



# Family-Centered Rounds: A Decade of Growth

In the last decade, in an effort to improve family-centered care, pediatric hospitalists have incorporated family-centered bedside rounds into the inpatient setting. By involving patients and families in decision-making during rounds, we have given a new twist to the old concept of bedside rounds and called it family-centered rounds (FCRs).

In 2007, Muething et al<sup>1</sup> developed the first FCR model for improvement and described the role of FCRs in enhancing family-centered care, trainee education, and reducing discharge timeliness. Since then, many hospitalists programs have incorporated FCRs into their daily rounds, and by 2010, >44% of pediatric hospitalists reported conducting FCRs.<sup>2</sup> Sisterhen et al<sup>3</sup> defined FCRs as a model that involves planned, purposeful interaction that requires the permission of patients and families and the cooperation of physicians, nurses, and ancillary staff. Although the last decade was spent in establishing FCRs and identifying the attendees' perceptions of FCRs and their impact on patient care, a recent study by Sharma et al<sup>4</sup> in the current issue of *Hospital Pediatrics* has taken FCRs to the next level by better operationalizing FCRs and setting the stage for future outcomes evaluation.

The authors conducted a quality improvement project to identify local barriers to nursing participation on FCRs and improve nursing attendance.<sup>4</sup> Only 47% of FCRs were attended by nurses before the study interventions. The first intervention, an education-only intervention, did not increase nursing participation on rounds; the authors then used a hands-free communication tool (second intervention) to notify nurses 5 to 10 minutes before the team arrived at their patient's room. This method increased nursing participation to 80%. The hands-free communication tool was already in use by nurses for nursing communication. The authors plan to do future studies related to outcomes of nursing presence during FCRs.

Benefits of involving families during FCRs have been well studied in the last decade.<sup>5,6</sup> Rosen et al reported that FCRs foster team work, improve staff satisfaction, and increase family satisfaction.<sup>7</sup> Rappaport et al identified benefits for individuals who attend FCRs, including trainees, nurses, and patients and families.<sup>8</sup> Families with limited English proficiency and their positive perceptions of have been reported.<sup>9,10</sup>

The value of FCRs in improving parental satisfaction, discharge timeliness, nursing satisfaction, communication, and resident and student education has been reported.<sup>11-13</sup> FCRs were found to provide a venue for direct observation of trainees and also provide trainees with the chance to observe communication between the attending and families; witness professionalism, compassion, and respect; and

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## ABBREVIATION

FCR: family-centered round

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improve physical examination skills. Barriers to implementing FCRs remain. In a busy inpatient environment, conducting multidisciplinary FCRs in a timely and efficient manner can be challenging. Key barriers to FCRs are attending variability, efficiency, language barriers, and specific patient conditions. However, due to many recognized FCR benefits, it is not surprising that many PICUs, NICUs, and subspecialty services have adopted FCRs. In adult medicine, patient-centered multidisciplinary rounds are gaining momentum.

### NEXT STEPS IN FCRs

The current study<sup>4</sup> is unique because it shifts the FCR discussion to the next level. By better partnering with nurses and improving nursing attendance, the authors have established a model to take the next step to study the outcomes of FCRs. Over the last decade, as FCR benefits were recognized, the discussions have shifted from whether to conduct FCRs to how to conduct them effectively and efficiently. Many faculty development workshops, both at local and national meetings, have discussed FCRs regularly, from “FCRs 101” to “best practices” to “Rounding Like a Ninja,” and we now have an “App for FCRs.” As FCRs become better operationalized and best practices are established by programs, future research is needed to objectively identify FCR outcomes such as impact on patient satisfaction, communication, patient safety, resident and medical student education, and clinical outcomes.

A recent study from John Hopkins Medical Center reported that interns lack training in bedside etiquette such as compassion and communication skills.<sup>14</sup> Many crucial elements of patient care and Accreditation Council for Graduate Medical Education requirements<sup>15</sup> such

as compassion, respect, dignity, and cultural competencies, and communication with patients and families cannot be taught in lecture room format, and FCRs might be an excellent venue to teach and directly observe our trainees. If we are to become effective bedside teachers, we will need to sharpen our own physical diagnostic skills.<sup>16</sup> We will need to learn how to be gentle with students and housestaff, how to better communicate with patients, and how to teach ethics and professionalism with our patients.<sup>17</sup> Previous FCR research on the educational impact of FCRs was mainly focused on perceptions of trainees by using qualitative methods. Although the results are encouraging, objective educational outcome measures are needed as stronger FCR models evolve. Developing and evaluating trainees’ competencies in bedside etiquette is challenging and might require going back to Kirkpatrick’s 4 levels of learning evaluation and “starting with the end in mind.”

