

Top 10 Low-Burden IPE Ideas for Busy Programs



Step One: Pick one idea to pilot in the next quarter — then expand based on feedback.

Step Two: After trying one of these ideas, ask: What did we learn from another profession?

Why Reflection Matters

Each activity in this guide includes a short reflection prompt. Reflection is what transforms a quick exercise into meaningful growth — helping residents and fellows connect the experience to teamwork, systems, and patient care. Without reflection, even the best IPE ideas risk becoming “one-and-done” events rather than lasting culture shifts.

Shared Orientation Module	Start the year with a brief, co-hosted session that introduces roles of different health professionals. Use existing onboarding materials and adapt them together.	<ul style="list-style-type: none"> • <i>Key Point:</i> Builds mutual understanding of roles early, reducing later conflicts and assumptions. • <i>How to Start:</i> Invite a pharmacy or nursing colleague to give a 10-minute overview during resident/fellow orientation. • <i>Time Estimate:</i> <30 minutes; fits into existing orientation schedule. • <i>Reflection Prompt:</i> Ask learners: “What is one role you now better understand, and how might it affect your future teamwork?” 	<i>ACGME Link:</i> CPR 6.18 (Teamwork); 4.8.b–d (ICS); 1.10 (Other Learners).
Shadow-a-Shift	Offer a half-day shadowing opportunity with nursing, pharmacy, or allied health. Minimal scheduling, but powerful perspective.	<ul style="list-style-type: none"> • <i>Key Point:</i> Builds mutual understanding of roles early, reducing later conflicts and assumptions. • <i>How to Start:</i> Invite a pharmacy or nursing colleague to give a 10-minute overview during resident/fellow orientation. • <i>Time Estimate:</i> <30 minutes; fits into existing orientation schedule. • <i>Reflection Prompt:</i> Ask learners: “What is one role you now better understand, and how might it affect your future teamwork?” 	<i>ACGME Link:</i> CPR 6.18 (Teamwork); 4.8.b–d (ICS); 1.10 (Other Learners).
Quick Case Rounds	Dedicate 10 minutes during existing rounds for	<ul style="list-style-type: none"> • <i>Key Point:</i> Embeds IPE into daily practice without adding new meetings. 	<i>ACGME Link:</i> CPR 4.10 (Curriculum

Disclaimer – while Partners® makes every effort to ensure the material here is accurate and up to date, you should exercise your own independent skill and judgement before relying on it to ensure it is still accurate as requirements change frequently. Created September 2025.

Joint Morbidity & Mortality (M&M) Review	interprofessional discussion — e.g., invite pharmacy to present medication considerations.	<ul style="list-style-type: none"> • <i>How to Start:</i> Add one structured interprofessional comment per case on rounds. • <i>Time Estimate:</i> 10 minutes in existing rounds. • <i>Reflection Prompt:</i> Ask: “How did the pharmacist’s perspective change our care plan today?” 	Structure); 4.11 (Protected Didactics); 6.18; 4.8.b.
	Bring in perspectives from multiple disciplines to one existing M&M, focusing on teamwork and communication.	<ul style="list-style-type: none"> • <i>Key Point:</i> Shows how system and communication issues directly affect outcomes. • <i>How to Start:</i> Invite nursing leadership and pharmacy to contribute to one M&M per year. • <i>Time Estimate:</i> 1 existing M&M slot. • <i>Reflection Prompt:</i> “What communication breakdowns were most impactful in this case?” 	ACGME Link: CPR 6.1 (Culture of Safety); 6.3 (Interprofessional QI – real or simulated); 4.7.d (QI).
Interprofessional Journal Club	Swap one session in the year for an article that crosses professions (e.g., patient safety, communication). Invite voices from other teams.	<ul style="list-style-type: none"> • <i>Key Point:</i> Expands learning beyond specialty silos. • <i>How to Start:</i> Choose a patient safety article and invite pharmacy or nursing to join. • <i>Time Estimate:</i> 1 existing journal club. • <i>Reflection Prompt:</i> “How would another discipline apply the findings differently than we would?” 	ACGME Link: CPR 4.2.d (Didactics); 4.7.f (Evidence-based practice); 4.8.d (Educating other professionals).
Simulation Lite	Use a short, table-top simulation (e.g., code response roles) with mixed learners, instead of a full high-fidelity sim.	<ul style="list-style-type: none"> • <i>Key Point:</i> Clarifies team roles without heavy simulation resources. • <i>How to Start:</i> Run a 30-min “who does what” tabletop code scenario with fellows, nurses, and pharmacists. • <i>Time Estimate:</i> 30–45 minutes. • <i>Reflection Prompt:</i> “Did everyone know when and how to escalate concerns?” 	ACGME Link: CPR 4.2.d; 6.3 (Interprofessional safety/QI real or simulated).
Lunch-and-Learn Panels	Host an informal panel where residents/fellows ask questions of nurses, therapists, pharmacists. Keep it within a normal lunch break.	<ul style="list-style-type: none"> • <i>Key Point:</i> Encourages open Q&A in a relaxed setting, building respect across disciplines. • <i>How to Start:</i> Ask each panelist to prepare 2 FAQs about their role. • <i>Time Estimate:</i> 45–60 minutes during lunch. 	ACGME Link: CPR 4.2.d; 4.8.b–d; 6.18.

