

Evaluation of the learning opportunities available in Head and Neck multidisciplinary team meetings: A National Health Service perspective

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INTRODUCTION

- A multi-disciplinary team meeting (MDM) in the National Health Service (NHS) is a planned interaction of professionals from one or more disciplines.
- They occur on a regular basis for a fixed duration in a set venue and follow a prefixed agenda.
- They may focus on certain conditions e.g. Head & Neck Cancer
- The MDM are run by co-ordinator(s) and led by a chair.
- The benefits of MDT oriented work and MDMs are well recognised.
- MDMs reflect current national clinical guidelines and available local facilities in making a recommendation so should optimise clinical management
- There is a paucity of literature focusing on the educational benefits of MDM within NHS in England
- This project aims to evaluate the different aspects of learning, which can be achieved through the MDM.

QUESTION

Healthcare professionals learn from multi-disciplinary meetings in the National Health Service, England

AIMS

1. To define the value of the MDM in relation to participant's individual learning.
2. To study the optimal environment of the MDM, which promotes learning.
3. To identify the educational theories in relation to the MDM tool.

OBJECTIVES

1. Do we learn from MDM?
2. What are the learning parameters?
3. What are the barriers to learning?
4. How can this learning opportunity be improved?
5. How can this learning be used to inform future development?

METHODOLOGY

This study is based on cross sectional survey of two core cohorts. A critical literature review was undertaken and nested as secondary research. The first part of the survey took place at a tertiary teaching hospital and the second part in a busy district general hospital in England.

PHASE I: Literature search was undertaken to develop a clear understanding of the education value of the MDM in relation to the National Health Service, England.

PHASE II: Thought shower undertaken with a focus group consisting of the core members of head and neck cancer MDM at UCLH, to create a questionnaire for this research.

