Team Meetings
Strengthen Relationships and Increase Productivity

AMA IN PARTNERSHIP WITH

Christine A. Sinsky, MD, FACP
Vice President, Professional Satisfaction, American Medical Association

How will this module help me?

1. Identifies ten steps to help successfully conduct regular team meetings.
2. Provides answers to common questions and concerns about team meetings.
3. Outlines case reports describing how practices are successfully using team meetings.
4. Shares team meeting implementation tools for you to use in your practice.
Introduction

What is a team meeting?
Team meetings bring all members of the practice, such as the physician, nurse, medical assistant (MA), and receptionist (you may have to put the phones on voicemail), together to analyze the way work is currently being done and take steps to improve efficiency. In effective team meetings, each team member is encouraged to share ideas to improve the practice's workflow.

Ten STEPS for effective team meetings

1. Identify the team.
2. Meet regularly and “on-the-clock.”
3. Agree on ground rules.
4. Set a consistent meeting agenda.
5. Rotate meeting roles.
6. Solve problems as a group.
7. Record action items, who is responsible, and due dates.
8. Practice good meeting skills.
9. Have some fun!
10. Celebrate your successes.

Identify the team.

The composition of the team may vary based on the size of the practice or the setting where care is being provided. In one setting, the team might include two physicians and their MAs, nurses, and the clinic manager. In another setting, the team may be one physician, two nurses, and a receptionist who also handles the billing. Smaller practices may invite the lab or X-ray technicians to team meetings. In larger practices, other relevant staff members, such as social workers and pharmacists, may be included.

Q&A

Should we include all the physicians and staff in our department?

It depends. Yes, if you have a small team. No, if you have a large department. A team meeting with 4 to 12 people will be most productive. In a large team, it may be difficult for each team member to provide input and actively participate.
Should we include administrative leaders, IT, or compliance personnel on the team?

Team meetings are problem-solving sessions. They are most effective when the standing team consists of the people directly doing the work and a manager who can connect with the larger organization. If the topic would benefit from an expert’s contribution to the discussion, you can invite IT professionals, facilitators, or administrative leaders as needed.

Meet regularly and “on-the-clock.”

Establish a regular meeting date and time during the work day, or “on-the-clock”, as the message that team meetings are part of the paid work day is important. Many teams meet for one hour every two weeks. You may find that meeting first thing in the morning results in fewer distractions. When possible, the meeting should occur “on-the-clock” and away from the clinical area to minimize interruptions.

“Our care team meetings, where we talk about patient experience, health outcomes, and time spent on specific tasks, make the practice a more enjoyable place to work and has ultimately helped us recruit and retain staff.”

Beth Averbeck, MD, HealthPartners Medical Group, Minneapolis, MN

Q&A

How can we meet when the phones keep ringing?

Some practices meet before the clinic opens (but on-the-clock), whereas others turn off the phones during the meeting. Another option is to assign someone from another team to handle the phones so team members are not distracted. Each of these actions demonstrates the importance of team meetings to your practice.

We just instituted huddles before clinic sessions. How are team meetings different?

Daily huddles are usually 5- to 10-minute discussions that serve to ensure team members are on the same page about the particular needs of the day. Issues that are identified in daily huddles that need further
review can be added to the “parking lot” and discussed in further detail at the next team meeting, which typically occur weekly or bi-weekly. Team meetings are also an opportunity to improve workflows and strengthen team culture.

Agree on ground rules.

To form a supportive and respectful environment for your team meeting, establish ground rules from the beginning. As a team, create your own set of ground rules to create buy-in on team meetings and strengthen teamwork. Signing a charter or statement of purpose can help the team connect with the ground rules and their commitment to the group.

