Disclosure

I have nothing to disclose

Goals

- Define family-centered rounds (FCRs)
- Describe barriers and benefits of FCRs
- Describe key principles of successful FCRs

Overview of Today’s Talk

- Today I am going to talk about what’s known about FCRs and our experience with FCR implementation
  - Current national trends in the practice of Family-centered rounds (FCRs): A PRIS network study
  - Pediatric residents’ perceptions about FCRs it’s impact on resident education and quality of patient care
  - English and Limited English Proficient families perceptions about FCRs and its impact on care

Video: This Was Back Then…..
FCRs: Definition

Family-centered rounds (FCRs) defined as multidisciplinary inpatient rounds that
- Occur in patient’s room in presence of patient and family
- Integrate patient/family perspectives and preferences into clinical decision making
- Include multidisciplinary team consisting of attending physicians, residents, students, nurses, discharge planners, pharmacists, and other medical staff

Current National Trends in the Practice of Family-Centered Rounds: A Study from the Pediatric Research in Inpatients Settings (PRIS) Network

*Pediatrics 126 (1):37-43;2010*

Background

- Major national organizations, AAP, ACGME, and Institute of Family-Centered Care have endorsed family-centered care and its role is enhancing care
- AAP recommends conducting attending rounds in patients’ room with family present to be a standard hospital practice

Study Aims

- To identify
  - Current national trends regarding FCRs
  - Factors associated with conducting FCRs
  - Perceived barriers to FCRs
  - Perceived benefits of FCRs

Methods: Data Source and Study Participants

Data Source: Pediatric Research in In-Patient Setting (PRIS) Network Pediatric Hospitalist Triennial Survey
- Cross-sectional survey of academic pediatric hospitalists in 2007
- Participants members of PRIS network list-serve
- PRIS network originated in 2002 from collaborative effort of SOHM, AAP, and APA
  - Consists of 377 hospitalist members representing 45 US states and 2 Canadian provinces
  - Includes 80 medical centers
  - Mission: improve care of hospitalized children by developing evidence base for inpatient pediatric care
Study Design

- Electronic survey using Survey Monkey©
- Second wave: Survey Monkey link emailed to all non-respondents
- 63 yes/no or multiple choice questions asked
- Survey domains about participants included
  - Sociodemographics
  - Medical school, residency, and fellowship sites
  - Clinical practice setting
    - Academic vs. non-academic
  - Teaching, administrative, and research responsibilities
  - Inpatient rounds characteristics

Rounding characteristics examined included
- Rounding category: sit-down, hallway, FCRs, or others
- Personnel participating in rounds
- Estimated duration of rounds
- Average daily patient census
- Rounding team size
- Perceived barriers to FCRs (asked of all participants)
- Perceived benefits of FCRs (asked of all participants)

Analyses

- Comparison groups for study measures
  - FCRs vs. sit-down rounds
  - FCRs vs. hallway rounds
  - FCRs vs. all non-FCRs categories
  - Academic vs. non-academic hospitals, among those conducting FCRs

Results: Respondents

- 265 of 377 PRIS members contacted responded (response rate = 70%)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Proportion or Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>56%</td>
</tr>
<tr>
<td>Mean age</td>
<td>40 years (7.6)</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>77%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>15%</td>
</tr>
<tr>
<td>Latino</td>
<td>4%</td>
</tr>
<tr>
<td>African-American</td>
<td>1%</td>
</tr>
<tr>
<td>≥ 5 years since residency completion</td>
<td>67%</td>
</tr>
<tr>
<td>Academic hospital practice</td>
<td>77%</td>
</tr>
</tbody>
</table>

Rounding Category Frequency

<table>
<thead>
<tr>
<th>Rounding Category</th>
<th>Proportion (N=180)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCRs</td>
<td>44%</td>
</tr>
<tr>
<td>Sit-down</td>
<td>25%</td>
</tr>
<tr>
<td>Hallway</td>
<td>23%</td>
</tr>
<tr>
<td>Others*</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Combination of hallway and FCRs, transition from sit-down to FCRs, or all of above
Rounding Category by Academic Hospital Status

<table>
<thead>
<tr>
<th>Rounding Category</th>
<th>Hospital Status</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Academic N=139</td>
<td>Non-Academic N=41</td>
</tr>
<tr>
<td>FCRs</td>
<td>48%</td>
<td>30%</td>
</tr>
<tr>
<td>Hallway</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Sit-down</td>
<td>20%</td>
<td>44%</td>
</tr>
<tr>
<td>Others</td>
<td>7%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Characteristics of Rounds: FCRs vs Sit-Down

