



APPLYING PATIENT- AND FAMILY-CENTERED CONCEPTS TO BEDSIDE PEDIATRIC ROUNDS

The manner in which rounds are conducted is changing. Increasingly pediatric staff and faculty are including families in the process of rounds. The following serve as guidelines for conducting rounds to accomplish a variety of purposes successfully within a context of respect and support for children and their families.

- ▼ Develop practices for the process of rounds that respect privacy and confidentiality.
 - Think through the definitions of privacy and confidentiality and the implications for rounds.
 - In order to comply with HIPAA and other privacy regulations, especially when conducting rounds in semi-private or multi-bed rooms, a hospital or a clinical unit should have a written philosophy of care that acknowledges the importance of family access to information and affirms that their participation in care planning and decision-making is essential to the best clinical outcomes and to quality, safe, and equitable health care. This statement documents that family participation in rounds is standard operating procedure.
 - Ask the family at the beginning of a hospital stay if there are key issues that should be protected.
 - Include information about the hospital's policy regarding family participation in rounds on routine consent forms. This provides an opportunity to encourage families to take an active role in health care decision-making and to tell them of the possibility of incidental disclosures.
 - Ask the family at the beginning of a hospital stay to identify family members who should or should not be included in these discussions.
 - Consider adaptations in the configuration of the unit or patient rooms that might enhance privacy.
- ▼ Structure the format and setting for planning and teaching clinical care so that bedside rounds are used in a way that addresses the needs and priorities of all constituencies, physicians-in-training, faculty, staff, and children and families. Separate "sit down" rounds or other teaching formats may be more appropriate for some aspects of education and daily communication about patients, and thus can be targeted more specifically for students and residents.
- ▼ Decide and clarify whether this is the primary time for the family to ask questions and obtain information.
 - If this is not the primary time for this communication, determine the alternatives.
 - If this is the primary time for communicating with families, consider the timing of rounds and its convenience to families.

- ▼ Consider the process of rounds as an opportunity to model open communication and clear and supportive language with children, families, and health professionals from all disciplines.
- Use a tool or checklist to guide family-centered rounds.
 - Set a tone from the beginning that everyone is a learner.
 - Avoid language that is patronizing ... “my unit ... “
 - Convey respect for the individuality, capacities, and vulnerability of each child.
 - Convey respect for families and recognize them as members of the care team. Include them in the rounding process. Affirm the positive contributions that families can make.
 - Discuss with the family if they wish for the child to participate in rounds. Give parents the option to have rounds conducted outside of the room.
 - When developmentally appropriate, include the child or adolescent in this discussion.
 - As appropriate, offer parents the option to participate in rounds using telehealth.
 - Do not use a family’s participation in rounds as a way to evaluate “parental involvement.” Families are balancing many different priorities and may choose not to participate in rounds.
 - Briefly explain the purpose of rounds to the child and family — clarifying whether the purpose is primarily teaching or the coordination of clinical care or both.
 - At the time of admission, have family consultants or other staff help prepare families for the way that rounds are done. Written or audiovisual materials may be helpful as well.
 - At the time of admission, ask families if they may need to participate virtually.
 - With the primary purpose for the rounds clear, choose the appropriate language, topics, and level of detail to use at the bedside. Provide interpreter services as needed.
 - Greet the child and family upon entering the room. When necessary, remind students and professionals-in-training to greet the child and family.
 - In discussions with the rounding team, refer to the child or family by name, rather than as a disease or room number, or Mom or Dad.
 - When the child’s condition permits, help the child in bed to be at eye level with the rounding team.
 - Ask for insights and observations from the child, when the child’s condition permits, and from the family. These questions could relate to the child's condition and treatment or they could focus on other kinds of issues, such as their experiences at the hospital and any suggestions for improvement.
 - Before examining the child during rounds, ask the child and/or family if this is an appropriate time.
 - Provide families with an opportunity to debrief or process what they have heard on rounds.
 - When leaving, ask if the child or family have questions. If they do, either respond to them then or have a plan as to how to respond to them later.

Resources

In 2014, IPFCC launched the *Better Together: Partnering with Families* campaign calling on all hospitals to welcome families 24 hours a day and to transform their approach to care so that patients' families and loved ones are included in care and decision-making, according to patient preferences. IPFCC developed a toolkit of resources hospitals can use to make this culture shift. It includes sample policies, guides, videos, and case studies of how exemplar hospitals successfully changed their policies to welcome families. For more information and additional resources (e.g., Pediatric Rounds References list), visit IPFCC's website PFCC Best Practices section, Better Together: Supporting Family Presence, at <https://www.ipfcc.org/bestpractices/supporting-familypresence/index.html>