Some suggestions for ground rules are listed below:

1. **Start on time, end on time:** Come to the meeting on time and ready to work. End on time so that team members grow to trust their time commitments.
2. **Be present:** Leave devices behind. Don’t check your phone or your laptop during the meeting unless doing so adds to the topic at hand.
3. **Stay on topic:** If the discussion wanders, the meeting chair or another team member can say, “Let’s take that offline,” or “That sounds like an issue to put in the ‘parking lot’ to talk about at another meeting.”
4. **Focus on the issue, not the individual:** The goal is to work together to improve the work, not to blame or incriminate individual people.
5. **Step up or step back:** Speak up if you’ve been quiet in the meeting; step back and let others speak if you’ve been speaking often. During their turn as meeting chair, team members may need some practice in drawing out quiet members. To encourage participation you may say, “We haven’t heard from everyone—Samuel, what do you think?” Another technique is for the chair to announce that the team will hear from everyone going in a clock wise direction, ensuring that all members are heard in an orderly process.
6. **Give thanks:** Thank each other for contributing during the meeting and afterward.

**Team meeting ground rules**

Use the ground rules outlined in this document for your practice’s team meetings.

(Q&A)

What do we do when a senior leader breaks a ground rule, for example, by jumping to the “fix,” rather than allowing all team members to weigh in?

It can be challenging to ask a senior leader to step back and allow others to share their points of view. If another team member politely reminds a senior leader of the ground rules and the senior leader can respond with a friendly smile and say, “You’re right, thanks,” this can maintain the collaborative culture during the meeting.

We want every team member to participate, but some individuals can be reluctant to speak up. How can we encourage everyone to feel comfortable enough to contribute their thoughts during team meetings?

Be patient. It takes time for people to trust a new process and become comfortable sharing their views in front of colleagues who may be senior to them. It is important that everyone has an opportunity to contribute and that one or two people don’t dominate the discussion. If some people haven’t shared their thoughts, the chair can draw them out by saying, “We haven’t heard from Amy or John, and we’d like to hear each of your thoughts.” As you continue to hold team meetings, you may find that people who are shy become more comfortable and begin to speak up voluntarily. Alternating between clockwise and
counterclockwise rotation expecting all to provide input helps to eliminate the need for the chair to keep a list of who went first and avoids unstructured shouting matches.

4 Set a consistent meeting agenda.

Many teams use an agenda template to set a consistent agenda for each meeting.

Common standing items include:

- Check-in.
- Shout-out.
- Check-back.
- New business.
- Education.
- Debrief.

Post the meeting agenda ahead of time, either online or on a bulletin board. Allow all team members to write in or submit agenda items. Next to each agenda item, place the name of the person responsible for leading the discussion and the approximate time allotted. Assigning a time for each item will help the meeting stay on schedule. If there are many items on the agenda you may opt to prioritize the items at the beginning of the meeting.

Meeting agenda template
You can use this template to create an agenda for your team meeting.

(MS WORD, 49 KB)

Q&A

What is a check-in and what is its purpose in a team meeting?

The check-in is a one- to two-minute opportunity for each team member to share something about their personal life. These few minutes can help establish a sense of community and allow people to set aside
their worries. For example, a team member might share, “My roof is leaking and I’ve been calling around all morning,” or, “My child stayed home sick today and I’m a little distracted.” The check-in can also be a time for people to share positive events that may improve team building: “I found out my sister is going to have a baby!” Participation in the check-in is optional.

**What is a shout-out and what is its purpose in a team meeting?**

More formally known as “appreciative observation,” a shout-out is a time where team members can share something that went well since they last met. This may include successful implementation of a new process or improvements in a particular patient’s care. Stories that involve multiple team members are particularly meaningful. Such stories are powerful tools for team engagement and building team culture. Knowing that this time will always be part of the meeting agenda encourages team members to keep track of and report on successes.

**What is a check-back?**

A check-back is the opportunity to revisit former agenda items or give updates on projects that were developed to solve problems discussed in previous team meetings.

**What do we do when there are too many items on the agenda?**

It helps to spend one to two minutes at the beginning of the meeting setting priorities. The chair might say, “We have six new items on the agenda, what is your priority?” If time runs out, lower priority items can be moved to the next team meeting agenda. Assigning time limits—and sticking to them—can help the team efficiently move through a busy agenda.

