Multidisciplinary Care

Multidisciplinary Versus One-on-One Setting: A Qualitative Study of Clinicians' Perceptions of Their Relationship With Patients With Prostate Cancer

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Abstract

Purpose: Previous studies indicate that a multidisciplinary approach could be suitable for dealing with the complex issues faced by physicians in the management of prostate cancer; however, few studies have investigated clinicians' perceptions of multidisciplinary care. Our aim was to evaluate clinicians' perceptions of the patient-clinician relationship in a multidisciplinary context, and to compare this with physicians' perceptions of providing care independently.

Methods: A qualitative observational study was performed in 2009. Three radiation oncologists, three urologists, three medical oncologists and one psychologist from the multidisciplinary clinic (MDC) team at the Prostate Program of Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy, were interviewed to assess their perceptions of their relationship with the patient.

Results: Clinicians reported that the MDC has advantages regarding providing patients with more accurate information and acquiring information from patients, but a clear preference for a multidisciplinary setting did not emerge. Clinicians reported that in one-on-one examinations (1) they feel more comfortable listening to the patient and more able to manage communication, and that (2) the process of building trust is easier.

Conclusion: Clinicians appear to recognize the value of the MDC in terms of effective communication with patients but feel that other aspects of relationship building are hindered in a multidisciplinary setting. Organizational and teamwork issues need to be addressed to optimize the implementation of a multidisciplinary approach.

Introduction

Prostate cancer (PCa) management involves several complex issues for both clinicians and patients because of its unpredictable path.[1-4] A thorough evaluation is necessary to implement well-balanced therapeutic options in terms of clinical and personal cost and benefits, and to avoid overtreatment with its consequential adverse effects and toxicities.[5,6] Other aspects that emphasize the complexity of PCa clinical management are that (a) within the same risk class, there are no substantial differences between the therapeutic options (surgery, external radiotherapy, and brachytherapy) in terms of outcome,[6] and (b) some patients may also be offered watchful waiting or active surveillance.[7,8] In choosing their treatment, patients are required to consider how they will deal with the adverse effects of therapy as well as social and affective issues.[9,10] As a consequence, the management of PCa gives rise to theoretical and practical issues that physicians must deal with in their everyday practice. Previous studies indicate that a multidisciplinary approach could be suitable for dealing with these complex issues.[11-20]

In 2005, the Prostate Program Multidisciplinary Team at Fondazione IRCCS Istituto Nazionale dei Tumori in Milan, Italy, implemented a patient-centered multidisciplinary clinic (MDC), which includes the following phases: (1) a clinic at which the patient meets a urologist, radiation oncologist, medical oncologist, and psychologist, all at the same meeting; and (2) a weekly case discussion meeting, during which all previous MDCs are reviewed to check adherence to institutional guidelines.

Some of the challenges of implementing an MDC are related to the quality of the relationship and communication between all persons involved.[21-26] In the MDC, the nature of the doctor-patient relationship shifts from being a one-on-one experience, in which a physician guides their patient to the treatment they feel is most appropriate, to a collaborative approach, characterized by the sharing of knowledge about the disease between multiple doctors and the patient.[23,24] A collaborative approach would require a paradigm shift on the part of the clinicians to adhere to the spirit of the MDC. The culture of medicine often emphasizes physician independence, with relatively little focus on collaborative decision making.[27] Although the existing literature highlights the benefits of a multidisciplinary approach, few studies have examined the providers' perspective of multidisciplinary care.[25,26,28]

Methods

Our research group performed a qualitative observational study in 2009 to evaluate the clinicians' perspective on the relationship with their patients in the context of phase 1 of the MDC

(1,472 MDCs were performed in the period 2005-2009). This article refers specifically to that time of the MDC.

