

ENGAGING THE FAMILY, THE FAMILY CONFERENCE

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ABSTRACT

Family engagement should be part of a holistic management of any patient. This is especially so in patients who have an acute change in their health condition or function that stresses their social setup. Conducting a family conference is one of the many ways to engage patients and their caregivers and address their bio-psycho-social needs. It is a focused and purposeful approach that engages every member of the health care team and family members in facilitating a common understanding and decision-making with the aim of improving patient care and outcome. A family conference is resource intensive, and should be planned well to maximise the goals that it was set out to achieve. This article was written as a primer to help family physicians understand the indications, preparations needed, and steps to take in conducting a family conference. To facilitate a family conference confidently is a skill and an art that requires practice and constant refinement.

Keywords:

Family Conference, Engagement, Group Meeting, Discharge Planning, Caregivers

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CASE SCENARIOS

Mdm T is an 86-year-old female who was admitted to a community hospital after a fall. She sustained a left neck of femur fracture which was conservatively managed. Her family says that unless she is able to walk independently again, they will not be agreeable for a discharge. They claimed that there is nobody to care for her at home. You request to meet up with the family to discuss discharge plans.

Mr H is a 65-year-old male who is residing in a nursing home because of multiple strokes and is uncommunicative and bedbound. Over the past 12 months, he had been admitted 6 times to a tertiary hospital for drug-resistant chest and urinary tract infection. For the past 3 days, he had been having a fever despite oral antibiotics. His wife and daughter are worried and ask to speak with your team.

INTRODUCTION

The importance of patient and family engagement with the health care team is well established. It improves patient and family

satisfaction, clinical decision-making, discharge planning and psychological wellbeing.¹⁻⁷ Engaging the patient and family is an important component of patient quality and safety and addresses the Joint Commission standards of informed decision-making by patients and families.⁵

Family physicians engage with both patients and their family members in various situations and across settings. This could be at the outpatient clinic visits when a son brings his elderly father for chronic disease follow up; at a nursing home or community hospital when families visit; and at medical home visits when reviewing a homebound patient at a daughter's home. Casual meetings such as these are not only useful for doctors to build rapport and keep families informed on patient's progress, but also good opportunities to understand patient's family dynamics that might impact the overall health of the patient. It is also a platform for family members to ask questions, voice concerns and, in the process, play an active role in the care of the patient.

However, informal meetings may be inadequate in situations of acute change in health and function, and a more deliberate and formal one in the form of a family conference may be required. Facilitating a family conference is a valuable competency that Family Physicians should have, but is seldom taught well in medical schools. Often, it is observed that the predominant activity in a family conference involves the dissemination of medical information and instructing families on what should or should not be done. A more purposeful approach engages and involves all the relevant family members or team members to derive consensus in decision-making and dealing with relational issues.^{6,8}

The Department of Family Medicine at the Singapore General Hospital has incorporated this into the training of Medical Officers, to improve interpersonal skills and communications, as well as patient care, two of the Accreditation Council for Graduate Medical Education (ACGME) core competencies.⁹ anywhere in the health care system.¹⁹

Definition

A family conference (also known as family meeting) is a meeting between the patient, family and the health care team to facilitate communication and discussion about the care plan, discharge plan or any other identified or anticipated issues that may impact the wellbeing of the patient and the family. The health care team can include the doctor, nurse, medical social worker, physiotherapist, occupational therapist, speech therapist, or anyone who is involved in the care of the patient.

Some indications for a family conference include:

- Change in patient's medical status;
- Alteration in care plans and goals of treatment;
- Addressing unmet expectations;
- Discharge planning;

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- Miscommunication or conflicts between the health care team and patient/family;
- Differing messages from different family members;
- Family conflicts that affect patient care;
- Boundary issues with the patient/family;
- Prolonged hospital stay and the need for future care plan;
- Lack of involvement or information from the family; and
- Bereavement support.

General Guide To Conducting a Family Conference

It is useful to approach a family conference as consisting of four stages: “Initiation and Preparation”; “Pre-Conference Meeting”; “Conducting the Conference”; and “Post-Conference Debrief”. At each stage, there are some important tasks that need to be done to ensure that the family conference goes smoothly. A cookie-cutter framework is inadequate to address the diverse needs that are unique to each patient-family unit. Hence this article serves as a primer to conducting a family conference and is by no means all-encompassing.

a. Initiation and Preparation

1. Initiating a request for a family conference.

Anyone may request a family conference. This can be the patient, family or the health care team. This request should be flagged up to everyone in the health care team during team rounds or multi-disciplinary meetings.

2. Clarify the reasons and indications for the family conference.

Once a request for a family conference has been raised, the reasons for and the contextual background leading to this request should be clarified with the party who initiated it. Subsequently, determine the validity and purpose of the request and decide if a family conference is a suitable platform to address this.

