerate; kind and direct. But I didn't need to be anxious.

Conversations with mentors inspired my own reflections and I did walk through the entry. I spoke with patients and caregivers and interdisciplinary team members.

And I was right about their stories.

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