When an agenda item requires in-depth discussion, the chair can organize a team of volunteers to discuss the topic outside of the team meeting. This recognizes that the issue is beyond the scope of the meeting but is important to the team to resolve.

**What is a debrief and what is its purpose in a team meeting?**

The debrief is a chance to immediately assess the meeting’s effectiveness. The debrief focuses on promoting and encouraging the positive elements of the meeting with immediate feedback. At the close of the meeting, the chair may choose to ask, “Was there a portion of the meeting that was particularly meaningful or useful to you?” This approach promotes continual process improvement.

5

**Rotate meeting roles.**

Assign a different team member to the roles of chair, timekeeper, and recorder for each meeting. During one meeting, the receptionist might fill the role of meeting chair, while the nurse manager records the minutes as recorder. At another meeting, the MA might lead the meeting and the physician records the minutes. This approach can help build team culture, promote collaboration, and develop leadership skills.

**Q&A**

**What does each role do in a team meeting?**

The chair helps organize the meeting and keeps the discussion on track by following the agenda as the meeting progresses. The timekeeper ensures that the discussion follows the allotted time per item so all agenda items are covered. The recorder takes notes and creates the minutes, capturing decisions, action items, and individual(s) responsible for each task.
The physicians are the owners and leaders in our practice. Can rotating the chair of the meeting work in our organization?

Absolutely. While the physicians or other leaders will ultimately make the major financial and operational decisions, there are many issues at the practice level that are best worked out as a team. It takes time to break down the hierarchy in a practice and establish a level of comfort in speaking up. In the most effective team meetings, individuals “check their titles at the door,” to allow each team member to make important contributions. In a situation such as this, you should help staff understand that their roles are essential to the success of the team and the practice. This approach can help build team culture and confidence. Leaders that develop leaders can assure the success of the organization.

What if some team members do not want to rotate in and run the meeting as chair?

Some team members may not initially be comfortable with the leadership role as meeting chair, and it is worth investing time in their development. Managers can explain, “It’s okay if you need help. Taking a turn as meeting chair is something that we all do as part of our jobs. We will mentor you in this rotating leadership role and are committed to your success.” Help them prepare by beginning mentorship right away and distributing the calendar with meeting dates and team member roles well in advance of the meeting.

How do we keep team meetings on track and focused?

One of the responsibilities of the chair is to watch for wandering discussions and steer the group back to the topic by asking, “Should we be discussing this right now? Should the subject be taken offline from here?” or suggesting, “That sounds like an issue to put in the ‘parking lot’ and talk about at another time. Let’s make sure it’s on the agenda for our next meeting.”

When an agenda item requires in-depth discussion, the chair can organize a team of volunteers to discuss the topic outside of the team meeting. This recognizes that the issue is beyond the scope of the meeting but is important to the team to resolve.

Solve problems as a group.

Team meetings are a time for everyone to engage in problem-solving to make their collective work better, not a time for leadership to communicate new policies and procedures to staff.

Q&A

What kinds of issues might we talk about at our team meetings?

Topics include the “nuts and bolts” of running a practice. These may include optimizing workflows for the following tasks:

- Common clinical scenarios.
- Who gives the patient the pre-appointment questionnaire?
- What is the best way to give patients an updated list of medications?
- How do we identify who is responsible for administering specific immunizations?
- Housekeeping responsibilities.
- Patient flow for procedures.
- Post-care follow-up.
How can we analyze our workflows to yield better efficiency?

Many clinics find that the tools of Lean can assist in solving common clinic problems and contribute to overall process improvement.

What do we gain by meeting separately when we work together all day long?

It is much easier to improve your workflows if you can step back and analyze while you are not in the midst of a busy workday. In addition, having a dedicated meeting time gives every team member the opportunity to share their ideas.

We’re on a tight budget and shutting down the office for an hour to hold a team meeting represents a significant loss of income with no reduction in overhead. How do we address this?