A psychologist (A.L.S.) administered a semistructured interview to three radiation oncologists, three urologists, three medical oncologists, and one psychologist involved in the MDC (age range, 35 to 61 years). The interviews were conducted using a loose structure of open-ended questions that defined the area to be explored.[29] The open-ended questions provided a flexible framework for investigating participants' perceptions of the clinician-patient relationship, and allowed the interviewee to digress to pursue an idea in more detail. Interviews were recorded and then transcribed verbatim. A content analysis was performed using paper-and-pencil methodology.[30] Data analysis involved an initial review and line-by-line coding of the transcripts. Significant "units of meaning" (phrases, sentences, paragraphs) were highlighted, and interpretative codes were created.[31] The researcher that conducted the interviews and a second psychologist (S.D.) independently coded the text and then compared their coding until joint agreement was found. We consider that this interview framework enabled us to reach the so-called "saturation" point, that is, the point at which no new information or themes are observed in the data.[32]

The research question focused on the aspects that clinicians considered important in their clinical practice in terms of their relationship with the patient ("What aspects of interpersonal relationships do you believe are crucial in dealing with PCa patients in order to optimize clinical work?"). Interviewees were also asked to rank in order of importance the different aspects of the clinician-patient relationship they had mentioned. Finally, clinicians were asked to compare the one-on-one context with the MDC and state the setting they believed to be more advantageous in terms of optimizing their relationship with the patient. Additional investigation dealt with what clinicians believed to be necessary to improve the MDC in terms of their relationships with patients.

Results

Table 1 shows the frequencies and order of importance of the codes that emerged when clinicians were asked about the important aspects of their relationships with patients with PCa. Table 2 shows the various codes and the clinicians' preference for one-on-one examination or MDC.

Discussion

The multidisciplinary team members reported that they feel advantaged in the MDC in terms of the transfer of crucial and accurate information regarding the disease and its treatment ("We can provide broader information," "More persons listen to the patient"). Nonetheless, we could not identify a clear preference for the MDC because clinicians also reported that they feel more advantaged in the one-on-one situation or that they feel equally advantaged, in terms of the clinician-patient relationship, in both the multidisciplinary and one-on-one approaches.

Clinicians reported that in one-on-one examinations they feel more comfortable listening to the patient and more able to manage communication and the relationship ("A one-on-one relationship with the patient helps me to get to know him better," "I am more able to concentrate when listening to the patient"). Clinicians also reported that the process of building trust is easier in the one-on-one setting ("He has only one person to refer to and so it is easier for him to invest in that relationship"). This last result appears counterintuitive because patients should feel reassured that the specialists caring for them are working together and are carefully considering treatment options from different perspectives.[33]

Interestingly, clinicians emphasize that some aspects that contribute to optimization of the relationship with the patient (eg, optimism, responsibility, competence, and listening) are individual characteristics—that one either possesses or does not—that they do not believe to be significantly influenced by the context. Clinicians did report that MDCs enabled them to optimize the quantity and quality of information provided to patients and their families ("The patient has the information he needs "online" and can immediately clarify any doubts"), but at the same time, did not state that a multidisciplinary setting makes a difference in terms of effective communication ("You must have communication skills").

Despite the fact that physicians recognize positive aspects in MDC, in several cases, they showed a clear preference for one-on-one examination ("There is less confusion in a one-on-one examination," "If I am the only one speaking, I am sure of what the patient understands and what they do not," "In MDCs, the information you provide is qualified also by what other clinicians say . . . I am not sure how much gets through to the patient"). A one-on-one setting is also preferred in terms of the time that can be granted to patients ("If I am by myself and I decide to stay two more minutes with a patient, I can do it and that's it"), although it has been reported that the multidisciplinary composition of a team increases the likelihood that patients are offered the most appropriate treatment for their condition.[34-38]

The manner in which a multidisciplinary team functions is complex. Despite the fact that teamwork is an efficient and productive way of achieving goals and results, several barriers exist that prevent its potential from becoming fully exploited.[33]

In accord with the findings of previous studies, clinicians at the Prostate Program highlighted several barriers that need to be addressed to optimize their relationship with patients: (1) relationships between team members should be improved, (2) more institutional resources should be made available, and (3) organizational and coordination skills (particularly the presence of a recognized leader) should be enhanced.[39-43]

It could be argued that clinicians recognize the value of the MDC but that organizational and teamwork issues need to be addressed to facilitate the implementation of a multidisciplinary approach. The literature suggests that professional specialization has led to a fragmentation among professions, which is likely to result in staff members being unable to approach problems holistically.[44,45] It would be

Table 1. Codes and No. of Interviewees Who Listed Them as Important, in Order of Importance

Code	No. of Respondents (N = 10)	Order of Importance				
		1st	2nd	3rd	4th	5th
Providing clear information to the patient	6	1	4	1		
Building trust with the patient	4	2	1		1	
Listening to the patient	3	2		1		
Accepting the patient	3	2				1
Being tolerant with the patient	3	2			1	
Acquiring clinical information from the patient	2		1	1		
Having more time for clinical practice	2		2			
Developing empathy toward the patient	2		1	1		
Keeping one's (clinician's) emotional stability	1	1				
Being affective with the patient	1	1				
Being able to accept one's (clinician's) limits	1		1			
Forming an idea of the patient's personality	1				1	
Being optimistic (clinicians)	1		1			
Empowering oneself and the patient	1		1			
Enhancing professional competence	1	1				
Reassuring the patient	1					1
Satisfying the patient's needs	1	1				
Respecting the timing of the examination appointment	1					1
Developing the ability to observe the patient	1			1		

NOTE. Nos. in the Order of Importance columns indicate the No. of clinicians who indicated that level of importance for each particular code.

Table 2. Comparison of Clinicians' Preference Between MDC and One-on-One Examination Regarding the Patient-Clinician Relationship[2]

Code	No. Who Reported Advantage in One-on-One Examination	No. Who Reported Advantage in MDC	No. Who Reported Advantage in Both
Providing clear information to the patient	1	3	2
Building trust with the patient	3		1
Listening to the patient	1		2
Accepting the patient			3
Being tolerant with the patient	2		
Acquiring clinical information from the patient	1	1	
Having more time for clinical practice	2		
Developing empathy toward the patient	2		
Keeping one's (clinician's) emotional stability	1		
Being affective with the patient			1
Being able to accept one's (clinician's) limits			1
Forming an idea of the patient's personality	1		
Being optimistic (clinicians)			1
Empowering oneself and the patient			1
Enhancing professional competence			1
Reassuring the patient			1
Satisfying the patient's needs			1
Respecting the timing of the examination appointment	1		
Developing the ability to observe the patient	1		

Abbreviation: MDC, multidisciplinary clinic.

interesting to see whether young clinicians who may be more accustomed to a multidisciplinary approach would answer the interview questions in a different way. Our feeling is that in Italy, the multidisciplinary perspective is still somewhat new, even to younger professionals, who in any case are trained by an older generation of clinicians accustomed to working in a one-on-one setting. The present study did not address this possibility.

Collaboration among caregivers is recommended as a way of providing holistic care, because the skills, experience, and knowledge of the team members are pooled to produce the best outcome.[46,47] Moreover, multidisciplinary care could achieve greater resource efficiency and improve standards of care through a reduction in duplication and gaps in service provision, enabling the delivery of holistic services[48] and better continuity of care. A belief that the success of health care is due to individual abilities can be helpful for some patients at certain times, although many services can no longer afford the duplication, delays, and mistakes that can occur when professions do not work together.[48]

Summary

Clinicians who are members of the multidisciplinary team at the Prostate Program acknowledge that the MDC may need to offer a consistent and overall solution to different issues that emerge in relation to the treatment of patients with PCa, such as (1) patients must be informed in a clear and knowledgeable manner; (b) explanations from more than one physician may be necessary; and (c) the setting should take into account the patient's physical and psychological comorbidities relative to available treatment options, compliance, and cultural factors. Nonetheless, our evaluation of the pros and cons of the multidisciplinary approach indicates that the dynamism inherent in multidisciplinary care represents a challenge, which may explain why clinicians appear to prefer communication in a one-on-one setting. In fact, multidisciplinary management focuses not only on the dynamic of the patient-doctor relationship, but also on the dynamics among doctors. These relationships promote constant improvement in technical knowledge, thanks to continuous discussion among the participants; however, the functionality of the exchange and the relationships is linked to the development of teamwork and communication skills among MDC members. A common understanding of what teamwork should involve could eventually facilitate communication in educational, research, and clinical settings. Praising the value of teamwork, without a common understanding of what this concept represents, endangers research into this way of working and compromises its effective use in clinical practice.[47]

Research is needed regarding patients' perception of MDC. Further investigation in this direction is underway, which will enable us to test for consistency between clinicians' and patients' perspectives, with the aim of optimizing care procedures for patients with PCa.

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