A Protocol for Multidisciplinary Team Communication
Introduction

It has been well documented in the National Institute for Clinical Excellence publications on cancer services that good communication is a prerequisite to enable patients to make an informed decision about their care. Communication in which patients are encouraged to participate and to direct the flow of the communication is likely to result in improved patient outcomes (National Institute for Clinical Excellence, Improving Supportive and Palliative Care for Adults, 2004). Effective Healthcare (1998) highlights that dealing with cancer can involve patients having to make difficult choices, therefore effective communication is essential to ensure that patients who wish to make informed decisions are able to do so.

Scope

The National Cancer Standards for Wales (2005) state that each multidisciplinary team should agree a communication policy which details:

a. Communication between members of the team.
b. Communication between the team members and the patients and their carers.
c. Communication skills training for team members with direct contact especially in breaking bad news.
d. Adequate time for patients to consider treatment options.

Therefore to support the multidisciplinary team in achieving compliance with the Welsh Assembly Government’s National Cancer Standards for Wales this document offers guidance on multidisciplinary communication which covers all aspects of the patient pathway.

2 Effective Healthcare (1998)
3 Welsh Assembly Government (2005), National Cancer Standards for Wales
SE Wales Cancer Network – November 2008

**Communication Pathway**

- **Presentation**
  - **Objective**: GPs are trained to deliver bad news to patients.
  - **Outcome**: All patients referred with a suspicion of cancer are dealt with promptly.

- **Referral**
  - **Objective**: GPs are trained to refer patients to the appropriate MDT member.
  - **Outcome**: All patients referred with a suspicion of cancer are dealt with promptly.

- **Tests and Investigations**
  - **Objective**: The MDT discussion is communicated to the patient.
  - **Outcome**: The patient’s diagnosis will be communicated to the patient effectively in a manner that supports their understanding.

- **Diagnosis**
  - **Objective**: The MDT discussion is communicated to the patient.
  - **Outcome**: The patient’s diagnosis will be communicated to the patient effectively in a manner that supports their understanding.

- **MDT Discussion**
  - **Objective**: The MDT discussion is communicated to the patient.
  - **Outcome**: The patient’s diagnosis will be communicated to the patient effectively in a manner that supports their understanding.

- **Treatment**
  - **Objective**: The patient’s definitive treatment is co-ordinated and managed by the MDT.
  - **Outcome**: Patients feel supported throughout their care pathway.

- **Palliative Care**
  - **Objective**: Patients need for support are discussed at the MDT meeting and the outcome of the discussions are communicated to the patient.
  - **Outcome**: Effective communication between MDT members and the patient is key to the delivery of supportive and palliative care services.

- **End of Life**
  - **Objective**: MDT’s support and implement a managed system to ensure best practice for the care of the dying.
  - **Outcome**: To ensure the needs of the dying are addressed.
Professional Responsibility

The multidisciplinary team should identify who will communicate with the patient at significant points along the patients’ treatment pathway.

Multidisciplinary team members should attend regularly professional development sessions which focus on communication skills training which should include:

i. Communication with patients, families and/or carers;
ii. Communication between team members;
iii. Breaking bad news.

The Consultation

Timing of Consultation
The consultation should take place as soon as possible after diagnosis has been confirmed or a treatment plan agreed.

The consultation should be at a time suitable to the patient, family or carer and the appropriate member of the MDT.

The time allocated for the consultation should allow patients and carers the opportunity to fully understand the information that is being given to them and for questions to be asked.

Environment
A consultation which involves communication of significant news should take place in a dedicated environment which is private, quiet and comfortable. This facility should be available in both in-patient and out-patient settings.

At consultation appropriate actions should be taken to prevent interruptions, this should include diverting mobile phones; delegating bleep devices to a colleague; and informing members of staff that interruptions will not be permitted.

Patient Support
An assessment of the patient’s capability to understand the information that is being communicated to them should be undertaken prior to the consultation. Where necessary, arrangements, such as the provision of an interpreter should be made available at the time of consultation.

At the time of the consultation patients should have the opportunity to be accompanied by a friend or relative, information about the patient should only be shared with carers or family members with the permission of the patient.

The spiritual and cultural needs should be acknowledged by the MDT professional within the consultation environment.

Language
The information given during the consultation should be delivered in a way that the patient/carer can easily understand. The use of jargon and technical terms should be avoided unless fully explained. Euphemisms should be avoided as they can be misleading or ambiguous.
Body Language and Appearance
The impact of body language and appearance should not be underestimated. Posture, style and manner will affect the progress and outcome of the consultation, therefore body language throughout the consultation should convey a complete focus on the patient.

Scope of the Consultation
The information conveyed during the consultation should be appropriate to the individual patients’ needs at that particular point in their care pathway. The professional should explore the knowledge of the patient and make a professional judgement as to how much information the patient would like to receive during the consultation.

To ensure patients can make an informed decision about their treatment and care, it is fundamental that they receive accurate information about their disease and the options available to them.

Close of Consultation
The professional should offer the patient verbal and written information to support the consultation discussion. The contact details of the named member of the multidisciplinary team member should be given to the patient should further clarification, support and advise be required.

Written Information
The multidisciplinary team should agree clearly defined information pathways which run in parallel with treatment pathways. There should be clear documentation of the information that has been offered and received by the patient at each point along their cancer journey.

Written information should include:

- Background information about the specific cancer.
- Details of Treatment Options
- Information about the MDT and support services
- Details of local self help and support groups and other appropriate organisations
- Generic information about benefits advice, employment rights etc.

The multidisciplinary team should designate responsibility for the availability, suitability and content of written information which is offered to patients.

Multidisciplinary team members should be aware of how to access appropriate information for patients with special needs in relation to language, culture, and physical or learning difficulties. If necessary, special needs should be referred to the Cancer Network Information Officers for resolution.

A designated person/s should be responsible for ensuring that generic information is generally available in appropriate wards/outpatient areas and is checked and replenished on a regular basis.