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Multidisciplinary team
communications and operations:
Guidance for anaesthesia research
departments

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Purpose of document:

This document highlights key insights from the CTN educational session on 11 April 2019, focusing on multidisciplinary team communication and operations within anaesthetic and perioperative clinical research settings. The panel included research nurses, co-ordinators, and managers from various hospitals across Australia and New Zealand. It explores team structure, communication tools, workload division, leave management, trial co-ordination, and strategies to enhance collaboration and operations.

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Multidisciplinary team communications and operations: Guidance for anaesthesia research departments

1. Introduction

This document highlights key insights from the CTN educational session on 11 April 2019, focusing on multidisciplinary team communication and operations within anaesthetic and perioperative clinical research settings. The panel included research nurses, co-ordinators, and managers from various hospitals across Australia and New Zealand. It explores team structure, communication tools, workload division, leave management, trial co-ordination, and strategies to enhance collaboration and operations.

2. Team structures and roles

- Teams vary significantly in size and structure—from independent co-ordinators managing all aspects of trial activity, to departments with a few Full Time Equivalent (FTE) spread across co-ordinators, research nurses, and admin support.
- Most teams include individuals from various disciplines such as nursing, psychology, and clinical backgrounds, often part-time or cross-appointed from clinical units such as Intensive Care Unit (ICU), pain, recovery, and infectious diseases.
- Co-ordination roles include recruitment, consent, data entry, serious adverse event (SAE) reporting, follow-up, ethics submissions, and trial oversight.
- Dedicated research managers (often part-time) provide administrative and strategic management in larger departments.

3. Communication and handover tools

- Commonly used tools include: visual diaries, email, WhatsApp group messaging, SMS, office whiteboards, shared online calendars, Microsoft teams and web platforms like [Wix](#) (for secure, password-protected internal updates).
- Handover sheets and inpatient tracking documents are maintained in shared folders.
- Frequent informal communication is used (e.g., text, chat, post-it notes), particularly for small teams with minimal crossover.
- Some teams hold regular team meetings, monthly or quarterly, to review operations and protocols.

4. Trial allocation and workload division

- In most teams, all co-ordinators are familiar with every trial to ensure consistency and allow flexibility.
- Administrative tasks (e.g., ethics submissions, trial governance, and principal investigator (PI) liaison) are often divided by trial among team members.
- On recruitment and follow-up days, all team members are expected to contribute regardless of their administrative assignment.
- Teams with higher FTE plan their week to complete follow-up tasks and clear backlog before the preceding week.

5. Weekend coverage and after-hours work

- Funding availability determines whether weekend recruitment or follow-up is possible.

- Sites with high FTE and support from clinical units may roster staff or use time-in-lieu systems for weekend work.
- Some co-ordinators working clinical shifts in ICU or recovery use this time to collect data or conduct patient follow-ups.
- Where research funding is limited, teams rely on senior medical officers (SMO)s or PIs for weekend consent and follow-up, or defer to Monday.
- Remote follow-up by phone or use of pre-filled forms is a common workaround for low-resource settings.

6. Annual leave and coverage planning

- Leave is planned via team spreadsheets or rostering calendars to ensure at least one staff member remains available.
- Most departments discourage multiple team members taking leave simultaneously unless adequate coverage is ensured.
- In single co-ordinator settings, PIs or fellows step in for recruitment and follow-ups during absences.
- Teams often catch up with missed data or follow-up calls after staff return from leave.

7. Delegation and oversight

- Each team designates a lead or manager (where applicable) to oversee operations, manage delegation logs, and handle governance correspondence.
- In the absence of formal management roles, experienced co-ordinators or long-standing staff members assume leadership.
- At larger institutions, monthly meetings with PIs and department heads are used to prioritise trial focus and address resource planning.

8. New research co-ordinator onboarding and integration

- Orientation includes exposure to team structure, ongoing studies, trial timelines, and documentation processes.
- Staff rotate responsibilities gradually, first shadowing others, then taking independent responsibility once confident.
- Training is peer-led in many teams; flexibility in learning pace is essential when overlapping days are limited.
- Team communication tools and study-specific contacts are explained during induction to ensure quick adaptation.

9. Resource limitations and creative solutions

- Many co-ordinators operate with partial FTE or are the sole research presence at their site.
- Partnerships with pain, ICU, and anaesthetic teams are essential to support recruitment and follow-up.
- Study recruitment is often restricted to early-week surgeries to avoid weekend constraints.
- Sites employ flexible communication and shared accountability to maintain trial momentum.

10. Summary of best practices

- Ensure all team members have working knowledge of all active trials.
- Assign clear administrative leads per trial while maintaining cross-coverage for recruitment.
- Utilise versatile communication tools (diaries, messaging, calendars) tailored to team needs.
- Schedule overlapping coverage and protect handover time between part-time staff.
- Plan leave strategically and engage PIs to support coverage when needed.
- Encourage regular feedback loops and team meetings to resolve operational challenges.

For questions or template resources, contact the ANZCA CTN Office ctn@anzca.edu.au