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>FCRs (N= 78)</th>
<th>Sit Down (N=46)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration &gt;90 minutes</td>
<td>39%</td>
<td>24%</td>
<td>NS</td>
</tr>
<tr>
<td>Daily census &gt;14 patients</td>
<td>29%</td>
<td>44%</td>
<td>NS</td>
</tr>
<tr>
<td>Team size &gt;10</td>
<td>11%</td>
<td>22%</td>
<td>NS</td>
</tr>
<tr>
<td>Bedside nurse participation</td>
<td>79%</td>
<td>22%</td>
<td>&lt;.005</td>
</tr>
</tbody>
</table>

Duration of Rounds: FCRs vs Sit-Down Rounds

<table>
<thead>
<tr>
<th>Rounding Category</th>
<th>Rounding Duration</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;90 minutes</td>
<td>&gt;90 minutes</td>
</tr>
<tr>
<td>FCRs</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Sit-down</td>
<td>76%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Characteristics of Rounds: FCRs vs Hallway Rounds

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>FCRs (N= 78)</th>
<th>Hallway (N=41)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration &gt;90 minutes</td>
<td>39%</td>
<td>49%</td>
<td>NS</td>
</tr>
<tr>
<td>Daily census &gt;14 patients</td>
<td>29%</td>
<td>39%</td>
<td>NS</td>
</tr>
<tr>
<td>Team size &gt;10</td>
<td>11%</td>
<td>10%</td>
<td>NS</td>
</tr>
<tr>
<td>Bedside nurse participation</td>
<td>79%</td>
<td>73%</td>
<td>NS</td>
</tr>
</tbody>
</table>

Characteristics of Rounds: FCRs vs All Non-FCRs Categories

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>FCRs (N=78)</th>
<th>Non-FCRs (N=87)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration &gt;90 minutes</td>
<td>39%</td>
<td>36%</td>
<td>NS</td>
</tr>
<tr>
<td>Daily census &gt;14 patients</td>
<td>29%</td>
<td>41%</td>
<td>NS</td>
</tr>
<tr>
<td>Team size &gt;10</td>
<td>11%</td>
<td>16%</td>
<td>NS</td>
</tr>
<tr>
<td>Bedside nurse participation</td>
<td>79%</td>
<td>42%</td>
<td>&lt;.005</td>
</tr>
</tbody>
</table>

Perceived Barriers to FCRs

<table>
<thead>
<tr>
<th>Perceived Barrier</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of interest of hospital staff</td>
<td>83%</td>
</tr>
<tr>
<td>Misconceptions about time</td>
<td>72%</td>
</tr>
<tr>
<td>Negative impact on physicians, nurses, and team work flow</td>
<td>70%</td>
</tr>
<tr>
<td>Room too small to accommodate large team</td>
<td>62%</td>
</tr>
<tr>
<td>Trainee fear of not appearing knowledgeable in front of family</td>
<td>61%</td>
</tr>
<tr>
<td>Others* <em>(Language barriers, family not present, isolation needs prohibitive, need to truncate teaching, nurse too busy)</em>*</td>
<td>&lt;5%</td>
</tr>
</tbody>
</table>
**Perceived Benefits of FCRs**

<table>
<thead>
<tr>
<th>Perceived Benefit</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves family involvement in care</td>
<td>82%</td>
</tr>
<tr>
<td>Enhanced family understanding of discharge goals throughout stay</td>
<td>77%</td>
</tr>
<tr>
<td>Role modeling for trainees (communication, exam skills, etc.)</td>
<td>74%</td>
</tr>
<tr>
<td>Effective team communication</td>
<td>73%</td>
</tr>
<tr>
<td>Others*</td>
<td>&lt;5%</td>
</tr>
</tbody>
</table>

*Direct evaluation of house staff, improved nursing/physician communication, collaboration and improved nursing education, risk management benefits

**Conclusions**

Nationwide survey of pediatric hospitalists revealed FCRs
- Conducted in less than half of hospitals
- Occur significantly more often in academic than non-academic hospitals
- Mean duration does not significantly differ between FCRs and sit down rounds
- Enhance bedside nurse participation in rounds