Future quality improvement projects should focus on innovative models to better operationalize FCRs and make them more efficient. These goals might include creating models for faculty development programs to streamline daily FCRs, partnering with language and interpreter services to address language barriers, developing FCR rules or “best practices” for individual programs, and identifying strategies to improve FCR efficiency. These new procedures can then set the stage for outcomes research, as in the current study by Sharma et al.<sup>4</sup>

### REFERENCES

1. Muething SE, Kotagal UR, Schoettker PJ, Gonzalez del Rey J, DeWitt TG. Family-centered bedside rounds: a new approach

- to patient care and teaching. *Pediatrics*. 2007;119(4):829–832.
2. Mittal VS, Sigrest T, Ottolini MC, et al. Family-centered rounds on pediatric wards: a PRIS network survey of US and Canadian hospitalists. *Pediatrics*. 2010;126(1):37–43.
3. Sisterhen LL, Blaszkak RT, Woods MB, Smith CE. Defining family-centered rounds. *Teach Learn Med*. 2007;19(3):319–322.
4. Sharma A, Norton L, Gage S, et al. A quality improvement initiative to achieve high nursing presence during patient- and family-centered rounds. *Hospital Pediatrics*. 2014;4(1).
5. Latta LC, Dick R, Parry C, Tamura GS. Parental responses to involvement in rounds on a pediatric inpatient unit at a teaching hospital: a qualitative study. *Acad Med*. 2008;83(3):292–297.
6. Bergert L, Patel S. Family centered rounds: a new twist on an old concept. *Hawaii Med J*. 2007;66(7):188–189.
7. Rosen P, Stenger E, Bochkoris M, Hannon MJ, Kwok CK. Family-centered multidisciplinary rounds enhance the team approach in pediatrics. *Pediatrics*. 2009;123(4). Available at: [www.pediatrics.org/cgi/content/full/123/4/e603](http://www.pediatrics.org/cgi/content/full/123/4/e603).
8. Rappaport DI, Ketterer TA, Nilforoshan V, Sharif I. Family-centered rounds: views of families, nurses, trainees, and attending physicians. *Clin Pediatr (Phila)*. 2012;51(3):260–266.
9. Lion KC, Mangione-Smith R, Martyn M, Hencz P, Fernandez J, Tamura G. Comprehension on family-centered rounds for limited English proficient families. *Acad Pediatr*. 2013;13(3):236–242.
10. Seltz LB, Zimmer L, Ochoa-Nunez L, Rustici M, Bryant L, Fox D. Latino families’ experiences with family-centered rounds at an academic children’s hospital. *Acad Pediatr*. 2011;11(5):432–438.
11. Young HN, Schumacher JB, Moreno MA, et al. Medical student self-efficacy with family-centered care during bedside rounds. *Acad Med*. 2012;87(6):767–775.
12. Mittal V, Krieger E, Lee B, et al. Pediatrics residents’ perspectives on family-centered rounds: a qualitative study at 2 children’s hospitals. *J Grad Med Educ*. 2013;5(1):81–87.
13. Kuo DZ, Sisterhen LL, Sigrest TE, Biazo JM, Aitken ME, Smith CE. Family experiences

- and pediatric health services use associated with family-centered rounds. *Pediatrics*. 2012;130(2):299–305.
14. Block L, Hutzler L, Habicht R, et al. Do internal medicine interns practice etiquette-based communication? A critical look at the inpatient encounter. *J Hosp Med*. 2013;8(11):631–634.
15. Accreditation Council for Graduate Medical Education program requirements for residency education in pediatrics. Available at: [www.acgme.org/acWebsite/downloads/RRC\\_progReq/339\\_child\\_abuse\\_peds\\_02062010.pdf](http://www.acgme.org/acWebsite/downloads/RRC_progReq/339_child_abuse_peds_02062010.pdf). Accessed October 26, 2013.
16. Ottolini M, Wohlberg R, Lewis K, Greenberg L. Using observed structured teaching exercises (OSTE) to enhance hospitalist teaching during family centered rounds. *J Hosp Med*. 2011;6(7):423–427.
17. LaCombe MA. On bedside teaching. *Ann Intern Med*. 1997;126(3):217–220.

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