University of Colorado Family Medicine Residency Curriculum

The residency program has developed residents’ exposure to team-based care through its curriculum and design of clinic workflows. The residency utilizes a central precepting location (co-location) which allows all interprofessional team members to work closely together. Early in residents’ clinical experience, they are exposed to the behavioral health and clinical pharmacy support while precepting with their family medicine faculty. The shared precepting space allows all team members to provide support to residents and patients. The interprofessional team members are available for co-consults and warm handoffs during the clinic session or electronic consultation via e-referral or in-basket messages.

The curriculum intentionally carves out time in the resident’s schedule to work with interprofessional team members. In the second year, the residents, as a class, rotate through the Practice Transformation Foundations (PTF). During this rotation, residents participate in workshops on a variety of transformation topics such as population management, quality improvement, health policy, leadership, and team-based care. During an interprofessional panel discussion, residents learn from each team member:

1. What their training was to get to their current position and if this is typical;
2. How best to consult them (logistically);
3. What makes for a good consult; and
4. What is out of scope for their role.

In addition to the PTF rotation, residents attend a Care Team case conference twice monthly. During Care Team, a complex patient is presented by a trainee from any of the professions (medical resident, pharmacy resident, behavioral health learner); the conference is attended by residency faculty, social work, care management, behavioral health, nursing, and pharmacy. Typically, the case conference starts with the learner presenting the case after which the audience asks clarifying questions and offers recommendations. The conference finishes with the learner stating concrete next steps. The discussion is documented in a care coordination note, which includes a focus on social factors and patient goals. Residents’ rotation schedules are built to allow residents to participate in Care Team, clinic leadership meetings, and quality improvement projects.