Young GI Angle

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Young GI Angle: Holding an effective GI multidisciplinary team meeting

A fundamental element of gastroenterology is the multidisciplinary team meeting (MDT) where patients with complex presentations or management strategies are reviewed by clinicians and allied health-care providers. Here, we highlight our perspectives on how to hold a MDT session with maximum benefit.

Neel Sharma (junior perspective):

1. Prepare a succinct case presentation. Time during these meetings is at a premium with many cases to be discussed. Ensure you have constructed a concise summary with a relevant medical history, symptoms, latest investigations and treatment successes and failures. This helps to focus the case on investigations not done or treatments not tried. Otherwise, each case will be overly prolonged, and the question to the MDT as to the next best step in terms of patient management will be lost.
2. Ensure you listen carefully to the MDT nurses. Nurse specialists at the MDT typically engage with these complex patients more regularly than clinicians. They receive telephone updates and undertake longer consultations with patients, often on a holistic level. They might better understand the patient's angle and often their wishes. Hence, even if as a clinician you feel that medical treatment or surgery is warranted, patients may simply not be keen. MDT nurses typically have a deeper connection with patients in terms of their expectations.
3. Regularly discuss research opportunities. Many patients at a MDT may benefit from entering upcoming research trials which members may not be aware of. Keep highlighting these options to ensure patients can benefit not just from current treatment choices but potentially from more beneficial ones. There may be novel treatments in health care that are at preliminary testing stages, but in order to allow their advancement, they must be made available at the MDT as options.

Evelien Dekker (senior perspective):

1. During the MDT, gastrointestinal trainees should be clear as to what they feel should be the optimum treatment choice. Sometimes, this is not easy, particularly in a room full of senior clinicians. However, bear in mind that there is often no right answer, and bringing different treatment perspectives allows the members of the MDT to reach a consensus once all information has been presented to them. For example, in a presumed case of inflammatory bowel disease (IBD), have other differentials been considered? Is it really a flare of Crohn's, or could there be an infective cause? Has a full travel history been considered? Could the cause be ischaemic, and has a full cardiovascular history been taken? Could this disease be medication induced – have we asked about non-steroidal anti-inflammatory use, for example? All clinician-based perspectives help to understand the diagnosis better and reach the right treatment plan. Therefore, even though you may be inexperienced in years, sometimes a more youthful outlook helps to provide seniors with fresh perspectives. Be daring and speak up!
2. Keep the patient in mind always. This is often forgotten during MDT discussions. Remember, just because you are a clinician with a specialist interest doesn't mean that a tunnel-vision approach should be taken. Has anyone during the MDT reminded members to ensure pushing for certain interventions may not be in the patient's best interest. For example, a 90-year-old with multiple co- morbidities may not be the best candidate for surgery for IBD. What are their expectations, and also have family members who may be the advocate for the patient been informed? Remember, the MDT is not about the clinician and their desires but about the patient.
3. Every MDT decision is a legal one. It is important to ensure full and accurate documentation. This should include all team members present. The final outcome should be recorded and checked to ensure it is the right one. Often, in the multitude of discussions that takes place, it may not be clear what the final outcome should be. Ensure accuracy in this regard. If the decision for cancer treatment is not following general guidelines and/or local protocols, make sure the rationale for this is clearly stated. This helps to ensure that for future discussions one can understand why previous treatment choices were made. Each centre has a designated scribe who documents the MDT outcome. This may be the specialist

nurse or junior doctor. Allow time for clarification on what to document if required. The chairperson of the MDT may also act as a useful guide here to clarify the discussion and documentation accordingly.

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