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# Effective Participation in Inpatient Unit Team Meetings

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## 1. Introduction

- Depending on your temperament, you may find team meetings a chore or a delight. Regardless, they are a fact of life on any inpatient psychiatric unit. There are two primary meeting types: Morning report, focusing on immediate patient needs and updates, and Interdisciplinary Treatment Plan (ITP) meetings, which involve detailed, structured discussions on long-term patient management.

## 2. Morning report

- **Purpose:** Morning reports update the team on significant overnight events and any changes in patient conditions that might affect the day's care. Depending on the facility, these meetings may be in person or via electronic communication, they may be short or long, they may or may not include representatives of various disciplines, they may occur in the morning or afternoon (often depending on the providers' schedules), and there are other potential variations.
- **Tips:**
  - **Absorb the Nursing Report:** Most daily briefings go quickly down the list of patients, with the nurse often reading the highlights of the nurse's report from the prior day and evening. It's helpful to anticipate the kind of data that you will learn from nursing because much of this will be relevant to your decision making that day and much of the data will end up in your progress notes. Nursing reports will often include the following information about your patients' lives over the last 24 hours:
    - Psychiatric symptoms, such as degree of suicidality, agitation, ability to communicate adequately, etc....
    - Med compliance, including both scheduled and as needed medications, and staff's judgment about whether the patient has been trying to "cheek" meds.
    - Food intake/appetite
    - Sleep
    - Activities of daily living (eg., level of self care and adequacy of toileting)
    - Level of engagement vs isolation, including participation in groups, visibility in milieu, level of engagement with staff or peers.
    - A typical nursing report may be quite brief but will succinctly cover all of the above, and you should get in the practice of tuning into the report so you don't miss important data. Here is an example: "Ms. A is still guarded, low key, med and meal compliant, compliant with strict mouth checks, shows some paranoia, visible in milieu but keeping to herself, and she slept 7 hours on the overnight shift."
  - **Fine tune your Provider's Report:** As the provider, you might go next after nursing, and it's helpful to be intentional about exactly what you want to communicate so that you are succinct but still informative and helpful to the rest of staff. In addition, this is a time to ask clarifying questions. Your report may include some variation of the following:
    - Clarifications: Ask the team about anything that was not communicated in nursing report, eg., did your patient make a phone call to a family member that you had requested, was there a

near-restraint episode, were they able to have a coherent conversation without looseness of associations, etc....

- **Psychiatric symptoms:** Your assessment of the psychiatric symptoms. Are they improving? Describe any important interactions you had with the patient during your last encounter.
- **Treatment plan:** Describe your current treatment plan based on both the nursing report and your observations.
- **Estimated discharge date:** Based on the symptom trajectory, about how much longer do you think the patient will need hospital level of care?
- **Typical provider's report:** "Yesterday when I met with her she appeared scared and paranoid. She was reporting having some auditory hallucinations that were derogatory in nature but she could not describe them. I know her last hospitalization was about a month so I assume this one will be lengthy as well because she's very difficult to engage and hasn't made much progress so far. She was agreeable to letting me increase the Clozaril, so I did that, and plan to gradually increase the dose until there is a response or side effects. Did she meet with social work to discuss getting a case worker in the community? "
- **Integrating Morning Report into Rounds and Notes:** Use the briefing information to prioritize which patients to see first and what specific issues to address, enhancing the efficiency and focus of your rounds.

### 3. Interdisciplinary Treatment Plan (ITP) Meetings

- **Purpose:** The ITP (sometimes referred to as Multidisciplinary Treatment Plan or MTP) meetings are comprehensive treatment planning meetings, usually weekly, that are required to meet CMS and Joint Commission standards. Many, if not most staff find them to be administrative exercises with burdensome paperwork requirements and yielding little impact on improving patient care. Nonetheless, if you want your hospital to maintain its accreditation, you have to attend these meetings and do your part of the documentation. Electronic health records have begun to automate this documentation so that they are becoming a bit less painful in that regard.
- **Tips:**
  - **Understand your responsibilities in ITPs:** Since the actual CMS requirements for ITPs are convoluted and vague, each hospital implements the process in a particular way, and you will need to learn exactly what you as the provider are required to document. Often, the providers are expected to document the following, and if you have a good EHR, there will be drop down menus to make the process easier.
    - DSM diagnoses
    - Long term goals: The time frame for a "long term goal" is usually the discharge date, and the goals are broad, such as "Patient's psychotic symptoms will improve so that he is able to function independently in the community."
    - Short term goals: These are shorter term goals with target dates that must be specified. They must be phrased as specific observable behaviors, eg., "Patient will be able to engage in coherent conversation for 3 consecutive days;" "Patient will sleep at least 6 hours for 3 consecutive nights."
    - Interventions: Describe what you plan to do to help bring about the short and long term goals. This will be some variation of "Meet with patient daily to monitor and adjust medications."
  - **Team Discussion:** ITPs are not necessarily all mindless paperwork—hopefully this is a time to have a longer discussion about patient issues than is possible during morning reports. In addition, CMS

requires that patients participate in ITPs, which can be a convenient opportunity for you to have your daily patient meeting, saving you some time.

1. Expertise in pharmacology and involve them in treatment planning.
2. Be responsive to their alerts about medication safety.
3. Ensure all medication orders are clear and complete.
4. Foster a team environment where pharmacists feel valued and integral to patient care.