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EDITORIAL

Learning from the multidisciplinary team: advancing patient care through collaboration

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Abstract

Training for doctors, and other healthcare workers, has traditionally focussed on developing the knowledge and technical skills relevant to individual specialties. There has been an assumption that once trained in this way, we will be able to work easily and effectively in teams with other professionals. Multidisciplinary working is now a normal pattern of healthcare delivery and teamwork is taught as part of current curricula. Interdisciplinary learning is becoming more common, with medical students, nursing students and other professions allied to medicine learning together during their training. Healthcare staff who are already qualified have not had the benefit of being taught the particular skills needed to work well as part of diverse teams, nor given the skills to identify and overcome barriers to effective teamwork. We all need to develop these skills to help our patients get the best care from the teams looking after them.

Key words: Multidisciplinary team; Patient; Communication; Psychological safety; Simulation; Respect

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Healthcare is becoming ever more complex and no single doctor, nurse or other hospital worker has enough time, knowledge, or expertise to manage patients on their own. We all work within multidisciplinary teams (MDT), and will need to do so increasingly as the population ages. Eighty percent of patients over 80 years old live with two or more chronic conditions, creating an ever-expanding chronic disease burden on the NHS (Gowing et al, 2016).

The new Health Education England (HEE) MDT toolkit (HEE, 2021) encourages us to reassess the way we work in multidisciplinary teams. It covers six essential domains: communication, working across boundaries, shared goals and objectives, planning and design, skill mix and learning, and culture. The overall aim is to look at the multidisciplinary team from a wider perspective, breaking down 'walls' across all care sectors rather than focusing on single departments.

The term 'multidisciplinary team' typically evokes an image of organised, formal meetings within sectors such as oncology. These emerged in the 1980s as a result of the benefits seen from adjuvant treatments including chemotherapy and radiotherapy (Taberna et al, 2020). However, MDT working for most healthcare professionals involves daily, informal, sometimes unplanned, clinical and non-clinical interactions. Working as part of a team is a skill which can be learned and practised, hence it is now included in the undergraduate curriculum of many medical schools. This needs to continue in our day-to-day patient-facing environments as qualified doctors, to optimise patient outcomes. Poor communication and ineffective teamwork in seemingly routine interactions have been identified as contributory factors in 70% of serious incidents (Rabol et al, 2011). We are likely to see new challenges to the team working with the increasing use of remote working and technology-enhanced care.

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Barriers to effective multidisciplinary team functioning

Despite the well-described benefits of MDT working, implementing and maintaining effective collaboration across healthcare is challenging. Issues may arise that hinder interdisciplinary communication such as the use of medical terminology, the differential understanding of

concepts and language barriers, common among an ethnically diverse NHS. Additionally, teams may be provided with inadequate information, particularly if some disciplines are underrepresented, which might skew the goals of treatment. Relationships within teams can be difficult because of differing perspectives on care/treatment, persistent hierarchical structures, and perceived and real power imbalances. All these barriers to providing safe and effective care can lead to a breakdown of communication, and worsen patient outcomes, even when all the individuals are passionately working for a good result (Zajac et al, 2021).

Organisational barriers can also hinder the development and maintenance of effective working relationships. Examples include staff shortages which may result in colleagues working in unfamiliar environments, and hybrid working models, which are increasingly common in post-pandemic healthcare. Additionally, the health service is under-resourced and overstretched creating further difficulties in maintaining optimal multidisciplinary teams.

Breaking down barriers, improving communication and streamlining transitions of care between primary, secondary and social care is one of the greatest demands on the healthcare multidisciplinary workforce. Improved coordination, information sharing, communication platforms and collaborative working will be required to overcome these challenges.

Exploring the scope of the multidisciplinary team in the clinical setting

Establishing and maintaining trust among colleagues is pivotal for the efficacy of team collaboration. The increasingly used term ‘psychological safety’ describes a culture where all staff are treated with respect, differing views are welcomed and staff are encouraged to, feel safe to speak up, make suggestions, challenge others and also admit their own mistakes. Good leadership is crucial in developing and maintaining psychological safety within teams. Practical steps which can help this include the routine use of briefings and debriefings which should be used during team ‘huddles’, ward rounds and board rounds. In this environment, they can reduce any authority gradient resulting in all members of the team feeling more comfortable sharing observations and offering their opinions whatever their role or job title. An earnest attempt to comprehend the roles of others promotes a culture of mutual respect and inclusivity, culminating in an enhanced working dynamic and heightened productivity. This, in turn, may inspire team members to collaboratively tackle tasks, a crucial aspect in managing critical situations within an acute medical unit or emergency department.