**Conclusions**

Most common perceived barriers to FCRs include
- Lack of interest by house staff
- Physical limitations of small room size to accommodate large team
- Negative impact on work flow
- Trainee fear of not appearing knowledgeable in front of family
- Misconceptions that FCRs take longer than traditional rounds

**Conclusions**

Perceived benefits of FCRs include
- Greater family involvement and understanding
- Enhanced family understanding of discharge goals
- Effective team communication
- Providing good role models for trainees in improving clinical exam and communication skills

**Implications**

Study findings suggest that
- Contrary to popular belief, FCRs do not prolong duration of rounds
- FCRs may enhance quality of in-patient care by improving
- Successful implementation of FCRs may require
  - Facilities that can accommodate large team size
  - Eliminating misconceptions about time constraints
  - Educating residents and other rounding team staff about potential benefits of FCRs

**Do Family-Centered Rounds (FCRs) Enhance Residents Clinical and Educational Experience and Improve Quality of Patient-Care? A Qualitative Study at Two Centers**

Platform presentation at the Society of Hospitalists meeting 2009, Poster at 2010 PAS meeting, Manuscript under review
Background

- 44% of academic pediatric hospitals conduct FCRs nationally
- No studies have examined pediatric residents perceptions about FCRs, or potential role of FCRs in improving medical education and quality of patient-care

Study Aims

- Examine knowledge, attitude, and beliefs of pediatric interns and residents regarding FCRs, including impact on
  - Resident education
  - Parental satisfaction
  - Communication with family
  - Patient safety
  - Identify implementation barriers to FCRs

Methods: Focus Groups

- Focus group methodology
  - Considered one of the most useful mechanisms for in depth exploration of peoples knowledge, experience, and attitudes
  - 4-8 participants considered ideal focus group size
- Sample
  - Focus group of UTSW pediatric residents and CNMC residents rotating through general in-patient pediatric teaching service, where daily FCRs are conducted
- Inclusion criteria
  - Exposure to FCRs for at least 1 block

Methods: Focus Group Questions

- Derived from findings of initial pilot study and latest available edition of Consumer Assessment of Healthcare Provider and Systems (CAHPS) questions
  - 23-question Moderator’s guide addressed following 8 domains
    - Resident education
    - Parental satisfaction
    - Communication with family
    - Efficiency
    - Outcomes
    - Patient Safety
    - Coordination of care of complex medical cases
    - Implementation barriers

Analysis

- Each focus group session audiotaped and professionally transcribed
- Data analyzed independently by 4 authors using grounded theory
- Disagreements resolved by consensus
- Margin coding used to identify key themes
- Final taxonomy created to summarize
  - Participants attitudes and beliefs about FCRs
  - Perceived implementation barriers to FCRs

Results: Perceived Impact of FCRs

- House staff report that if conducted well, FCRs enhance
  - Resident education and clinical skills
  - Parental satisfaction
  - Communication between physicians and family
  - Patient safety
Perceived Impact of FCRs: Enhance Resident Education and Clinical Skills

- Increased number of patients seen on FCRs
  - “You see more than just your own 5 patients, because you see them all, and the more you get to see, the more you see rashes and bad asthma, that helps”
- Improved physical examination skills
  - “Better, because you are physically seeing and making treatment decisions about what is going on, versus getting a mini lecture. And that was good for call night too”

FCRs Enhance Resident Education and Clinical Skills

- Role modeling and real-time feedback by attending physicians
  - “If I think I hear crackles, and I don’t know, then everyone’s there and the attending can say—oh yes, that is crackles and wheeze or whatever”
- Enhanced leadership and teaching opportunities for senior resident
  - “As a senior, I had full leadership responsibility, of course with supervision. I really enjoyed the autonomy and them pushing me. It was pretty much me assigning things to read, teaching physical findings, I was very active too”

FCRs Enhance Resident Education and Clinical Skills

- Better learning about how to communicate with families
  - “Especially for interns, they may not know the best way to explain things—also if you make a mistake, the attending is right there to correct—oh no, that is not actually…and to answer follow-up questions of what you tell them”

Perceived Impact of FCRs: Improve Parental Satisfaction and Communication

- Improved parental understanding of key medical condition and discharge goals
  - “They are more satisfied because we are informing them better, labs and test results are discussed with them everyday….discharge goals are updated daily”
- Provide uniform communication with team
  - “Because there is direct communication, they see the same team everyday, the whole team talks to them, they talk back to the team, plus they don’t get conflicting information”

