TOPIC 1

Multidisciplinary care

To provide care that is responsive to the complex and multifaceted needs of individuals with a life-limiting illness, it is important to understand the functions and processes associated with a multidisciplinary approach to care.

OVERVIEW

TOPIC 1: A multidisciplinary approach in palliative care will help you develop the skills needed to work effectively within the context of a multidisciplinary team when providing care to people with life-limiting illnesses and their families.

AIMS & OBJECTIVES

After completing this focus topic, you should be able to:

- discuss the key principles and components of an effective multidisciplinary approach in responding to the needs of individuals with life-limiting illnesses
- identify the role of the multidisciplinary team in caring for people with life-limiting illnesses and their families
- analyse the various care contexts and the roles of the multidisciplinary team in caring for people with life-limiting illnesses.

SECTION 1 Principles of a multidisciplinary approach

ACTIVITY 1: What is a multidisciplinary approach to care?

THINKING POINTS

1. In your own words describe what is meant by multidisciplinary care.

2. Describe an example from your own experience where a multidisciplinary approach to care was provided. In thinking about this example, identify:

   a) Who was involved

   b) Why this approach was used

   c) What benefits were achieved by this approach

d) What challenges were associated with this approach.

ACTIVITY 2: Betty's story

THINKING POINTS

1. What does Betty raise as her main concerns?

2. What goals of care might be identified following Betty's discussion?

3. Which health professionals do you think would need to be part of the multidisciplinary team that cares for Betty as her disease progresses?

ACTIVITY 3: Principles of multidisciplinary care

THINKING POINTS

1. Consider the principles and strategies relating to Patient Defined Goals of Care, and Ongoing Information and Communication described in this section. In terms of your own profession, what specific activities can you implement to ensure these principles are demonstrated in a multidisciplinary team context?

SECTION 2 Planning multidisciplinary care

ACTIVITY 4: Patient-centred care planning

THINKING POINTS

1. When and how can patient and caregiver input be facilitated in the care planning process?

2. What strategies can be used to ensure the contribution of a range of different service providers is optimised when planning multidisciplinary care?

ACTIVITY 5: The multidisciplinary team

THINKING POINTS

1. What are some of the challenges that can impact upon team effectiveness and functioning?

2. What strategies can be used by multidisciplinary team members to ensure:

a) Clear definition of tasks and responsibilities

b) Recognition of and respect for the contribution of each team member

c) Clear communication?

3. What additional strategies can be implemented help a team function effectively?

ACTIVITY 6: The team meeting

Betty hateam plans to discuss Betty as her kidney disease has now progressed to stage 4

THINKING POINTS

1. What are the objectives of the team meeting?

2. What is the role of the facilitator of the team meeting?

3. What are the care-planning considerations discussed in the video?

ACTIVITY 7: Ongoing information and communication

THINKING POINTS

1. What contribution was made by each team member at the meeting?

2. What examples of collaboration between the team members are demonstrated?

3. What documentation and communication principles are evident:

   a) Within the team

   b) To occur following the meeting?

4. What recommendations would you make for improving communication and collaboration between team members?

SECTION 3 Providing multidisciplinary care at the end-of-life

ACTIVITY 8: Betty's disease progresses

THINKING POINTS

1. What are Betty's main concerns now that her disease has progressed?

2. How are her concerns different from those she highlighted in the first scene?

3. What are some of the community and social supports that may help Betty as her disease progresses?

4. How can the roles and responsibilities within the care team change as Betty's disease progresses?

ACTIVITY 9: The team implements an end-of-life care plan

THINKING POINTS

1. Leanne suggests holding a case conference with the GP and the community palliative care team to address Betty's end of life needs. Write an agenda for this case conference - include key priorities and the team member responsible for each.

2. How might the outcomes of this team meeting be communicated to Betty and her family?

3. From the perspective of your own discipline, what role can you have in Betty's care now as her illness has progressed to the end of life care stage?

ACTIVITY 10: Standards of care

THINKING POINTS

1. Review the S*tandards for Providing Quality Palliative Care for all Australians,* particularly pages 23-40, and identify:

   a) Those standards that articulate with a multidisciplinary care approach?

b) how achievement of the standards can be monitored by the multidisciplinary care team?

ACTIVITY 11: Alan's perspective

THINKING POINTS

1. Summarise how each of the following elements have been addressed in Betty's multidisciplinary care planning and provision:

a) Involvement of Betty and Alan in care planning

b) Continuity of care

c) Care coordination.

2. What is the role of the multidisciplinary team following Betty's death?

3. Investigate the bereavement services available in your area. You may find information through the local council, hospital, community centre or palliative care service. Describe the details of services available.

SECTION 4 Reflections on what you've learnt