Often overlooked contributors to the MDT in the clinical environment are the patient and their family. Encouraging their involvement in decisions about their care is likely to enhance motivation and compliance with treatment plans. It is important, therefore, for patients and family members to see, and feel part of, effective team working. This might appear to the patient as a seamless interdepartmental transition of care, or clear communication across disciplines with consistent plans for treatment. Even with technically good care, if a patient or family member lacks confidence or trust in the treating team, the patient experience will be poor and they may lack intrinsic motivation to recover (Birkhäuer et al, 2017).

Non-technical skills and multidisciplinary team working

Non-technical skills encompass several behaviours that can have an impact on staff interactions. Examples of these include decision-making, leadership, followership, social relations and other higher cognitive skills. These skills have been identified as being more effective in reducing the risk of harm to patients than clinical knowledge and, importantly, they can be enhanced through simulation training (Abildgren et al, 2022). If this training takes place ‘in situ’ within the workplace and includes a variety of staff groups, then different disciplines may gain a better understanding of each other’s roles and perspectives which helps generate a greater level of respect among the multidisciplinary team. Debriefing as a multidisciplinary team in a training environment also serves as useful practice for ‘real-life’ debriefs when we will be looking for ways to improve systems and team behaviours.

Additionally, the social aspect of the interactions we have with colleagues from various staff groups and different disciplines also plays a crucial role in developing interprofessional

relationships which can translate into improved team working. These interactions may take place at courses and conferences or may extend into team-building activities or social events away from the workplace.

How can we tell if our teams work well together?

NHS staff surveys and national training surveys can give us an insight into how people are feeling about the colleagues they interact with, and how safe and supported they feel in the workplace. Focussed patient experience surveys may also serve as a proxy measure of effective MDT working. Some have also suggested that the length of hospital stay might be an independent outcome measure of effective MDT working (DePesa et al, 2020), particularly in the frail, elderly population where coordination between primary, secondary and social care is critical.

Specific objective assessments of teamwork can be made by trained psychologists and social anthropologists using standardised tools. This is specialised work but can give insights into particular areas of difficulty and help focus on what interventions may be most effective.

The future of multidisciplinary team working

The COVID-19 pandemic led to a shift towards remote working along with the use of video streaming platforms for meetings and conferences. While educational meeting content has become accessible to more colleagues, there is considerable delay in embedding this technology within hospitals in areas that are directly patient-facing. In the post-pandemic period we are entering an era of technology-enhanced healthcare which has the capacity to exponentially improve patient care, with the possibility of experts across multiple disciplines joining live-streamed ward rounds or giving advice during invasive procedures. However, there are still several challenges to overcome before this becomes routine, the first and most obvious being the lack of compatible software for sharing patient data across different organisations.

Conclusions

In summary, there are many reported benefits to effective multidisciplinary teamwork, clinically and non-clinically, all ultimately centred around optimising patient care. Currently, MDT can run effectively within one sector and they have proven to be vital components for specific areas such as elderly care, oncology and critical care. This degree of effective teamwork needs to be expanded across all corners of our hospitals and out into the community. It is crucial for interdisciplinary mutual respect to be gained to ensure the maintenance of successful teamwork. To do this, individuals must be motivated to improve their own multidisciplinary teams and be mindful of the barriers that are currently hindering effective functioning. Although this is a long-term endeavour, immediate steps can be taken by consciously evaluating our daily interactions with colleagues.

Key points

- Eliminate or minimise confusing jargon to improve inclusivity.
- Be aware of possible power imbalances and encourage quieter members to offer opinions.
- Make an effort to understand different team members' roles and perspectives (who is doing what, who wants what, and why?).
- Always include the patient as part of the decision-making team.
- Debrief and meet regularly to re-assess the function and effectiveness of your teams and consider the results of patient and staff surveys.
- Encourage socialisation amongst the MDT.

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Availability of data and materials

All data included in this study are available upon request by contact with the corresponding author.

Author contributions

JD, CF and HC contributed equally to the concept and scope of the editorial, drafting and revising the work and final approval of the version to be published. All authors agree that we are all accountable for all aspects of the work.

Ethics approval and consent to participate

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Conflicts of interest

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