FCRs Improve Parental Satisfaction and Communication

- Reduced extraneous visits by medical personnel
  - “With multiple people going in and out, families frequently get confused. With one visit, it is all said one time—what the plan of care is—and from then on it is gold, inscribed in stone…I think the communication is better because there is one visit”
  - “More satisfied because they don’t have to repeat same things to four or five different people”

FCRs Improve Parental Satisfaction and Communication

- Reduced use of medical jargon
  - “Your personal communication has to improve, just to be very clear, when I got to big words—I would turn to the family and explain in laymen’s terms to make sure the parents understand. It is kind of annoying that you can’t use any medical terms when you are in the room”
  - “I learnt it the hard way that doctors talk to doctors in a way that they shouldn’t talk to their patients”
FCRs Improve Parental Satisfaction and Communication

- Better understanding of role of care providers
  - “They know exactly who’s who and what is what. You walk in, and everyone’s on the same page”
  - “They may get nervous when a medical student goes to see them, but I think they get more comfortable when they see us later as a team, when they see the less experienced members of the team guided and led by a team leader”

Perceived Impact of FCRs: Enhance Patient Safety

- Provide more checks/verifications
  - “You have more checks… more communication mistakes are identified… mistakes in history taking are identified”

Perceived Barriers to FCRs

- Physical constraints
  - Large team and small room size
  - Poor acoustics
  - Interruptions by other staff
- Lack of uniformity of rounds
  - Variability in timing/duration/focus
  - Variability in attending training, teaching style, and comfort with FCRs

Perceived Barriers to FCRs

- Resident related barriers
  - Fear of not appearing knowledgeable
- Family preferences
  - Language and culture issues
  - Participation issues
- Specific patient related conditions
  - Patients on Isolation
  - Non-accidental injuries
  - Difficult families
  - Sensitive diagnoses

Perceived Barriers

- Physical constraints
  - “The rooms are too small to fit everybody in”
  - “Because you have all these people in the room, if you are in the back, you cannot hear”
- Lack of uniformity of rounds
  - “With a good attending who knows what they are doing, FCRs are better. If the attending is not good, it makes everything difficult, I don’t know what training they get on this”

Perceived Barriers

- Lack of uniformity of rounds
  - “Attendings need to keep it concise, and not go off on an half hour lecture. On FCRs, I like to hear tidbits, not a whole lot of information or a lecture, not 80 minutes, just bam, bam, bam, this, this, and this. Physical findings or little tips, clinical hints. Things that you wouldn’t know and things that you would only see if you were in the room with the patient”
Perceived Barriers

- Resident related
  - “Yes, there is always a fear that the attending or senior would ask a question and we would just not know. And it is fine when we do sit-down rounds, because I don’t mind looking dumb in front of other interns, but in front of the parent-they are like-hmm, my doctor doesn’t know enough”

- Family preferences
  - “A lot of time, parents wouldn’t be there, they would be asleep, or wouldn’t wake up”
  - “It is really hard to get a translator, you try to do the best with your limited Spanish, it is frustrating for family, and culturally insensitive too”

Conclusions

- Pediatric residents and interns report that, if conducted well, FCRs enhance
  - Resident education and clinical skills
    - Increased number of patients seen on FCRs
    - Improved physical examination skills
    - Role-modeling and real-time feedback by attending physicians
    - Enhanced leadership and teaching opportunities for senior resident

- Parental satisfaction and Communication
  - Improved parental understanding of key medical condition and discharge goals
  - Uniform communication
  - Improved patient-care provided by on-call trainee
  - Reduced extraneous visits by medical personnel
  - Reduced use of medical jargon
  - Better understanding of roles of medical care providers
  - Patient safety

Conclusions

- Barriers to FCRs include
  - Physical constraints
  - Lack of uniformity of rounds
  - Resident fear of not appearing knowledgeable
  - Family preferences
  - Sensitive patient related conditions

Implications

Study findings suggest that
- If conducted well, FCRs enhance resident education and clinical skills, and improve quality of inpatient care
- Given the numerous reported benefits of FCRs, consideration should be given to routinely conduct FCRs in pediatric inpatient setting
Implications

