INTRODUCTION

Today, it has become common practice that an interdisciplinary/multidisciplinary team of clinicians, instead of a single doctor, often manages the care of an individual patient. This is especially true in complex or difficult cases, when decisions are being made. For example, when determining the disease stage in a cancer patient, or when planning a treatment strategy that involves concurrent or sequential treatments of different modalities several specialities are involved and synchronous interaction among these professionals is preferred.

Typically this change in healthcare work practice, from a single clinician to a group of clinicians managing a patient, has resulted in the development of team meetings. Team meetings, and interdisciplinary/multidisciplinary team meetings (MDTMs), in particular, tend to have a particular set of characteristics regardless of the individual patient, the disease being discussed, or the types of treatment being considered. Such interdisciplinary /multidisciplinary team meetings are being recommended (Calman and Hine, 1995), and have been described, in Europe, Australia and North America, particularly in publically funded healthcare systems and/or large teaching centres (Groth et al., Kane and Luz, 2009). Furthermore, as healthcare continues to become more centralised and specialised, communication technology is being deployed to enable MDT services to be provided over large geographical areas (Li et al., 2008, Måseide, 2006).

These developments raise a host of issues: How are different roles, a range of expertise and specialised knowledge bases integrated? What kind of technologies are needed and/or available? How can technology be employed to support, or enhance the communication and functions of meetings? Are there particular requirements for video-mediated communication, or other I.T. based solutions, in such settings? What difference, if any, does the fact of co-location make to practice? The major focus in this special issue is on the particular problems faced in multidisciplinary team meetings in clinical domains, and the solutions offered to address these problems.

This special issue aims to bring together papers that explore the intersection between researchers focusing on, and practitioners working within, the health care sector, with an interest in different aspects on meeting processes in clinical domains. Our aim is to explicate the issues and identify how technology can be employed to improve the effectiveness of meetings. The following are suggested, but not exclusive themes. Our interest is in papers that address issues that may relate to preparation for MDTMs, communication during meetings, record keeping and/or follow-up on meeting decisions. We are also interested in the transfer of responsibility for patient care between individual specialists, and/or between different teams (co-located or technology mediated). Reports on studies conducted in ward settings, or analogous meetings among clinicians that involve these topics are also welcomed.
We encourage a broad range of contributions that are both from a technical and a social perspective, but the domain of work should be within health care. Suggested topics include:

- collaboration issues (how information is shared during clinical team meetings, and how team work is performed etc.)
- technology supporting collaboration (using for example multi-modal interfaces, information visualisation, and haptics to support different interaction forms during MDTMs)
- mediated communication (including using video conference technology and mobile systems)
- record keeping (for example information and decision capture at MDTMs)
- methods to identify design issues, conduct evaluations, development and deployment
- methodological issues (e.g. regarding collaboration between developers and procurement)
- costs, economic and policy issues

KEY DATES
Paper Submission: 15th May 2010
Final decisions: 30th July 2010
Submission of Revised Papers: 30th September 2010
Final submission to BIT: 29th October 2010

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Bridget Kane, Kristina Groth, and Dave Randall
SUPPORT WEBSITE
The following site has been set up to provide support material for the special issue.

www.scss.tcd.ie/publications/MDTM_Special_Issue

EXPRESSIONS OF INTEREST
The Guest editors appreciate expressions of interest (EoI) as they help to plan the review cycle and allocation. EoIs can range from a one paragraph through to a two-page position statement like submission. These can be sent to MDT_special_issue@scss.tcd.ie any time before the paper submission deadline.

SUBMISSIONS
BIT provides extensive instructions for authors, which can be found at:

http://www.tandf.co.uk/journals/journal.asp?issn=0144-929X&linktype=44

Submission is through the standard BIT website, all submissions should be submitted as being for the Special Issue on “Medical Team Meetings: Utilising Technology to Enhance Communication, Collaboration and Decision-Making”.

Submissions should be no longer than 18 pages, to include Figures and Tables. All papers will be blind reviewed.

GENERAL ENQUIRIES
General Enquiries can be addressed to MDT_special_issue@scss.tcd.ie

REFERENCES


MÅSEIDE, P. 2006. The deep play of medicine: Discursive and collaborative processing of evidence in medical problem solving. Communication & Medicine, 3, 43-54.