**TEAM: URMC INTERNAL MEDICINE RESIDENCY CLINIC**

**Members on the team (roles, disciplines, leadership):**

Martin Priscilla, MD, General Medicine Attending; Bradley Petkovich, MD, PGY3; Scott Stroup, MD, PGY2; Henry Gan, MD, PGY2; Sumeet Lall, MD, PGY1; Diane Crandall, Team Secretary; Denise Bilsback, NP; Michelle Kuleszo, Care Coordinator

**Description of the challenge team faced in functioning and/or preforming in a team based/collaborative care model:**

The Internal Medicine Residency Clinic’s transition from weekly provider appointments to a block model in our Internal Medicine Resident Clinic was a shift away from an individual provider’s care, of a smaller panel, and towards group co-management. This transition required enhanced collaboration among team members to provide consistent, quality team-based care for our complicated panel of patients.

**Strategies for overcoming these challenges:**

Adapting the functionalities of our electronic medical record system [E-Record ®], team coordination training led by the attending physician, clinical team flexibility and TeamSTEPPS-based relations all allowed for team members to innovate in a more effective organizational structure to solve team goals, increase productivity and efficiency.

**Measures of impact/success:**

Collaboration has allowed for decreased provider preparation time, increased productivity among team members and increased appointments with intra-team partners. These changes have streamlined problem-focused assessments, thus reducing redundancy in ambulatory visits. We project quicker resolution of focused problems, fewer hospital admissions and fewer patient complications due to this team-based model.

**Why we feel team-based care has been effective, including examples in practice:**

Pedagogical innovation, team-based principles and constant communication has allowed for more efficient and problem focused patients’ assessments. Many of these patients, have multiple medical comorbidities and psychosocial barriers, and our new paradigm allows for timely patient care and increased physician productivity.

One example is a patient who had multiple complaints, but needed a focused assessment for a possible orthopedic referral in an urgent care slot. His case was discussed in a team meeting led by our attending physician, which stimulated conversation among all levels of providers. Utilization of the E-Record ® problem list and message features allowed multiple providers to communicate with each other. Use of the MyChart ® features allowed for the PCP to directly interface with the patient prior to the visit. At the time of service, the provider and patient were focused on his shoulder pain and he was quickly assessed and referred to the correct surgical service for cervical nerve impingement rather than for tendonitis repair.

Team coordinated training under the guidance of our attending, Dr. Martin, allows for standardized documentation that can quickly be referenced. TeamSTEPPS-based relationships and weekly meetings have enhanced our workplace culture and have allowed for quick, organized communication between team members. This opportunity to interface, in a lean environment, allows staff members to divide tasks according to their skills and level of involvement with a particular case. The team-based model has allowed us to be more efficient as a unit than we had been as individuals.

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