Multidisciplinary team meetings in cancer care – information and meeting structures, leadership, and team members’ contributions

Jessica Wihl

Background
Multidisciplinary team (MDT) meetings provide treatment recommendations based on collective decision-making. Though highly valued among participants, the teams also experience challenges and show variable performance. We aimed to map MDT performance, contribution to case discussions and leadership perspectives with the long-term ambition to improve MDT performance.

Methods
The main data collection method was prospective, non-participant observational assessment based on 7 MDTs. In three of the studies standardized instruments were used; Metric Observational Tool, MOT, in study I, Metric for Observation of Decision-Making, MODe, in studies I and II and A Tumor Leadership Assessment instrument, ATLAS, in study III. These instruments rate various MDT aspects from optimal (5) to suboptimal (1). In study I complementary views from the participants were collected based on an electronic survey and in study IV free-text quotations from MDT meetings were used. Data were collected from a total of 51 MDT meetings; 18 national MDTs for penile cancer, vulvar cancer and anal cancer and 33 regional MDTs for neuro-oncology, sarcoma and hepatobiliary cancer.

Preliminary results
MDT participants provided positive feedback on competence development and more negative feedback on technology, communication of recommendations and team evaluations (study I). Contributions to the case information were predominantly based on case history, radiology and histopathology, whereas patient-related aspects were underrepresented (studies I and II). MDT discussions were predominantly influenced by the chair, surgeons and oncologists with limited contribution from nurses (studies I and II). Case order and leadership skills influenced meeting quality (study II). Leadership skills scored high for time management, case prioritization and treatment plans, but lower for facilitation of case discussions, encouragement of team member contributions and keeping the meeting focused (study III). Consideration of medical and non-medical information varied; information on comorbidity was provided in 48%, non-medical factors in 4–8% and patient preferences in 4%, suggesting a need for reporting standards (study IV).

Significance
The studies have revealed unbalanced contributions to case presentations and discussions during MDT meetings, defined strengths and weaknesses related to leadership skills, point to needs to define key information elements and have stimulated MDT development work.

Publications: