

Multidisciplinary Treatment Teams in Inpatient Psychiatric Hospitals:

A Literature Review

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Abstract:

This literature review aimed to study the current state of research regarding standardization practices of inpatient psychiatric treatment teams, or multidisciplinary teams (MDT), and whether they have any positive effect on general patient outcomes. Three primary themes were developed to identify relevant research in the literature review, including: [1] quality improvement or impact on patient outcomes, [2] multidisciplinary teams, [3] medical rounding. Only 9 of 125 relevant articles via PubMed and MeSH searches pertained to the field of psychiatry but these results were cross referenced for suitable papers. What we found included research exploring various aspects of the MDT. Kanerva et. al. (2015) focused their research on team dynamics including communication, while Fitchner, Stout, Dove, et.al. (2000) focused on leadership roles; both groups gathered qualitative data. Mattinson & Cheeseman (2008) attempted standardization of such MDT's with their own checklist model, abbreviated SCAMPER. The feedback was promising but lacked quantitative data to support it. The literature was also reviewed for current practices in psychiatry, including how multidisciplinary treatment teams and/or ward rounds are operated and who is included. Per the current body of literature, psychiatry has yet to produce an empirically supported multidisciplinary treatment team structure or method that reduces patient risks and improves overall patient care that would be considered best practice. Research has been focused on subjective improvements with lack of objective measurable data to support the current models of psychiatric inpatient treatment teams.