3. Identify the people who need to be present.

As far as possible, a competent patient should be in attendance. The patient should also be asked to identify one or two key family members who can also be involved in decision-making to attend the family conference. As for the health care team, only relevant health professionals should be present to avoid overwhelming the patient and family. Where necessary, ensure the availability of an interpreter who is preferably not a member of the family.

Generally, the family should be asked to refrain from bringing young children to the meeting. If this is unavoidable, appropriate baby-sitting may have to be arranged.

4. When and where it should be held?

The family conference should be arranged at a time when all the important persons from the health care team and patient/family can attend. Ideally, the duration of the meeting should be estimated and made known to all parties, so that everyone is aware of the time commitment involved. The recommended time is usually about 60 minutes.^{7, 10} The venue of the meeting should be determined, taking into consideration the importance of the physical and social space

required by the expected number of persons attending. It should also be a friendly, private and comfortable environment which is also convenient to all. Facial tissue paper and drinking water should be made available.

A single-row, circular seating arrangement is ideal as it allows all family members to “sit in the front row”. As far as possible, it is also good to spread the health care members out so that all the health care providers are not sitting on one side and the family on the other.¹¹ However, this is not feasible if the number of family members attending is small. If a table is used, it should ideally be small, short and non-obstructive. A huge conference table would not be suitable.

5. Meet with all the members of the health care team before the family conference.

As a team, agree on the goals that need to be achieved or additional information that needs to be obtained from the family during the family meeting.

Identify a (a) facilitator, (b) coordinator, and (c) a member of the team to document and pen the session.

The most appropriately skilled person should be identified to be the main facilitator of the family meeting. This may be the medical doctor, but not invariably so. If another team member has built substantial rapport with the patient, the role of the facilitator can be taken up by him/her.

The tasks of the facilitator include:

- Starting the family conference with an introduction and stating ground rules;
- Setting the pace and tone of the conference;
- Directing the flow of information, particularly from the relevant health professionals;
- Facilitating discussion about the pertinent issues;
- Encouraging views from all, especially those who are quiet;
- Clarification of issues;
- Moderating conflicting opinions;
- Summarising discussion; and
- Ending the discussion either with a conclusion, such as a plan of action, or with a plan for future discussions.

The coordinator is the person who will act as the primary contact point, and be responsible for scheduling, inviting and coordinating the family conference. The facilitator and coordinator can be the same person.

Accurate record keeping of the family conference is important. And below are some suggested key points to be recorded during the family conference (Figure 1).¹⁰ This can take the form of handwritten notes or typed out using a computer, which may be faster and more legible.

b. The pre-conference meeting

Just prior to the meeting, it is good to meet with all the members again, to confirm the primary purpose of the family conference.¹² It is also a good time to ensure that everyone is clear about the medical facts, to update one another on the latest situation, clarify any last-minute queries from the team

Figure 1

Date:				
Start time:		End time:		
Venue:				
Name of facilitator:				
Proposed purpose of the meeting: 1. 2. 3.				
Family members present (name & relationship): 1. 2. 3.				
Staff members present (name & role / discipline): 1. 2. 3.				
Details of discussion:				
Summary of issues raised at the meeting: 1. 2. 3.				
Follow up action:				
<u>Current situation</u>	<u>Goal</u>	<u>Action</u>	<u>Person to follow up</u>	<u>Review date</u>
1.				
2.				
3.				

members, and deal with any disagreement among them. A team who does not know the most recent changes to the patient's condition (or worse, one that needed the family to update it), or a divided team will hardly inspire confidence from the family.¹³ It is important that the medical records, relevant laboratory investigation and imaging reports, and updated medication list are available at the family conference.

c. Conducting the Conference

1. Introduction

The facilitator will:

- Thank everyone for attending;
- Introduce him/herself;
- Invite the rest of the health care team and family members to introduce themselves and state their relationship with the patient; and
- Establish "ground rules" in a non-patronising way.
 - o Would like to hear from everyone present;
 - o If possible, only one person to speak at each time. Wait for the previous person to finish speaking before starting;
 - o Each person will have a chance to ask questions and express views; and
 - o Mobile phones to be in silent mode.

2. Determine the understanding of the purpose of the family conference.

The facilitator will:

- State the general purpose of the meeting;
- Confirm with the family and patient their own interpretation of the purpose of the meeting;
- Address any misunderstandings they may have about the agenda; and
- Ask if there are any additional concerns, and if pertinent, prioritise them and confirm which ones the meeting will attempt to be deal with.

Getting consensus on the objectives and agenda for the family meeting is an important step before moving on. It becomes particularly useful to anchor the discussion if subsequent turmoil and conflict threaten to derail the session.

3. Assessing family and patient's knowledge and understanding of the medical facts.

Ask the patient and family to express in "their own words", what they already know about the medical conditions, treatments received, prognosis, and what they have been told by other physicians. Identify any knowledge gaps and explain medical terminologies in simple language. Further clarification and explanation using teaching aids such as diagrams or anatomical models may be necessary to enhance the understanding of the disease.