- Successful implementation of FCRs require
  - Developing a uniform approach to conduct FCRs
  - Limiting team size, by identifying key personnel required for FCRs
  - Involving translation services on FCRs, as per demographic needs
  - Addressing barriers such as, resident related factors and sensitive patient related conditions
  - Training faculty to conduct FCRs in a uniform and timely manner

Do Family-Centered Rounds Improve Parent Satisfaction, Communication, Coordination of Care, Patient Safety, Outcomes, and Trainee Education? A Qualitative Study of Parents of Hospitalized Children

Vineeta Mittal, MD, Benjamin Lee, MD, Carlos Oliviera Benjamin Martín, Reina Patel, DO, Rashmi Shetgiri, MD, Glenn Flores, MD
Division of General Pediatrics, Department of Pediatrics
UT Southwestern Medical Center and Children’s Medical Center, Dallas, TX

Study Aims

- To examine knowledge, attitudes, and beliefs of families participating in FCRs, including impact on
  - Parental satisfaction
  - Communication
  - Outcomes
    - Length of stay, safety, coordination of care for complex medical cases, discharge planning, early identification of sick kids, and handoffs
  - Trainee education
  - Barriers to FCRs
  - Benefits of FCRs

Methods: Focus Groups

- Focus group (FG) methodology
  - Considered one of most useful mechanisms for in-depth exploration of peoples knowledge, experience, and attitudes
- Sample
  - Focus groups of English speaking and families with limited English proficiency (LEP)
- Inclusion criteria
  - Exposure to FCRs for at least 2 consecutive days

Methods: Moderator’s Guide

- Derived from findings of initial pilot study and latest available edition of Consumer Assessment of Healthcare Provider and Systems (CAHPS) questions
- 23-question Moderator’s guide addressed following domains
  - Parental satisfaction
  - Communication
  - Outcomes
  - Trainee education
  - Barriers to FCRs
  - Benefits of FCRs

Results: Impact of FCRs

- Families reported FCRs enhance
  - Parental satisfaction
  - Communication
  - Outcomes
  - Trainee education
FCRs Enhance Parental Satisfaction

- Better involvement in patient care
- Better understanding of medical decision-making process
- Better understanding of discharge plan
- Improved trust, comfort, and respect
- Identification of attending physician

FCRs Enhance Parental Satisfaction

- “They just don’t make assumptions. They actually ask your opinion and take your decision into consideration”
- “You get the full picture. It was hard for me to be patient. I wanted him to come home, but I understood that the monitor helped me see what I wouldn’t be able to see at home, and the reason for it”
- “The respect seems mutual, as they step aside and make room for you in the circle. Just like you are equally important in the team”
- “I know who he is and he is there; you can always go to the person yourself if you have a problem”

FCR Enhance Communication

- Direct communication
- Immediate clarification
- Better explaining and daily updates by team
- Better use of lay language
- Improved cultural sensitivity due to team diversity

FCR Enhance Communication

- “The biggest strength is open communication”
- “I could ask question right then and there”
- “It was getting discussed everyday, right there infront of you, and if new developments came up, you were aware of those, as opposed to being blind to those”
- “Even if one of them doesn’t know how to explain it in lay terms, then another one will explain”
- “I have a very diverse team and maybe they can associate or communicate better with me. Maybe they can see where we’re coming from a little bit”

FCR Improve Outcomes

- Length of stay
- Patient safety
- Coordination of care for complex medical cases
- Early identification of sick kids
- Parental understanding of discharge goals

FCR Improve Outcomes

- Length of stay
- “Yes-just an efficient use of time. There were more people working to get the job done, versus one dealing and treating with one thing and then maybe someone coming in -a day later-treating something else”
- Patient safety
- “When you have all of those eyes with the same information everyone knows what’s going on—it is hard for them to make a mistake and no one not to see it and try to cover it up later”
- “I think it lessens the number of mistakes. I can’t say 100 percent, they may have caught it, but the chances are greater”
FCR Enhance Trainee Education
- Increased number of patients seen everyday
- Visual and real-time learning
- Role modeling by attending physician
- Improved communication skills
- Improved understanding and care provided by night on-call trainee
- Improved cultural sensitivity

FCRs Enhance Trainee Education
- “There is different condition in every room, they view the condition, see the progress. I think it helps them remember”
- “They get to see the head doctor interact with family. They learn the kind of questions families ask—because doctors get put on spot and that is something they can get prepared for in the future”
- “Different doctors have different backgrounds and culture differences—and if they came into room of a Hispanic, Black, or Latino, they might not know anything about the culture or how to interact with them. So for them to be there, to know, how to communicate better”

