

The multi disciplinary team impacted on quality of care



* Describe a clinical case you have observed where there has been a multi-disciplinary approach to discharge planning. Describe how the interactions between the multi-disciplinary team impacted on the quality of the patient's care. What have you learned from this experience about effective multi-disciplinary team working and how will you put this into practice as a foundation doctor?

Answer 1) During a multi-disciplinary meeting in the mental health ward, several people including the psychiatrist, pharmacist, staff nurse, occupational therapist, community psychiatric nurse and social worker were involved. They were discussing about the discharge plan of a patient with bipolar disorder.

Each member contributed their opinions on different aspects of the patient. This includes the medication, mood, behaviour, social setting and the ability to cope. The team members then discussed about the weekend pass and possibility of discharge. This multi-disciplinary approach ensures patients receive the best quality of care, prevention of life-threatening side effects of medication and possibility of the patient getting discharged sooner to adapt to the life outside the hospital.

From this, I learned that effective multi-disciplinary team working involves appreciation of the skills, knowledge and opinions of others. It requires clear understanding and looking at the patient as a whole.

As a foundation doctor, I would be able to work in teams and value the opinions of my colleagues when providing treatment and management. It is important to consider the physical and social aspects of the patients when

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planning treatment and discharge. I would ensure accurate recording in patients' files and clear understanding within and outside the team.

Answer 2) During a breast cancer multi-disciplinary team meeting, several people including the breast surgeons, the pathologist, the radiologist and the oncologist were involved.

There was a brief introduction of the patient, including the age, comorbidities, site, size and grade of tumour. During the meeting, all members contributed their opinions to the treatment plan looking at different aspects of the patient. The plan includes the type of surgery, the need for chemotherapy and discharge. This approach ensures the patient to receive the best quality of care as all members contributed to come up with an individualised treatment plan. This is important as the patients are different in terms of the disease itself and their physiological fitness.

I learned that effective multi-disciplinary team working involves appreciation of the skills, knowledge and opinions of others. It also requires clear understanding and looking at the patient as a whole.

As a foundation doctor, I would be able to work in teams and value the opinions of my colleagues when providing treatment. It is also important to consider the physical and social aspects of the patients when providing treatment. I would ensure accurate recording in patients' files and clear understanding in and outside the team.

3) Learning happens in a variety of contexts, some of which are opportunistic and some of which are planned.

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* Describe a clinical situation which provided you with an opportunistic learning experience. What approach did you take to consolidate and extend this learning? Compare this approach to how you may follow up a planned learning experience. How will you use these experiences of learning to improve the quality of teaching others?

I was in the neurology clinic and the consultant used a vertebrae model to explain the anatomy of the neck and the mechanism leading to spondylolisthesis.

I was very enthusiastic and the consultant encouraged me to teach my colleagues several topics during the next tutorial. I studied the topics well and made notes in an organised way so that my colleagues would understand my teaching better. I gave my colleagues information in small chunks and summarised as I went along, answering queries at the end. Apart from consolidating my knowledge, this has boosted my confidence level.

In a planned learning experience, I would ask questions about things which I had not understood previously. Then I would read further details to complete my learning.

In the future, I would ensure my knowledge and skills are up to date to maintain competency before teaching others. I would supervise the medical students during history and examination of patients. I would encourage them to think of the differential diagnoses and management. It is important to assess their performances and give feedback. Then, I will check their understanding and answer any queries. This is followed by tasks to read up on to enhance their knowledge.

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4) Being able to prioritise tasks is an integral competence of a practising doctor and may be challenged by many factors.

* You are the only foundation doctor on a busy surgical ward, and you feel under pressure to complete the tasks expected of you. A foundation doctor from another surgical team asks if you will hold their bleep for the second time this week as they want to go to theatre to observe an operation. What would your initial response be to your colleague? What factors would influence this response? If you had to hold the bleep, how would you prioritise the tasks? What additional learning needs does this situation highlight for you?

I would be honest and tell him that I am feeling under the pressure and may not be fit enough to manage the amount of workload.

I would further explain that stress can lead to mistakes which compromise patient's safety which is my first priority. Furthermore, the patients will not receive the optimum care they deserve in such situation.

If I were to hold the bleep, I would make a job list and prioritise tasks in the order of urgency. I would make sure I get enough information about the patient and the treatment they need as this helps me anticipate and be prepared for the likely events to happen. The investigations and treatments will be based on clinical needs and will be carefully recorded in the patients' files. I would also ask for senior's help if it is not within my capabilities. I would also ensure proper handover and effective communication before I leave.

This situation highlighted the importance of time management as there is a need to ignore unnecessary distractions to save time. The other learning point is to recognise early signs of fatigue and stress to prevent mistakes being made.

5) Communicating information to patients can be a complex undertaking.

* Describe a clinical consultation that you have observed where the specific cultural, social or family circumstances of the patient posed additional challenges. Identify the techniques used within this consultation that contributed to this patient's experience. What other approaches could have been used in this situation? What did you learn from this which you can apply to your future clinical practice?

In the accident and emergency department, I clerked a patient who was sent to the hospital after having a seizure. The patient demanded to leave the hospital immediately as her disabled daughter is at home alone. I was sensitive towards her situation and asked for a senior medical staff's help.

During the consultation, the doctor listened and responded to her concern in a sensitive manner. The doctor explained about her situation and the need of investigations and possible treatments before she makes a decision. Finally, the patient agreed to stay.

The other approach in this situation is to ask if there is anyone available to take care of her disabled daughter while she is in the hospital. It is also appropriate to get urgent outpatient follow up and encourage patient to get

help from social workers. If the patient insists to leave, then the healthcare professionals must respect the patient's decision.

In future clinical practice, I would ensure good communication by giving information in a way the patients can understand. It is important to explore patients' concerns and views before making a decision. The management must be tailored by considering the disease, patients' views and their personal circumstances.

6) Essential attributes of a foundation doctor are the ability to deal effectively with pressure and the ability to prioritise tasks.

* Describe two different personal achievements to demonstrate that you possess both of these qualities, relating each achievement to a single attribute. For each attribute, give one specific example of how your achievement can contribute towards improving your performance as a foundation doctor.

During an exam week, I made several trips to the hospital due to abdominal pain. I was under immense pressure as I spent most of my time in the hospital and being in discomfort. I took small steps and revised by going through the key points in a checklist. Despite all the pressure, I made sure I had enough sleep and remained calm. I sat for the exam and eventually passed.

Next, my father's employee fell sick and I had to take over her job. I attended lectures in the morning and met up with my father's clients in my free time to discuss business matters. At night, I would revise materials to

keep track with my learning objectives. Despite all that, I did well in assessments and even managed to increase the company's sales.

My ability to deal effectively with pressure and prioritise allows me to perform at my best as a foundation doctor. This ensures I would not jeopardise my patients' safety.

I know how to prioritise my patients based on needs. I have excellent time management skills which enables me to get jobs done without affecting my performance.