INTERPROFESSIONAL TEAM MEETINGS TO STRENGTHEN RESIDENCY-BASED COLLABORATIVE CARE

Lauren E. Gibson-Oliver, MD, MBA[1];
Wayne W. Bryant, Jr, MD, MS[1];
Geeta Sakariya, MD, MPH[1];
David Kelley, MD[1]

[1]University of Arkansas for Medical Sciences, Department of Family & Preventive Medicine, Little Rock, AR

Corresponding Author: Lauren E. Gibson-Oliver, MD, MBA, lgibson@uams.edu

Family Medicine Focus

Download from https://journals.stfm.org/familymedicine/online-first/fm-focus-gibson-oliver/

Residency clinics care for patients with complex needs. Interprofessional practice is core to family medicine education and improves team function.[1] Weekly interprofessional team meetings (ITMs) teach residents effective interprofessional collaboration.

Weekly, 45-60-minute ITMs of 25-30 attendees are held with residents, faculty, nurses, medical assistants (MAs), clinical pharmacists, behavioral health, quality and population health team members, registered dietitians, tobacco treatment specialists, and administrators

Patient-based, nonhierarchical discussions mirror effective interprofessional round models[2,3] that build skills and capacity. Any interprofessional team member may bring a patient forward for collaborative discussion. The team sets practical next steps in care that focus on complex patient needs and high-yield, systems-based care.

A rotating facilitator structures the meeting and keeps it on track, using a simple four-part agenda:

1. **Celebrate team wins.** Highlight recent patient or clinic successes.
2. **Discuss 2 to 3 real cases.** The facilitator begins by asking whether team members have a patient needing care coordination or support; the presenter gives a concise overview without interruption, except for clarifying questions. Any team member may bring a patient forward for collaborative discussion.
3. **Set next steps.** Assign care transitions, medication adjustments, social determinants of health supports, or panel management tasks to specific team members with clear deadlines.
4. **Focused debrief.** Close the loop, capture lessons learned and share a short summary with team members.

Implementation Playbook

- **Protect the time:** same day/time weekly; 45-60 minutes; pager/clinic coverage arranged.
- **Faculty as implementers:** a single motivated faculty member can champion and sustain these meetings; success doesn't depend on a large quality improvement (QI) infrastructure.
- **Invite the whole team:** residents, faculty, nursing, medical assistants, pharmacy, behavioral health, dietitians, tobacco treatment specialists, admin, and quality/population health to surface system barriers and solutions.
- **Start with "team wins":** 2-3 minutes highlighting closed care gaps, patient successes, successful outreach, smoother transitions; keeps morale high.
- **Make it real:** Prioritize 2-3 live, complex cases; brief case ➡ shared plan (care transitions, medication optimization, SDOH resources) ➡ assign owners/due dates. Real patients drive interprofessional learning.[4]
- **Leverage expertise over titles:** Encourage contributions from all team members to improve patient outcomes.[5]
- **Keep a case pipeline:** Designate a point person (registered nurse care manager or lead resident) to collect cases all week so every meeting has patients to discuss.
- **Psychological safety:** Nonhierarchical, peer-mentoring tone to increase participation and retention.[2]

A standing, patient-based interprofessional team meeting is low-cost and adaptable. The format strengthens resident skills in collaboration and leadership while giving faculty a practical venue to teach strategies for coordinating care, addressing quality gaps, and managing complex patients across the health system.[1]

REFERENCES

1. Arenson C, Brandt BF. The importance of interprofessional practice in family medicine residency education. *Fam Med.* 2021;53(7):548-555. doi:10.22454/FamMed.2021.151177
2. Kiing JSH, Feldman HM, Ladish C, et al. International Interprofessional Collaborative Office Rounds (iiCOR): addressing children's developmental, behavioral, and emotional health using distance technology. *Front Public Health.* 2021;9:657780. doi:10.3389/fpubh.2021.657780
3. van Lierop M, van Dongen J, Janssen M, Smeets H, van Bokhoven L, Moser A. Jointly discussing care plans for real-life patients: the potential of a student-led interprofessional team meeting in undergraduate health professions education. *Perspect Med Educ.* 2019;8(6):372-377. doi:10.1007/S40037-019-00543-6
4. Price D, Howard M, Hilts L, et al. Interprofessional education in academic family medicine teaching units: a functional program and culture. *Can Fam Physician.* 2009;55(9):901-1.e1, 5.
5. Klaus N, English E, Lewis E, Camp J, Krogman S, Harris K. Evaluation of a pilot program to increase mental health care access for youth—The Interprofessional Child-Centered Integrated Care (ICX2) model. *Children (Basel).* 2025;12(7):910. doi:10.3390/children12070910

Gibson-Oliver L, Sakariya G, Bryant W, Sakariya G, Kelley D. Interprofessional Team Meetings to Strengthen Residency-Based Collaborative Care. [published July 27, 2026]. *Fam Med.* https://doi.org/10.22454/FamMed.2026.681015.