Perceived Barriers
- Physical constraints: large team size, small room size
- Lack of parental control over discussion
- Parental preferences
  - Consent to participate
  - Language issues
- Team dynamics
  - Too many people speaking simultaneously
  - Inability to identify team members
- Specific/sensitive patient conditions
  - Child abuse, terminal illness, sick kids, isolation needs

Perceived Barriers
- “There are times when I am hopeful that nothing scary is said in front of her—if I’m not ready for her to hear it”
- There is a time and place for children with certain age and gender to know things. And, there is a time and place for us—either parents or doctors—to tell them”
- “Every case is different and every child is different. It depends on what parents want for their child—whole team or just few people”
- “They don’t introduce themselves like—I’m the resident, I’m the student, or I’m the attending”
- “I got an interpreter that gave me review. I would like an interpreter who would say what everyone is saying that moment”

Conclusions
Families report that FCRs;
- Enhance parental satisfaction
  - Better involvement in patient care
  - Better understanding of discharge plan
  - Improved trust, comfort, and mutual respect with providers
  - Identification of attending physician

Conclusions
- Improve Communication
  - Direct communication
  - Immediate clarification
  - Better explaining and daily updates by team
  - Better use of lay language
  - Improved cultural sensitivity due to team diversity
- Improve outcomes
  - Length of stay
  - Patient safety
Conclusions

- Improve trainee education
  - Increased number of patients seen everyday
  - Visual and real-time learning
  - Role modeling by attending physician
  - Improved understanding and care provided by night on-call trainee
  - Improved communication skills
  - Improved cultural sensitivity

Conclusions

- Major reported FCR barriers include
  - Lack of parental control over discussion in front of child
  - Poor identification of team members
  - Interpretation problems: simultaneous verbatim vs. summary at the end of rounds
  - Parental preference: consent to participate

Implications

- Given multiple FCR benefits reported by families in this study:
  - Hospitals may consider conducting FCRs to improve inpatient care
  - Teaching hospitals may consider developing educational tools to train trainees about benefits of and barriers to conducting FCRs
  - Those conducting FCRs may consider special emphasis on:
    - Ensuring parental consent prior to FCRs
    - Identifying attending physician to family
    - Being sensitive to patient age and gender during FCR discussions
    - Training interpreters in simultaneous verbatim translation when communicating with LEP families

Other FCR Studies

- FCRs and NICU

- Other FCR Studies
**FCRs Implementation at CMC**

- **Phase 1**
  - Define FCR process
  - Buy-in from key stakeholders

- **Phase 2**
  - Develop, implement, and evaluate FCRs on a pilot general inpatient teaching service
  - Modify FCR process on the pilot service, based on scientific research and rigorous evaluation

- **Phase 3**
  - Disseminate FCRs to all three general pediatric teaching services, through faculty development

---

**FCRs Implementation at CMC: Phase 1**

- Formed a FCR Steering Committee
- Developed goals and objectives of FCRs
- Defined daily FCR process
- Orient key stakeholders, including faculty, students, residents, nurses, case managers, pharmacists, nutritionist, speech and respiratory therapists, interpreters, and families
- Monthly FCRs steering committee meetings to troubleshoot FCR issues

---

**FCRs Implementation at CMC: Phase 2**

- Identified *Best Practices* (a uniform approach to FCRs)
  - Pre-round preparation
  - Starting and ENDing daily rounds on time
  - Identifying sensitive patient issues before rounds
  - Assigning roles of team members
  - Family-centered care essentials: knock, ask families permission to enter the room; before leaving, ask if the family has any additional questions
  - Facilitating work during rounds
  - Encouraging senior residents to lead FCRs
  - Balancing teaching and patient care
  - Discharge planning

---

**FCRs Implementation at CMC: Phase 3**

- Dissemination to all three units through faculty development Workshops
  - Incorporating best practices in conducting family-centered rounds: teaching the trainee a standardized approach to FCRs. PAS 2009
  - Navigating the rounding ship successfully: A faculty development program to train faculty to conduct efficient FCRs. PAS 2010
  - Fine tuning family-centered rounds using a training toolbox: A faculty development program through peer observation and feedback. PAS 2011