Disclaimer – while Partners® makes every effort to ensure the material here is accurate and up to date, you should exercise your own independent skill and judgement before relying on it to ensure it is still accurate as requirements change frequently. Created September 2025.

Shared Wellness Session Micro-Projects Patient Story Across Professions		<ul style="list-style-type: none"> • <i>Reflection Prompt: “What did you learn about another discipline’s expertise that surprised you?”</i> 	
	Partner with another discipline for a joint debrief, mindfulness, or resilience session — showing wellness is a team concern.	<ul style="list-style-type: none"> • <i>Key Point:</i> Frames wellness as collective, not individual or siloed. • <i>How to Start:</i> Co-sponsor one mindfulness or peer support session with nursing. • <i>Time Estimate:</i> 30–60 minutes. • <i>Reflection Prompt: “How does hearing from another discipline normalize wellness concerns?”</i> 	<i>ACGME Link:</i> CPR 6.12.c (meaning, relationships); 6.13.c–e (well-being policies); IR 3.2.g (Well-Being oversight).
	Pair small interprofessional teams for a one-month QI task (e.g., discharge communication, handoff checklist). Report back in regular meetings.	<ul style="list-style-type: none"> • <i>Key Point:</i> Builds teamwork through short, real projects. • <i>How to Start:</i> Assign one fellow + one nurse + one pharmacist to refine a handoff tool. • <i>Time Estimate:</i> 3–4 hours spread across a month. • <i>Reflection Prompt: “What did the team learn about system barriers through this project?”</i> 	<i>ACGME Link:</i> CPR 4.7.d (QI & disparities); 6.3 (QI participation); 4.15 (Scholarly Activity).
	Invite a patient/family to share their care journey in a panel format with multiple disciplines present. Highlights teamwork naturally.	<ul style="list-style-type: none"> • <i>Key Point:</i> Centers the patient, showing why collaboration matters most. • <i>How to Start:</i> Ask your patient experience office to suggest a speaker and invite nursing/therapy to join. • <i>Time Estimate:</i> 45–60 minutes once per year. • <i>Reflection Prompt: “How did hearing directly from the patient highlight interprofessional needs?”</i> 	<i>ACGME Link:</i> CPR 4.8.g (partner on goals of care); 4.9.b (coordination across continuum); 6.18 (Teamwork).

👉 Each of these ideas leverages **what you already do** — existing rounds, journal clubs, M&Ms, orientation — but layers in **IPE perspectives** without building new infrastructure.

CPR = Common Program Requirements, interim revision effective Sept 3, 2025.

Disclaimer – while Partners® makes every effort to ensure the material here is accurate and up to date, you should exercise your own independent skill and judgement before relying on it to ensure it is still accurate as requirements change frequently. Created September 2025.