MULTIDISCIPLINARY MEETINGS AS AN EFFECTIVE CLINICAL INTERVENTION

Jackie MacCallam and Lisa Higgins explain how holding an event with a defined agenda can help dispel charged emotions and result in better communication and agreement on actions to improve outcomes

Abstract
When used well, multidisciplinary meetings can function in the same way as other clinical interventions to improve communication, efficiency and outcomes. They help break down barriers, manage difficult emotions, and benefit service users and staff. But it is imperative that they are well prepared, well attended, and that the purpose and agenda are agreed. It is also vital to have an efficient chair and that meetings take place in an environment where feelings can be shared openly and respected. Services should recognise and address relevant training and support requirements.

Keywords
Life-limiting illness, life-threatening illness, managing emotion, multidisciplinary meetings, psychology training and support

Background
The authors of this article had worked jointly with a family where the situation had become highly emotional and was causing significant distress for staff as well as service users, with both groups becoming negative about one another. The professionals were spending a great deal of time talking about the issues, without any observable benefit. Over many months, the situation had escalated, and it was not until a multidisciplinary meeting took place that positive change began to emerge. The meeting involved the family – an important part of the process – a strategy suggested as useful in palliative care settings. The authors were aware that meetings are a regular part of many professionals’ working lives. It takes time and commitment to organise effective...
Effective multidisciplinary meetings can assist in managing and preventing difficult situations, and also managing and preventing difficult emotions.
Factors that may prompt professionals to instigate a meeting

Many professionals are involved If many people are involved, things can become difficult and input becomes disjointed. A meeting may be useful to co-ordinate the team and join up working. However, if there are too many professionals in the meeting, it can become unhelpful.

Conflicting views Differences can sometimes arise between professionals and/or between professionals and family, so a meeting may be a useful clinical intervention to discuss/share understanding and to resolve any issues.

Team disharmony This can occur in certain circumstances and will affect the effectiveness of input. A team meeting can help resolve this.

Negativity about service If there is any negativity, a meeting can help improve matters, so instigating one should be considered as a potential clinical intervention to positively change the situation.

Ethical dilemmas If these arise, a meeting can be a useful intervention to discuss/reach shared understanding, and agree a way forward.

Difficult emotions If emotions are high, working together can become compromised and difficult. A meeting, if used well, can help manage such emotions.

Difficult decisions If present clinically, a meeting can be a useful way to resolve issues and agree a way forward.

Repeating messages/nothing changing In some situations, things can become stuck, with the consequence that families and professionals continue to go over the same ground without resolution, so nothing changes. A meeting can help stop/prevent this happening.

Misunderstandings A meeting can help resolve misunderstandings between families and professionals, and between professionals. For a meeting to be useful, however, everyone needs to agree and understand its purpose.

No clear diagnosis or plan Clinically, not having a clear prognosis/way forward can be hard for families and professionals, giving rise to difficult emotions. A meeting can be a useful intervention to share feelings. Rather than people continuing in an uncertain and unhelpful loop, a meeting can, even in the absence of a diagnosis, help agree on a way forward.

If a meeting increases or does not improve any of these factors, it would need to be reviewed as part of the meeting or stopped. However, in the authors’ opinion, if used well, a meeting can be a useful intervention in resolving any of the issues discussed above.

meetings, particularly in a community setting, and the authors wanted to consider how to make best use of this in a multidisciplinary format.

Method

Through a process of reflective practice, that is, purposefully reviewing and analysing the events, decisions and interventions made in the index case, the authors shared their observations and conclusions. They began to look at their involvement in this and other meetings in more detail. It was observed that at meetings charged with high emotion there was often significant transference of feeling, parallel processing and mirroring. For example, on occasions when parents felt helpless to change the situation, staff mirrored this by, likewise, feeling helpless to make a difference. On other occasions, the negative attitudes and behaviours of parents were mirrored by negative behaviours among staff.

The authors noted that multidisciplinary meetings seemed useful in resolving or reversing such unhelpful dynamics. They then formalised their reflections on the situation, as described in this article.

Reflections

What makes a multidisciplinary meeting useful For productive meetings to take place there must be good preparation, with clear goals and the purpose and agenda for the occasion agreed. It is also imperative to have an effective chair, who keeps good timing and maintains appropriate boundaries, and who reviews and circulates clearly documented minutes.

A ‘safe’ environment needs to be created, with the appropriate number of relevant people, where information and feelings can be openly and honestly shared and outcomes agreed. The people who need to be present would be based on the clinical objectives of the meeting, which depends on the individual situation; those co-ordinating the meeting need to make an informed judgement about this. The authors’ opinion is that an effective meeting should involve no more than 10-12 people, fewer where possible.

But what factors indicate that a meeting might be a useful intervention (Box 1)? Observations were also made about the need to review meetings and, if these were judged to be ineffective, to change or stop them, as would occur with any intervention. For example, it is generally unhelpful to continue meetings if:

■ The purpose becomes unclear.
■ The negative aspects outweigh the benefits.
■ Content is repeating itself.
■ The process of meeting is not helping resolve the issues.
■ There is significant digression from the aim/s.
■ The original aim/s has or have been achieved.

Other reflections The authors noticed that some meetings helped to change and contain emotion, whereas others did not. For the former to be achieved, the professionals involved needed to be prepared to be open and honest about situations, and about their feelings and reactions. This required preparation, commitment and courage from staff, particularly as the process was likely to create some emotional discomfort. Some staff would therefore need support in managing this and in developing an appropriate skills base; service users present might also need appropriate preparation and support.

