

Multidisciplinary team meetings

Multidisciplinary **team meetings** (MDT) are **meetings** that bring together **professionals** from different **disciplines** to discuss and collaborate on the **care** of a patient or group of patients. These **meetings** are a crucial part of **patient-centered care**, as they allow for a comprehensive and coordinated approach to treatment and management.

MDT meetings typically include professionals from a variety of disciplines, such as doctors, nurses, pharmacists, social workers, physical therapists, occupational therapists, and others, depending on the needs of the patient. The goal of these meetings is to share information, discuss treatment options, and develop a coordinated care plan that meets the needs of the patient.

The benefits of MDT meetings include:

Improved patient outcomes: By bringing together professionals from different disciplines, MDT meetings can help ensure that all aspects of a patient's care are considered and addressed, leading to improved patient outcomes.

Increased collaboration: MDT meetings facilitate collaboration between professionals, allowing them to work together to develop effective treatment plans.

Better communication: MDT meetings provide an opportunity for professionals to share information and clarify any misunderstandings, leading to better communication and fewer errors.

Cost-effective care: By improving coordination and avoiding unnecessary duplication of services, MDT meetings can help reduce healthcare costs.

Overall, multidisciplinary team meetings are an important tool for delivering patient-centered care and improving patient outcomes.

The integration of multidisciplinary team meetings (MDTMs) for neurosurgical care has been accepted worldwide. Our objective was to review the literature for the limiting factors to MDTMs that may introduce bias to patient care.

Methods: The Preferred Reporting Items for Systematic Reviews and Meta-Analysis was used to perform a literature review of MDTMs for neuro-oncology, pituitary oncology, cerebrovascular surgery, and spine surgery and spine oncology. Limiting factors to productive MDTMs and factors that introduce bias were identified, as well as determining whether MDTMs led to improved patient outcomes.

Results: We identified 1264 manuscripts from a PubMed and Ovid Medline search, of which 27 of 500 neuro-oncology, 4 of 279 pituitary, and 11 of 260 spine surgery articles met our inclusion criteria. Of 224 cerebrovascular manuscripts, none met the criteria. Factors for productive MDTMs included quaternary/tertiary referral centers, nonhierarchical environment, regularly scheduled meetings, concise inclusion of nonmedical factors at the same level of importance as patient clinical information, inclusion of nonclinical participants, and use of clinical guidelines and institutional protocols to provide recommendations. Our review did not identify literature that described the use of artificial intelligence to reduce bias and guide clinical care.

Conclusions: The continued implementation of MDTMs in neurosurgery should be recommended but cautioned by limiting bias ¹⁾.

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Anokwute MC, Preda V, Di Ieva A. Determining Contemporary Barriers to Effective Multidisciplinary Team Meetings in Neurological Surgery: A Review of the Literature. World Neurosurg. 2023 Feb 7;172:73-80. doi: 10.1016/j.wneu.2023.01.079. Epub ahead of print. PMID: 36754351.

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