Team meetings should introduce efficiencies in your practice that will more than cover the lost revenue in the long run. Team meetings can also help improve staff morale, which improves retention and productivity. Seeing one more patient a day by reducing time spent on medication refill phone calls or room turnover delay means seeing 10 additional patients over two weeks. This should make up for the one-hour investment in your personnel and practice efficiency. If you want to keep the same number of clinic hours during a week when you have a team meeting, you can consider paying your staff overtime for meeting outside of regular hours.

We never get around to talking about problems as a group because we have so many management updates to cover. What should we do?

Team meetings are not for management updates. Create other forums, such as general department meetings, or use online communication for such updates. Make sure the leadership is aware of the purpose of team meetings, which is to solve problems that impact the day-to-day activities of the practice. They are also a forum for all team members to voice their challenges and suggest solutions.

Record action items, who is responsible, and due dates.

Record minutes from each meeting on a standard form and post online or in an accessible place so team members can reference it in the future. Before concluding each meeting, identify action items, who is responsible, and due dates. This information should be captured on the standard form. At the next meeting, use the check-back to report on the status of each action item and continue to monitor progress.

Meeting minutes template

Use the meeting minutes template to outline the discussions from your team meeting.

(Meeting minutes template)

Practice good meeting skills.

Good habits make meetings more productive. These include:

- Staying on task.
- Focusing lengthy discussions by identifying important, but off-topic, items as “parking lot” issues to get back to later during the meeting or to address at another time.
- Avoiding side conversations.
Making a point to respond constructively rather than negatively.
Maintaining respect and understanding for others’ points of view.
Encouraging equal participation so that no one dominates the discussion.

Q&A

Some of our team members find change in routines difficult, even if the changes will save them time or enable them to be more effective. They often raise objections to every new idea. How can we keep team meetings constructive in this situation?

One helpful adage to keep in mind is: “If you oppose, you must propose.” That is, if you are opposed to one solution, it is helpful to propose an alternative solution. The meeting chair can help promote this approach by responding to an objection with, “What do you think is an alternative idea we should consider?”

One of our team members is very negative and debates every proposed change that others suggest. Her attitude colors how vocal others are on the issues being discussed. She effectively shuts down engagement and enthusiasm. How should we handle this?

Many people resist change. Others feel overwhelmed and can’t imagine doing things differently, so it can be helpful to say, “The goal of our team meetings is to address challenges that will make our work easier. Let’s pilot the solution the group proposed a few months ago, and then assess what worked well and what we could do to improve the process further. Your constructive feedback will help us get better.” Helping all staff feel valued amid change will make them more likely to become positively involved.

For an extreme situation it can be helpful to bring in an outside facilitator for a few meetings to lead a workshop on healthy team dynamics. Occasionally, it may be necessary to recognize that the new model of work is not a good fit for a particular employee. Try to coach the employee, and if that does not have positive results, then corrective action may be the next step.

Have some fun!

It is important to have fun at team meetings. Promoting the team’s shared purpose, respect, and friendship improves team culture and employee engagement. A bit of fun (e.g., role-playing, games, or team-building exercises) can translate into serious improvements in reaching the mission of the group.

Q&A

Do you have any suggestions for fun activities to promote team cohesion?

One leader reports that he often opens meetings with an icebreaker or team-building exercise, such as having each attendee:

• Tell the team something about their name, such as its meaning or origin.
• Share two truths and one lie about themselves; teammates guess which one is the lie.
• Tell the person to their left something that they appreciate about that individual.

Dedicate time at the beginning of a meeting to create a logo or motto for the team that captures the team’s mission and purpose.
Celebrate your successes.

Keep a running list of the team's accomplishments and periodically refer to it. Share stories about particularly meaningful patient interactions. Tell stories about inspiring patient encounters.

“During a team meeting, the physicians told one of our LPNs how much her pre-visit planning work helps them during patient visits. She realized how important the pre-visit planning process was to her team, and she quickly became the top performer.”