The authors concluded that, if managed respectfully and professionally, this type of open
and transparent communication could influence the outcome positively, for example by reducing negative emotion, reducing pressure on staff, improving relationships and enabling the work to progress. As would be the case for any clinical intervention, careful assessment of the situation was seen as essential in making good decisions about the nature and process of the meeting, together with monitoring and evaluation of outcomes.

Final reflections were about the financial costs of meetings: staff costs are high, so this is another motivator for maximising the effectiveness and expanding the potential value of multidisciplinary meetings.

Illustrative case studies
The positive results of useful multidisciplinary meetings in a community children’s setting are illustrated by the following examples, which are based on a combination of cases. Box 2 shows the potential benefit of meetings and the examples evidence this in a community children’s setting. Some details have been changed to protect people’s identities.

**Example 1** Child A had numerous admissions to a children’s hospital in the first year of life, with extensive multi-agency involvement. The child had a serious lung condition, which was not improving. There was disagreement between the family and the professionals about the child’s needs and increasing concern about developmental delay. The family had strong expectations of what should be provided, expectations that often could not be met, and this was negatively affecting relationships within the family, but especially with the professionals involved.

The family also made frequent contact with many professionals, repeating the same concerns to different individuals. Levels of frustration, negativity and anxiety were high all round, relationships were being challenged and misunderstandings were beginning to occur; for example, the parents began to feel that practitioners were purposely withholding services, with the result that staff did not want to see the family and began to talk negatively about them.

A multidisciplinary meeting was triggered when the parents’ anger and frustration were acknowledged, and staff shared their own feelings and motivations regarding local service constraints. As a result, there was a significant positive change in feelings and relationships: the strength of emotions was decreased (shown by less aggressive behaviours and fewer telephone calls from parents), stress was reduced, and relationships were improved (shown by less staff negativity towards the family and fewer visits to the home). The authors discerned that a key element in achieving this was the honest and open communication that had occurred at the meeting.

Although the process was stressful for all involved, without it there would have been a high likelihood of the situation remaining unchanged.

**Example 2** Child B was a boy with a complex heart condition and other life-limiting and life-threatening symptoms; he had several learning and physical disabilities. He, therefore, attended a special school and had contact with numerous agencies, including social care, sensory impairment services and occupational therapy services.

A multidisciplinary meeting was triggered when he began to have unexplained symptoms, similar to epileptic seizures, for which no clear medical explanation could be found. The parents found this stressful and, with so many professionals involved, were finding it hard to co-ordinate information and communication. The situation was having a significant negative impact on the parents’ mental health, with the result that they exhibited increased symptoms of panic, anxiety and obsessive compulsive disorder.

A multidisciplinary meeting was arranged to address the situation. The meeting was useful in improving understanding and management of the unexplained symptoms. Most notably, the parents commented on how helpful the meeting had been.
in containing their anxieties and distress, and consequently asked that such gatherings should be a continuing intervention. Reflection suggested that the meeting helped contain anxiety by:

■ Improving communication and creating a greater shared knowledge across all agencies, practitioners and the family. The parents said that they now thought that all professionals had a ‘whole picture’ rather than a ‘snapshot’ from only one perspective. This was reassuring for them.

■ Making good use of time. For example, the social worker used information from the meeting to aid assessment and review, thereby simplifying this process and reducing pressure and uncertainty for the parents.

■ Increasing awareness of additional supports that the parents could access, which may otherwise have been delayed or missed. For example, the family had been unaware of possible financial assistance for necessary adaptations in the home.

■ Providing a continuing multidisciplinary approach to solve problems. The parents stated that this was invaluable when preparing and planning were required, for example when the child had to undergo surgery, and for maintaining supportive links between healthcare and education services.

■ Reducing isolation. The parents commented that, since the meeting, the team around the child was more apparent to them, helping them to feel well supported and less ‘on their own’. This was a comfort and reduced stress and worry.

The parents continue to comment on the usefulness of the meetings, particularly with regard to managing anxiety.

Discussion
As well as improved communication and effective problem solving, some of the most notable outcomes of multidisciplinary meetings can be the development of a shared, holistic understanding, and also reduction in stress and containment of feelings. The latter are more subtle psychological aspects that are often not highlighted as reasons for holding a meeting, but are arguably essential for an effective service, especially where a child’s medical needs are complex, distressing and long term. To manage difficult emotions, professionals need to be prepared to have respectful, open and honest discussion in meetings, and may require training and support. In Lifetime, the need is addressed through the nursing and psychology teams working closely together.

The reflections of the authors suggest that careful consideration of the rationale and implementation of all multidisciplinary meetings can ensure that these are as effective as possible. Meetings may often be avoided, being seen as time consuming, costly and difficult to organise. However, if implemented effectively, it is arguable that resources, in terms of time and money, are well spent. To maximise the effectiveness of multidisciplinary meetings they should be viewed as clinical interventions in their own right, including assessments, targeting of specific problems, clear rationale for the content and process of the meeting, and built-in monitoring and review.

Conclusion
If the good practice outlined in this article is followed, multidisciplinary meetings can be helpful clinical interventions. This is particularly relevant when:

■ Professionals are based in different locations.

■ The situation is not moving forward.

■ Anxiety or frustration is high, and there is conflict.

When used effectively, multidisciplinary meetings have much to offer from clinical and therapeutic perspectives, as well as from a service perspective, and can assist not only in difficult situations, but also managing and preventing difficult emotions. Staff and service users may need support to manage emotions when meetings are used as a clinical intervention, and services need to think about how best to provide this.

Implications for practice

■ Multidisciplinary meetings can be useful and cost-effective clinical interventions.

■ They can help prevent or manage difficult situations and difficult emotional experiences.

■ Those present may need support in managing their feelings.

■ Services should recognise and address relevant training and support requirements.

References

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