Family-Centered Rounds:
A model to work, teach, and care at the bedside in an academic medical center
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Sarkin Memorial Lecture
Women and Children's Hospital of Buffalo
Pediatric Grand Rounds
November 30, 2007

"Arrows in the Quiver"

- Many strategies to teach in the midst of patient care
- Faculty development to expand the number of "arrows" available to preceptors for hitting an ever-changing target of learner needs

Wilkerson & Sarkin, Acad Med 1998

Objectives

- Overview of basics of family-centered rounds
- Literature review of bedside rounds
- Outcome data from Cincinnati Children's first 5 years using family-centered rounds

Introduction to Family-Centered Rounds

Institute of Medicine Definition

Patient-Centered

Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

IOM Committee on Quality of Health Care in America, 2001

AAP Policy Statement

Family-Centered Care & the Pediatrician’s Role

“Conducting attending physician rounds (i.e., patient presentations and rounds discussions) in patients' rooms with the family present should be standard practice.”

Pediatrics, September 2003
ACGME Competencies

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

Evaluation of competencies should include direct observation of trainees...

Family Centered Rounds: A New Innovation?

“As one watches a trainee handle a patient it is easy to tell whether or not they have had a proper training, and for this purpose fifteen minutes at the bedside are worth three hours at the desk.”

Sir William Osler (1849-1919)

What do bedside rounds look like?

Just kidding
Basics of FCRs

- Just getting in the room is not enough!
- Aiming for a new way of rounding, not just pulling back the curtain and letting families listen to the old way...

Basics of FCRs

- Preparation for FCRs begins at admission
- Confirm family's preference for involvement
- Introductions are essential
- Nurses have key roles
- Inviting family into conversation
  - Non-verbal: Positioning and eye-contact
  - Verbal: “Please interrupt...” “You are the expert...”
- Translating or avoiding medical jargon

Review of Medical Literature

Muething SE, Pediatrics 2007

Common Physician Concerns

1. Patient & family comfort
2. Learner comfort
3. Attending physician comfort
4. Efficiency

Concern #1

“Conducting rounds at the bedside will make pediatric patients and their families uncomfortable…”
Patients Like Bedside Rounds

- Author, year
  - Romano 1941
  - Linfors 1980
  - Simons 1989
  - Wang-Cheng 1989
  - Lehmann 1997
  - Nair 1997
  - Fletcher 2005
  - Landry 2007
  - Baker 2007

- Outcome Measure
  - Satisfaction Surveys
  - Anxiety Scales
  - Clinical Indicators
  - Structured Interviews
  - Focus Groups

Landry’s RCT Bedside vs. Conference Room

- 81% of parents wanted next day’s rounds to be at bedside (PICU, n= 27 parents)
- Strong preference for both presentations and teaching to occur at the bedside (p<.0001).
- Parents perceived...
  - Better understood what doctors said
  - More questions answered and more confidential/private
  - More time spent, more respected, taken more seriously
  - More information about tests and plan for day

Romano’s observations from 1941 remain relevant

- Presence of nurse is reassuring
- Social history & PE require special care
- Most patients prefer to hear discussion
- Most pts don’t understood medical jargon
- Brief explanations before & after rounds
- Rounds educate & reassure

Patient Suggestions to Improve

<table>
<thead>
<tr>
<th>Change presentations - less jargon</th>
<th>46%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide opportunity to participate</td>
<td>34%</td>
</tr>
<tr>
<td>All physicians should be introduced</td>
<td>14%</td>
</tr>
<tr>
<td>Fewer physicians in room</td>
<td>8%</td>
</tr>
<tr>
<td>Physicians should be attentive</td>
<td>6%</td>
</tr>
<tr>
<td>Respect privacy more</td>
<td>4%</td>
</tr>
<tr>
<td>Ask permission to present at bedside</td>
<td>3%</td>
</tr>
<tr>
<td>Seated during presentation</td>
<td>1%</td>
</tr>
</tbody>
</table>

Inpatient Learners

- Nair BR, Med Educ 1997

  - Learners prefer to present & discuss away from bedside
    - Patient comfort
    - Learner credibility

Concern #2

“Conducting rounds at the bedside will make learners (medical students & residents) uncomfortable…”
Landry and Inpatient Learners

- No difference in resident comfort during presentation between bedside and conf. rm.
- More comfortable asking questions and being questioned in conference room
- Residents felt more competent in conf. rm. BUT parents found resident more competent at bedside
- Residents felt bedside more beneficial for patient and perceived parents more satisfied
- Where residents want next rounds: 19% at bedside with parent, 14% at bedside without parent, 10% in conf. room

Outpatient Learners

- Rogers HD, Acad Med 2003
  - Learners who present frequently more likely to prefer to do it in the future
- Baker RC, Amb Peds 2007
  - Exam room less comfortable for sensitive topics and more embarrassing when don't know answer
  - More teaching of physical exam, more informed feedback about doctor-patient communication, & more observation from exam room presentations

Concern #3

Conducting rounds at the bedside will push attending physicians outside of their “teaching comfort zone”

Attending Physician Comfort

- Payson HE, NEJM 1965
  - Dealing with uncertainty
  - “I never discuss what I feel uncertain about. I try to limit my comments to the aspects of scientific medicine that I feel expert in.”
- Linfors EW, NEJM 1980
  - Intellectual “thin ice”
  - Teacher can control what topics are covered in the conference room

