

Interdisciplinary Healthcare Team Agreement

Date: [Insert Date]

To: [Team Members Names]

From: [Team Leader Name]

Subject: Agreement on Team Roles and Responsibilities

Dear Team Members,

As we embark on our collaborative healthcare project, it is essential that we establish a clear agreement on our roles, responsibilities, and expectations. This will help us work efficiently and ensure the best outcomes for our patients.

Team Objectives:

- Improve patient outcomes through comprehensive care
- Enhance communication between disciplines
- Facilitate knowledge sharing among team members

Roles and Responsibilities:

- **Team Leader:** [Name] - Oversees project coordination
- **Physician:** [Name] - Provides medical oversight
- **Nurse:** [Name] - Handles patient care coordination
- **Pharmacist:** [Name] - Manages medications and therapy
- **Social Worker:** [Name] - Offers patient support services

Communication Plan:

We will meet weekly on [insert day] at [insert time] to discuss progress and address challenges. An agenda will be circulated prior to each meeting.

Conflict Resolution:

In the event of disagreements, we will address issues openly and respectfully during our meetings, striving for consensus.

Agreement:

By signing below, we acknowledge our commitment to this interdisciplinary healthcare team agreement.

_____ [Team Leader Name]

_____ [Team Member Name]

_____ [Team Member Name]

_____ [Team Member Name]

_____ [Team Member Name]

Thank you for your commitment to providing exceptional care as a united team.

Sincerely,

[Team Leader Name]

[Contact Information]