4. Prioritise and address the predetermined objectives of the meeting and other additional concerns that have been mentioned. Align the goals of treatment for the patient.

5. When suitable, pause and check periodically with the patient and family to see if the discussion is on track and in keeping with their needs.¹⁰ Unrealistic expectations of patient

and family should be addressed.

6. Be prepared for no consensus.

When parties cannot come to an agreement, it is helpful to re-state the goal and reinforce the context.¹² In a patient who is incompetent, ask the family what the patient would have wanted for him/herself if he/she could speak. Explore the family's ideas, concerns, and expectations as well as their knowledge, attitudes, and practices.¹⁴ Remember to acknowledge emotions and allow adequate time for reflection and consideration. Using time as a tool, a second meeting may be necessary for decision-making.

Family conflicts may also surface, but be tactful and align everybody back to the common goal of the family conference. One strategy is to enable each family member to amply present her or his point of view in the meeting to the facilitator instead of arguing with each other. Opposing parties are more likely to hear each other's perspectives and difficulties when they do not have to respond to the content at a personal or emotional level.

However, remember that each family has its own ethics and problem-solving etiquettes and processes, which may not concur with the team's approach, even if the agenda is similar. Time and opportunity should be given to allow the family to use their own ways to resolve the issues.

7. Conclude the family conference.

The facilitator will:

- Summarise any areas of agreement, disagreements, decisions, and ongoing plans, and confirm them with the attendees;
- Highlight the positive outcomes that were achieved from the meeting;
- Offer a last opportunity for questions, concerns or comments;
- Offer a subsequent session to discuss any concerns that were not addressed during this family conference, or offer to deal with the issues on a one-on-one basis;
- Identify one main family spokesperson for ongoing communication; and
- Thank everyone for attending.

d. Post Conference Debrief

After the family has left, it is very useful for the team to discuss the meeting and its outcome. The team should discuss (1) whether the objectives have been achieved; (2) what more needs to be done or followed up by each team member; and (3) any difficult emotions that the team members experienced, especially when dealing with the conflicts and dilemma. The facilitator may have to explain any deviation from the preconference decision and agenda.

e. Other Follow-up Actions

The entire process of the family conference should be properly documented and filed in the patient's medical records, after being checked for accuracy and completeness.

Maintain contact with the main family spokesperson and arrange follow-up meetings or telephone calls if necessary.

Some Useful Phrases To Get the Family Conference Started

- “I want to thank you for taking time off from your busy schedules to meet us.”
- “Today I want to update you on Mr A’s medical condition and then, together with you, decide what we should do next in caring for him.”
- “But before we do that, I would like everyone to introduce yourselves, stating your relationship to Mr A.”
- “I know the nurses and doctors have tried to keep the family informed about what is going on with Mr A’s treatment. However, we may have confused you or even forgotten to mention something. Could you share with us your understanding of your father’s condition?”
- “You are correct... He came to the hospital... To what you have said, let me add on...”
- “At this time, what is most important to you/Mr A?”
- (If patient is uncommunicative) “If Mr A could talk to us right now, what do you think he would say/decide for himself?”
- “How do you think we can work together to help achieve your goals?”
- “Perhaps you can share with us your ideas and concerns that have influenced your decision.”
- “It is the conclusion of the medical team after caring for Mr A... we recommend...”
- “Well, that is what we hope for him too, but what if we cannot reach there...? Shall we discuss alternatives?”
- “Do you have any concerns about the care and treatment provided so far?”
- “Before we move on, are there any comments or questions from anyone?”

CONCLUSION

A family conference is a useful platform for common understanding and team decision-making with the aim of improving patient care. The family conference should be conceived and executed as a planned intervention. Imagining that one can just walk into a discussion with a complex structure like the family is delusionary. Steps to a fruitful family conference include preparing the health care team adequately prior to the conference; prioritising goals; anticipating non-consensus and family conflicts; and ensuring that families understand the goals and outcome of the family conference.

After the conference, a debrief with the health care team to discuss issues that need follow up helps to ensure that the hard work during the family conference will be translated into a meaningful and actionable plan. It is equally important that proper documentation of the meeting becomes part of a patient’s medical records.

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LEARNING POINTS

- **Pre-conference meeting with the health care team is a must as it ensures that everyone is updated on the most current situation.**
- **Be aware of emotions that may surface during the family conference, acknowledge them and allow the family to reminisce.⁹**
- **Exploring ideas, concerns, and expectations can shed light into why certain decisions are made by patient and family.**
- **When the family dynamics is not known, the family conference is a good chance to understand this. Be polite and give equal attention to every family member.**
- **Validate what the family has understood at the end of the meeting by getting them to express it in their own words and reaffirming them.**
- **Learn to improvise.¹⁵ When done skillfully, guiding the flow of the session is likely to be more fruitful than constricting discussions to fit a fixed formula.**