Concern #4

Conducting rounds at the bedside will take longer, and is not an effective use of time

  - Impact of experience
    - Attending < 10 yrs - 47% prefer conf. room
    - Attending > 10 yrs - 18% prefer conf. room
- Ramani S, Med Teach 2003
  - Attending focus groups
    - Declining bedside teaching skills
    - Aura of bedside teaching
    - Not valued
    - Erosion of teaching ethic
Time on Rounds

  - Bedside rounds vs. conf room: 10 vs. 6 minutes spent with patient (by pt report)
  - Did not examine total rounding time
  - Clinic room presentations significantly less time compared to conf. room presentations
  - No difference in total visit duration

Take Home Messages

- Patients prefer bedside rounds but want doctors to introduce themselves, use understandable language, and allow the patient to participate.
- Bedside rounds challenge attendings to move beyond their comfort zone and approach uncertainty at the bedside.
- It is unclear if bedside rounds take longer.

Take Home Messages

- Learners may be uncomfortable with bedside rounds, but become comfortable with experience, and perceive additional learning opportunities at the bedside.
- Learners want a chance to ask and answer questions away from the bedside.
- Learners perceive families are more satisfied by bedside rounds.

Outcomes of Family-Centered Rounds:

Five years of experiences at Cincinnati Children’s

Family Satisfaction

How often did your child’s doctors and other health care providers involve you in decisions about your child’s treatment?

(% Answering “Always or Usually”)

<table>
<thead>
<tr>
<th>Month</th>
<th>Percent Families</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul '03</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Aug '03</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Sep '03</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Oct '03</td>
<td>65</td>
<td></td>
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<tr>
<td>Nov '03</td>
<td>70</td>
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<tr>
<td>Dec '03</td>
<td>75</td>
<td></td>
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<tr>
<td>Jan '04</td>
<td>80</td>
<td></td>
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<tr>
<td>Feb '04</td>
<td>85</td>
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<tr>
<td>Mar '04</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Apr '04</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>May '04</td>
<td>100</td>
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Timeliness

Percentage of Families ranking the hospital a “10” on a scale from 0-10

- Sept-Dec 2003: 37%
- Sept-Dec 2004: 54%

Timeliness of Discharge

- Median:
- Goal:

Percent of Patients Discharged Without Delay

- D/C within 4 hours of meeting d/c goals
- Median
- Goal

Time of Day of Discharge

- 2nd Shift
- 1st Shift

Percentage of Patients Discharged Per shift

- D/C within 4 hours of meeting d/c goals
- Median
- Goal
Resident Perceptions

<table>
<thead>
<tr>
<th></th>
<th>Without FCR</th>
<th>With FCR</th>
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</thead>
<tbody>
<tr>
<td>Experience and setting enables me to learn patient care and increase my fund of knowledge, % answering all the time</td>
<td>83%</td>
<td>81%</td>
</tr>
<tr>
<td>Experience and setting enables me to continuously improve my interpersonal and communication skills, % answering all the time</td>
<td>69%</td>
<td>71%</td>
</tr>
<tr>
<td>Experience and setting enables me to learn system-based practice (i.e., discharge process, home health care, multidisciplinary care), % answering all the time</td>
<td>53%</td>
<td>58%</td>
</tr>
<tr>
<td>Overall quality of rotation experience, % answering Excellent/Very Good</td>
<td>79%</td>
<td>80%</td>
</tr>
</tbody>
</table>

FCR Are we making a difference ...?

FCC Training Received at CCHMC

Attendings’ Views of Teaching

- Focus group study of all CCHMC hospitalist attendings
  - Direct observation of trainees’ interactions with patients and families within normal workflow
  - Modeling of effective communication both by the attending and by other learners (peers and seniors)
  - Family and learner needs are identified very quickly

Conclusion

Brinkman W, Ped Res 2005
FCRs provides an opportunity to meet the needs of learners, patients, and their parents – all at the same time.

Thank You!

Family Centered Rounds Website
http://www.cincinnatichildrens.org/about/fcc/rounds/

Habit of Humanism: A Framework

1. Identify the multiple perspectives in any clinical encounter
   “The physician will recognize and describe the perspectives of the patient, the [parent], and her or himself.”

2. Actively reflect on how these perspectives might converge or conflict
   “The physician considers how each perspective, and potential conflicts among them could aid or hinder forming a connection with the patient.”

Miller, Acad Med 1999

Habit of Humanism: A Framework

3. Choose to act altruistically
   “The physician will choose to support the patient’s perspective as paramount, even if it conflicts with the physician's own agenda or self-interest.”

Miller, Acad Med 1999

Humanism and FCRs

1. FCRs allow the perspectives of all members of team--family, nurses, and physicians-- to be shared during medical decision-making and goal setting.
2. Conflicting and converging perspectives can be addressed immediately and provide rich “material” for subsequent discussions, feedback, and evaluation.

3. Everyday, in every hospital room the care team can choose to “act altruistically” by empowering patients and parents to guide their own medical care.

“...A physician could apply the framework condescendingly, constructing rather than eliciting the patient’s perspective. Applying this model requires practice and thought. Its value lies in making humanistic skills more explicit, more available for examination, and potentially more reproducible.”

-- Miller, SZ, Schmidt HJ, Academic Medicine, 1999