Dr John Sammut talks to James about teamwork. Together, they’ll cover the role of patients in the team, and the importance of multidisciplinary team (MDT) meetings for effective communication within the healthcare setting. Communication is key to ensure effective teamwork is taking place. This is because the biggest threat to effective, safe, high-quality patient care is poor or a lack of communication. Moreover, MDT and interdisciplinary team meetings are effective for improving communication in a healthcare setting.

In this podcast, you will learn more about MDTs, different team meeting structures and how to manage team communications more effectively.

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**About Dr John Sammut**

John Sammut is a Senior Emergency Physician with over 25 years’ experience in clinical practice. He has a passion for compassionate, patient-centered care, communication in teams and education of junior staff.

John worked with the Clinical Excellence Commission for over 5 years (2010-2015) contributing to a variety of committees and programs such as:

- *Between the Flags,*
- *the Surviving Sepsis campaign,* and
- *as Medical lead in rolling out the statewide In Safe Hands Program (SIBR), a patient-centered system for multidisciplinary team communication.*

Furthermore, he works as Director of the ICU, as an Emergency Physician and as Executive Clinical Director at Canterbury Hospital. John is also on the NSW Medical Council, and Chair of the Performance Committee.

**Teamwork**

*With Dr John Sammut, Director of ICU, Senior Emergency Physician, Executive Clinical Director, Canterbury Hospital, Sydney, Australia*

**Introduction**

“The single biggest problem in communication is the allusion that it has taken place” - George Bernard Shaw.
Case

You are a junior doctor commencing work as a busy Respiratory team intern. You are attending a multidisciplinary team meeting and know that these meetings are key to effective patient flow.

1. What is a multidisciplinary team (MDT)?

- The sum of the various professionals that are contributing to the patient’s health – comprised of doctors, nurses, pharmacists, allied health (social work, occupational therapy, physiotherapy, speech pathology etc.)
- Effective multidisciplinary teams include the General Practitioner frequently however this often utilised via telephone calls and communication outside MDT meetings
- MDTs require interdisciplinary collaboration and an appreciation that each member of the team is busy but has a shared purpose – getting the patient back to good health and home!

2. How are these teams structured?

- **Traditional model** – held in a staffroom with representatives from the various disciplines, all collaborating and providing input from their perspectives and raising their concerns regarding patient care
  - Tends to involve a bed manager and/or Nurse Unit Manager rather than the bedside nurses
  - Probably functions best when the medical team leads the meeting however requires careful collaboration with the various other stakeholders
- **Bedside model** – essentially the same meeting but includes the patient and family in the care team
  - Allows for patients and families to voice concerns such as “I don’t think dad is ready to go home yet” or “I don’t think his mobility is good enough yet” – removes any nervousness or lack of clarity the family might have in terms of who to tell their concerns to
  - One model that has been developed to utilise this bedside discussion is known as: **Interdisciplinary ward round / Structured Interdisciplinary Bedside Rounds (SIBR)**
    - Essentially an MDT at the bedside
    - Heavily involves the patient and the nurse directly involved in patient care
    - MDT members exchange information to a scripted, prepared conversation model
    - Often involves a lot of people and so can be very large!
- Often utilises the junior doctor in roles such as summarising the medical issues and documenting of the meeting
- May be intimidating (due to the large number of people)
- May also compromise patient confidentiality due to its large size
- Difficult to adapt to wards where many disciplines have patients i.e. General Medical Wards rather than specific units such as Neurosurgical / Orthopaedic / Colorectal Wards

3. How can you as a junior doctor be a valuable member of the team?

- Know your patient and the desired outcome for the patient
- Know what tests have been done and their results, and have a general sense of the direction the medical team believes the patient is heading
- Be aware of the issues you would like addressed by other members of the MDT (have your questions ready) and be prepared to talk about the medical issues
- Also be prepared to feed back information to patients and their families so that they are aware of the outcomes and decisions made at the meeting

Take Home Messages

- The biggest threat to effective, safe, high-quality patient care is poor or a lack of communication
- MDT and interdisciplinary team meetings are effective for improving communication in a healthcare setting
- The best way to conduct them is by the bedside involving patients and their families in the conversation
- Knowledge of the medical aspects of your patient’s care is critical to prepare and conduct MDT discussions

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Tags: #allied health,#communication,#Interdisciplinary ward round,#MDTs,#multidisciplinary,#NSW Medical Council,#nurses,#occupational
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