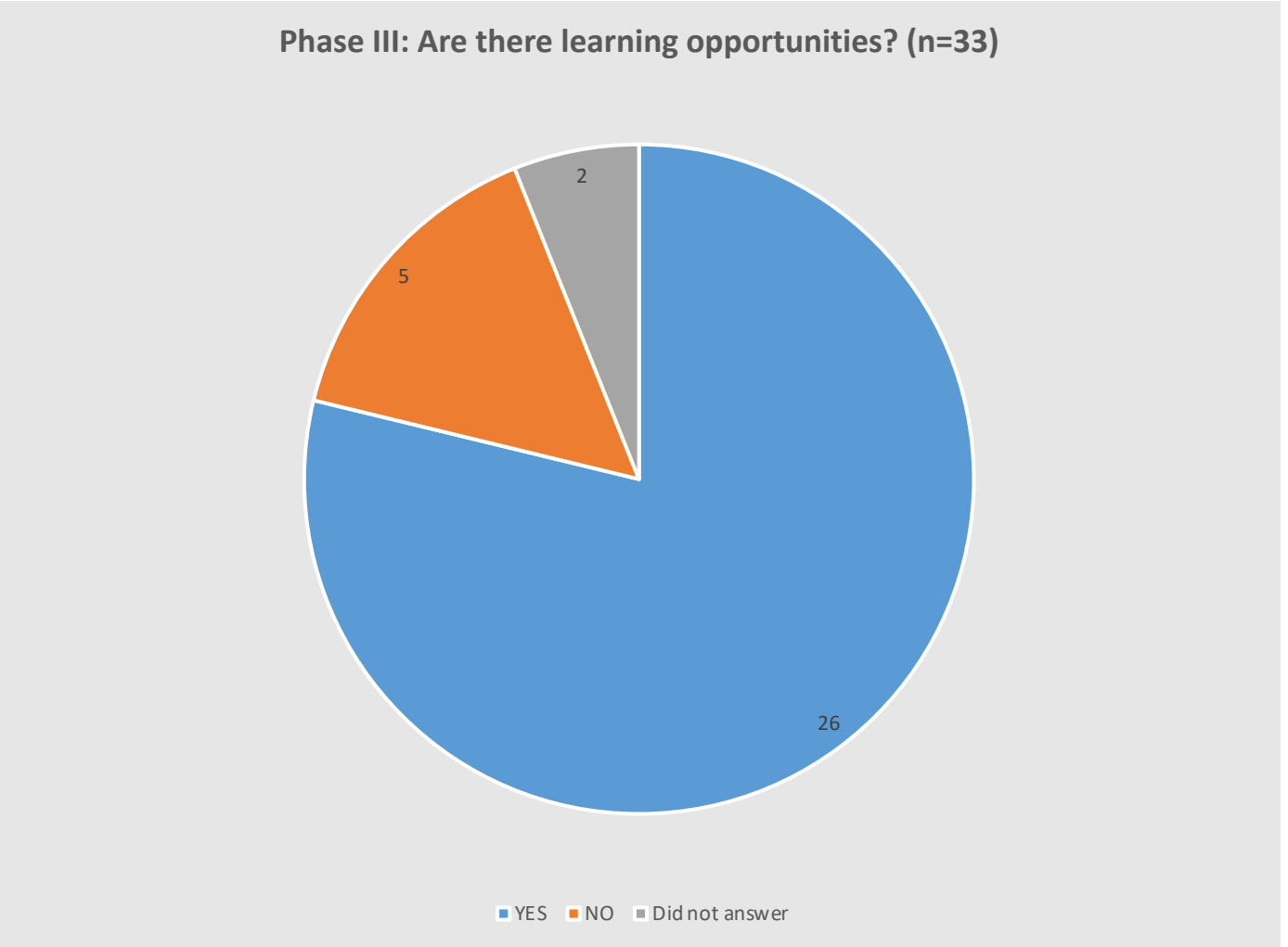
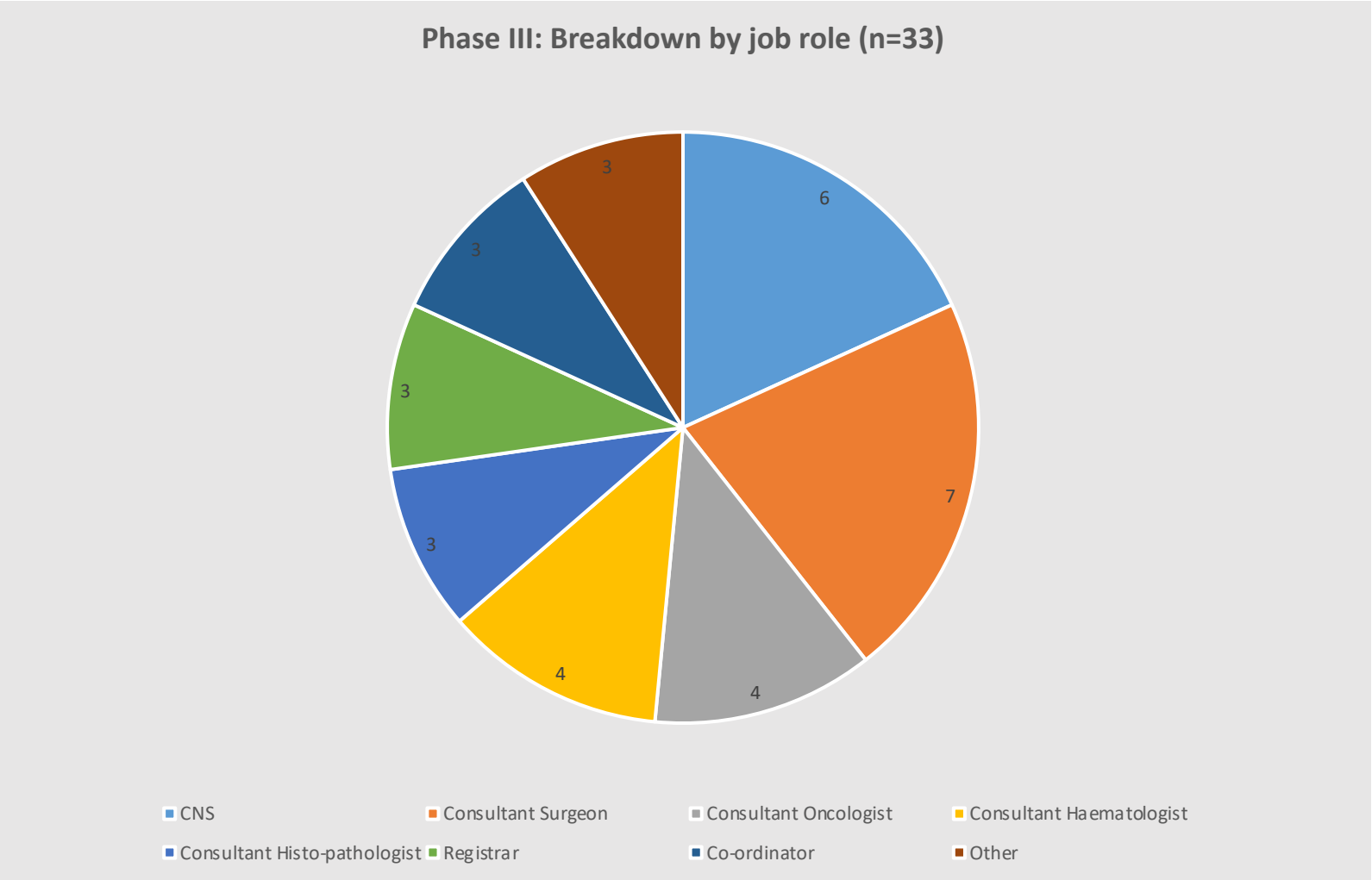
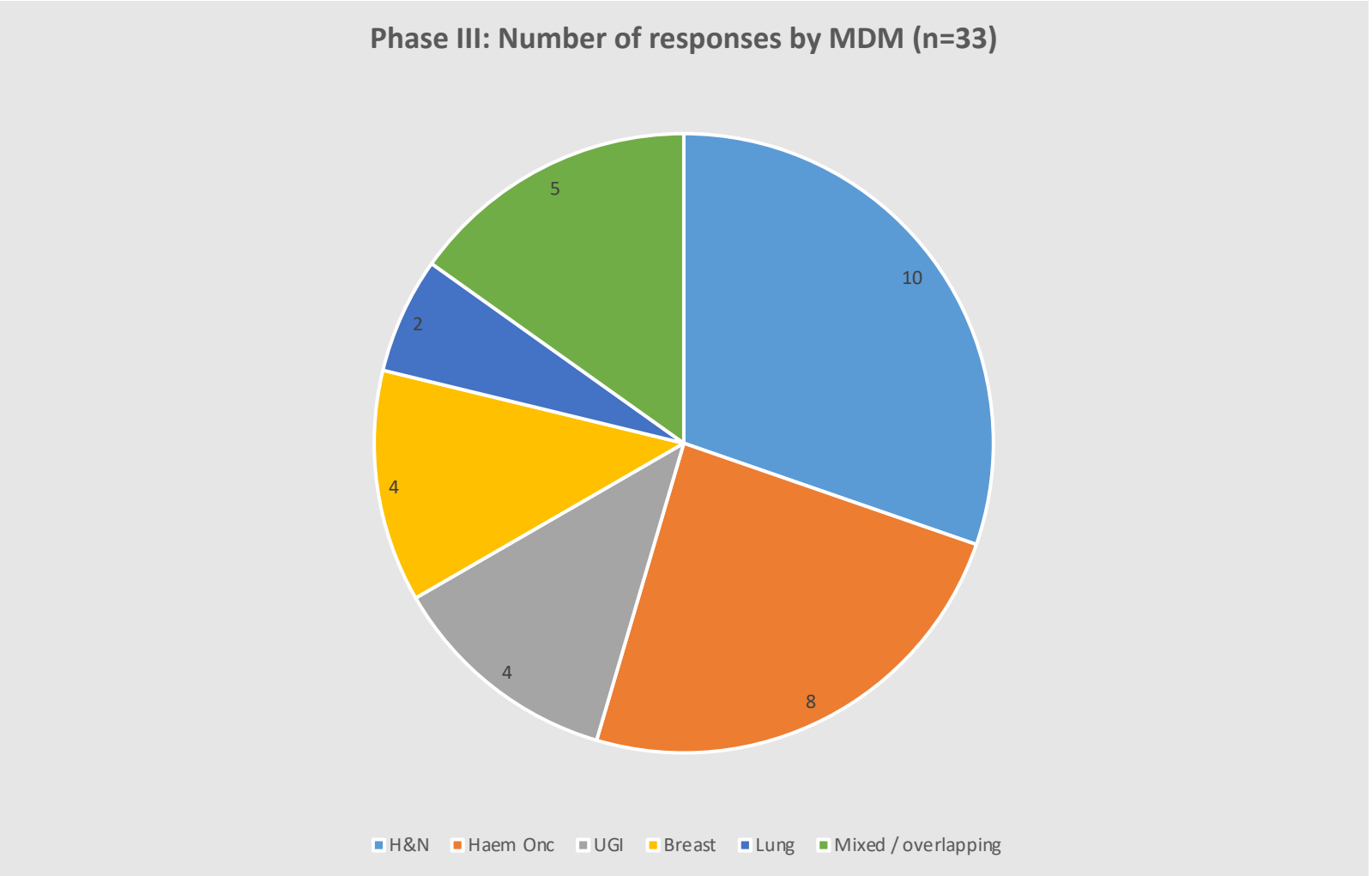
PHASE III: Questionnaire undertaken using the "Survey Monkey platform" using questions formulated at Phase 2. Members of the MDMs were invited by their subsequent five MDT co-ordinators with a group email. The survey platform was kept open for six weeks. Each responder's job title along with their department but no other identifiable data were recorded.