Katie Holley, MHA, System Business Development and Planning Consultant, Fairview Health Services, Minneapolis, MN

Conclusion

Team meetings can help your practice efficiently and effectively solve problems, develop stronger bonds between team members, and provide better patient care. The strategies and tactics presented in this module will support your efforts to implement and conduct successful team meetings.
AMA Pearls

Annual themes and meetings.

In addition to weekly meetings to discuss practical issues such as workflows and staffing, some practices have larger, quarterly or yearly meetings.

For example:

One practice at Martin’s Point HealthCare in Bangor, Maine, holds a practice-wide retreat once a year.

At Southern Illinois University, there are quarterly “stand-down days” where all the physicians and team members from different specialties meet. There is an annual theme for these meetings. Past themes have included Diversity & Inclusion, Integrity & Accountability, Compassion & Respect, Collaboration & Partnership, and Continuous Improvement.

STEPS in practice

Team Meetings Case Report: Boston Medical Center

Internal medicine practice teams at Boston Medical Center meet every Friday morning from eight to nine. Some weeks individual practice teams of six to eight people (front desk staff, medical assistants, nurses, and clinicians) meet in their pods and work on specific projects, such as optimizing huddles, exam room stocking, or creating a wait-time notification board for the waiting area. Once a month, all six practice teams meet together for large group announcements and celebrations of success before separating into their pods for individual team breakout work.

Dr. Charlotte Wu, Director of the General Internal Medicine Primary Care Clinic, reports this meeting system “has allowed the multidisciplinary team members to get to know each other in a more personal way, which breaks down hierarchies and silos, and improves communication. It also helps move quality improvement projects forward, in part because they stem from the ground up. It gives each team member a voice. We've found that hot topics have engaged people on areas that they are particularly passionate about and help identify on-the-ground champions. Through integration of ideas from each team, these team meetings have helped us get buy-in and consensus on practice-wide workflows that could be standardized.”

Ashlyn Tate, one of the managers in the General Internal Medicine Primary Care Clinic, reports, “Team meetings make us feel like a special group of people, different from all the others, and helps us bond together in a way we didn't before. We learn more from each other, and all aspects of our lives, including our family lives, benefit from this experience. We learn what we can do to support each other with patients and what makes each of us tick.”

These meetings also give the team the time and space to troubleshoot issues together. For example, one issue was knowing which nurse was assigned to which role each day. After discussing the issue and possible solutions in the team meeting, the team decided to write the names and roles of the nurses on a white board in a common area. Having the clear communication helped the flow of the clinic and made the team more efficient.
Team meetings also provide the opportunity to educate each other on health items that are relevant for the current time, such as Ebola. Team members learned about the disease, how it is transmitted, and how to respond if a patient presents with symptoms.

At meetings, the team talks about how recent changes are working. For example, the front desk staff worked together to create specific lanes for certain patient needs at the front desk. This was a creative solution that was identified by the staff at a team meeting, and it helped alleviate stress that both patients and staff were experiencing.

Briana Dukas, who is also a practice manager in the clinic, said, “I have taken feedback discussed during team meetings back to my colleagues to address on a broader scale. With email or face-to-face conversations, I’ve communicated to my team how we are working to address those line-clogging issues. I think the team appreciates having a forum to discuss challenges we encounter in our practice.

“The other benefit to the meetings is that it gives all team members a chance to show why certain changes are necessary. It’s not always obvious to the physician why the front desk does something a certain way, or vice versa. The team meetings are a chance to clear up some of that mystery.”

Team Meetings Case Report: Bellin Health System

At Bellin Health System, James Jerzak, MD, and team use team meetings not only to improve workflows, but also to discuss high-risk patients. The team has meetings every Friday at noon for one hour. During the meeting, they engage the extended care team which includes representatives from pharmacy, behavioral health and case management, the health coach, and the RN Care Coordinator—either in person or by phone. To plan for the upcoming week, they review the schedule to discuss any patients who would benefit from the services of the extended care team.

