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CORRESPONDENCE

# A Response to: 'Learning from the Multidisciplinary Team: Advancing Patient Care through Collaboration'

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Sir,

In response to the recently published article — 'Learning from the multidisciplinary team: advancing patient care through collaboration' (Dawe et al, 2024), we wish to pen our thoughts on the topic.

We read the article with great interest, but we feel it only briefly touches upon the variables which most greatly effects multidisciplinary team (MDT) collaboration.

We feel our working conditions and staff shortages are the biggest reasons for any breakdown in communication and MDT working.

That we are too understaffed is the crux of the matter and will come as no surprise to anyone in a patient-facing role. Simply put, when understaffed, there is no time between the plethora of urgent tasks to sit down with the MDT and have consistent, in-depth, and productive collaboration. With ever-increasing patient numbers and complexity, time that could be reserved for MDT collaboration is being further and further squeezed to provide the basics of healthcare.

The above leads to what, in our experience, causes major breakdowns in MDT communication — stress. Stress leads to tension between team members and negatively affects individual performance, both of which have a detrimental effect on patient care.

We would suggest a few practical solutions that can aid the MDT process, and thus as the article suggests, allow a more collaborative approach.

Our first suggestion would be to have an MDT meeting at the beginning of the day. Morning meetings will enable staff to attend before ad hoc jobs and distractions cropping up. This enables all team members to be on the same page before starting their daily reviews, and for urgent tasks to be flagged up with fair warning.

Solutions to bolster satisfaction would also include facilitating dedicated spaces with ample seating. Seating, though a simple solution, puts everyone on an equal footing and allows for all members of the team to feel included and have a voice, which in turn shows they are valued. These spaces must be away from patients to allow for confidential and uninterrupted discussions.

Ultimately, however, adequate staffing trumps all variables, as increased staffing translates into increased availability of time. To retain and recruit staff, pay must be better, and this is proven by the strikes by various members of the MDT. Without increasing staffing, we will be forever fighting an uphill battle where collaborative working will suffer. These changes need to be driven by policy makers who

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must appreciate the importance of ample staffing and its relationship with patient morbidity and mortality.

The solution to large scale improvements in MDT working cannot be expected on an individual level. What we need are extensive changes to improve staff recruitment and retention, as plentiful staffing allows slack in the system for collaborative working, whereas at present we are individually putting out fires in a system close to breaking.

## Reference

Dawe J, Cronshaw H, Frerk C. Learning from the multidisciplinary team: advancing patient care through collaboration. Br J Hosp Med (Lond). 2024;85(5):1–4. https://doi.org/10.12968/hmed.2023.0387