PHASE IV: Results of Phase 3 were used as a baseline and compared to relevant education theories. A further detailed questionnaire was planned with MDM members at this second site to ascertain their understanding of the learning process and opportunities for learning during MDMs.

PHASE V: Findings presented at the Grand Round and peer reviewed. This was then taken to Trust research development annual meeting where a based off the recommendations a development plan was consolidated.

RESULTS

Overall Phase III had 33 respondents and Phase IV had 11 respondents.



Phase III

- 79% of the subjects in this cohort confirmed definite learning opportunities at the MDM platform.
- 90% thought this could be improved
- 63% thought that the main barrier was time constraint.

Phase IV thematic analysis

- Participants wanted clear objectives. The agenda should include only relevant and complete cases; which allows for more interactive discussion
- Structured discussion supported by prior preparation of a key worker allows others to more easily follow a learning point.
- Culture change. The environment needs to be more inclusive and stimulating. The chair, senior members and key workers of MDM should take a lead to focus on the learning points and give some space for juniors and other specialities.

SUMMARY and RECOMMENDATIONS

1. Educational objectivity of each MDM should be determined and monitored under the department of medical education.
2. The educational benefit and achievements from attending a should be recorded in the annual appraisal process.
3. The may improve resource utilisation as MDM require suitable staffing.
4. Lack of time is reported as the commonest barrier of learning in a NHS based MDM so unnecessary discussion and non-cancer cases must be curtailed.
5. Positive learning requires a friendly and inclusive environment with clear communication.
6. Presentations should be appropriately prepared and discussion should be structured.
7. Constructive feedback by peer and seniors reduces blind spot of knowledge.
8. Reflection following MDM will promote true cognitive learning.

CONCLUSION

- MDTs are a unique education opportunity to improve and solidify our knowledge and understanding which should be utilised and not treated as a tick box exercise.
- It requires a mind-set of working together with collaboration, co-ordination, and co-operation and shared decision-making.
- Improvements to the structure of MDM, individual preparation and lastly change of mind-set of senior members will allow a shift in focus towards this educational goal.

THESIS, REFERENCES & ACKNOWLEDGMENTS

Scan the QR code using your mobile device and read the thesis.

References and acknowledgements are included in this document

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