Dr. Jerzak’s team refers to a particular patient story as an example of how they have successfully used team meetings to work together towards providing better patient care:

The day before the team care pilot began, Dr. Jerzak saw a patient with severe COPD, no insurance, multiple medications that she didn’t understand, and numerous hospital admissions in the previous two months. During this visit, Dr. Jerzak told her that his team would be starting new team meetings with an extended care team the following week. He believed these meetings could help address her care needs so she could improve her health.

This patient’s medical issues were the first problem the team tackled as a group. Within a week of the first team meeting, the case manager helped the patient obtain insurance and the pharmacist met with the patient to figure out what medications she had and what she should be taking. The diabetes educator initiated a program to help with her uncontrolled diabetes, the health coach met with her regarding smoking cessation, and the RN Care Coordinator made the first of several home visits. The patient even called the RN Care Coordinator at home on Christmas with issues, which helped the patient avoid a possible hospitalization. The patient was also seen by behavioral health once the extended care team members were engaged. This all began with a team meeting to get buy-in from all members of the practice to support this patient and improve her care.

Dr. Jerzak asks, “How could one doctor possibly do all of that, without this team of support?”
Article Information

AMA CME Accreditation Information

Credit Designation Statement: The American Medical Association designates this enduring material activity for a maximum of .50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Target Audience: This activity is designed to meet the educational needs of practicing physicians, practice administrators, and allied health professionals.

*Disclaimers: Individuals below who are marked with an asterisk contributed towards Version 1 of this learning activity.

Statement of Competency: This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice, interdisciplinary teamwork, quality improvement and informatics.

Planning Committee:

Christine A. Sinsky, MD, FACP, Vice President, Professional Satisfaction, American Medical Association*
Marie Brown, MD, MACP, Senior Physician Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association & Associate Professor, Rush Medical College, Rush University Medical Center
Renee DuBois, MPH, Senior Practice Transformation Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association
Brittany Thele, MS, Program Administrator, Professional Satisfaction and Practice Sustainability, American Medical Association
Julia McGannon, Segment Marketing Manager, Member Programs & CME Program Committee, American Medical Association
Rita LePard, CME Program Committee, American Medical Association*
Ellie Rajcevich, MPA, Practice Development Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association*
Sam Reynolds, MBA, Director, Professional Satisfaction and Practice Sustainability, American Medical Association*
Krystal White, MBA, Program Administrator, Professional Satisfaction and Practice Sustainability, American Medical Association*

Content Reviewers:

J. James Rohack, MD, FACC, FACP, Senior Advisor and former President, American Medical Association
Renee DuBois, MPH, Senior Practice Transformation Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association
Brittany Thele, MS, Program Administrator, Professional Satisfaction and Practice Sustainability, American Medical Association
Philip A. Bain, MD, FACP, Site Chief, Dean Health System, East Clinic-Internal Medicine*
Anton Kuzel, MD, MHPE, Professor and Chair, Department of Family Medicine and Population Health, Virginia Commonwealth University*
Jeffrey Panzer, MD, Family Practice Physician & Medical Director of QI, Oak Street Health*
Ellie Rajcevich, MPA, Practice Development Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association*
Sam Reynolds, MBA, Director, Professional Satisfaction and Practice Sustainability, American Medical Association*
Andrew Schutzbank, MD, MPH, Vice President, Clinical Development, Iora Health*
Rachel Willard-Grace, MPH, Research Manager, Center for Excellence in Primary Care, Department of Family & Community Medicine, University of California, San Francisco*
About the AMA Professional Satisfaction and Practice Sustainability Group: The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, "Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy," and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

ABMS MOC Statement: Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Maintenance of Certification (“MOC”) Activities, this activity has met the requirements as an MOC Part II CME Activity. Please review the ABMS Continuing Certification Directory to see what ABMS Member Boards have accepted this activity.

Renewal Date: February 22, 2016; May 23, 2019

Glossary

on-the-clock: Time during which the practice team members are compensated for their time, which may or may not be during regular clinic hours.

Disclosure Statement:

Unless noted, all individuals in control of content reported no relevant financial relationships.

References


Copyright 2018 American Medical Association