Conducting Effective Family Meetings

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MEDICINE *of* THE HIGHEST ORDER

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Learning Objectives

1. Define the purposes and goals of family meetings in health care
2. Review effective communication skills needed for facilitating family meetings
3. Identify a step-by-step process that acknowledges emotion and supports shared decision-making
4. Utilize debriefing to understand how to role-model behaviors and provide feedback to team members following family discussions

Background

Family meetings conducted in geriatrics are unique:

- Complexity of medical care needs
- Reliance on surrogate decision makers
- Interdisciplinary health care team members
- Prognostic uncertainty with some conditions
- Frequent changes in health status
- Variety of clinical settings :
  hospital, nursing home, home, outpatient, hospice

Source: Ceronsky, L et al. Annals of Long-Term Care, 2011

Reasons for family meetings

- Health care decision making
- Share information/prognosis/change in health status
- Problem solving
- Conflict resolution (patient/family/staff)
- Limit setting
- Providing reassurance
- Can be initiated by member of team or requested by patient or family
- **Goal**: improve **outcomes** and **satisfaction** with care among the patient, family, and care team

Imperatives

- Frequent transitions of care between the nursing home and hospital necessitates advance directive and goals of care discussion
- Limits on the benefits for medical interventions in the oldest old and frail (dialysis, antibiotics, hospitalization)

Opportunities

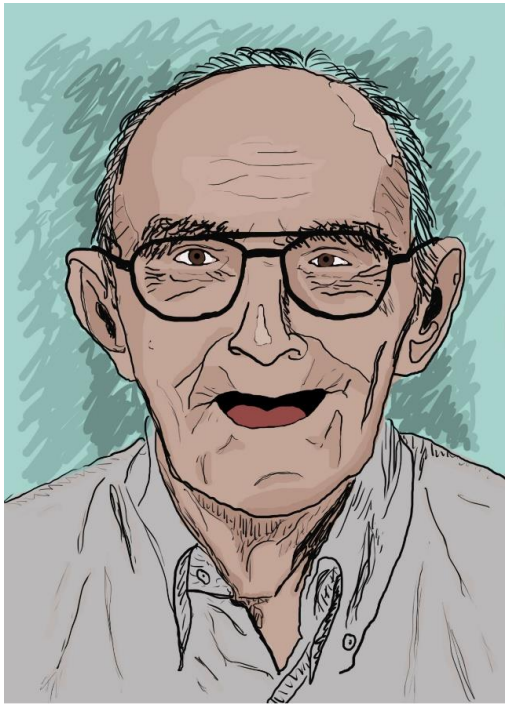
- Able to involve family in meaningful conversations and decision-making
- Engagement of staff as "family" in the care of patients (stakeholders)
- Get "everybody on the same page"
- Be proactive rather than crisis decision-making
- Identify team member goals for the meeting as well (there may be secondary aims for the meeting)
- Opportunity to model effective communication for families and chance to positively reward positive behavior

Challenges

- Family dynamics
- Staff dynamics
- Emotional roadblocks to discussion
- Varying levels of skills/experience by team members at meeting
- Varying history of relationships with patients and family caregivers
- Factors beyond individual influence (poor experiences in past with health care, missed diagnosis, resentment, past discrimination, difficulties with other providers)

Family Meeting: Mr. S

- 87yo male with severe cardiomyopathy, residing at home until most recent 3rd hospitalization for CHF exacerbation
- Has had progressive difficulty with cognition, frequent falls, not taking medications, self-neglect for several months. Started fired on stove. Increasing paranoia that others are out to harm him, keeps loaded firearms at bedside and threatened home care staff.
- Now admitted to NH presumably for long-term care.
- Nutrition has improved, he is receptive to care, takes medications, needs assistance with most ADLs. Occasional angry outburst (personal space).
- Family requests care team meeting: want him home



Family Meeting: Mr. S, Son, Daughter

- Determined to lack capacity for medical decision-making due to dementia
- Care team expresses concern as to prior safety at home and medication adherence. Also, no advance directives in place.
- Daughter: "you are keeping my father prisoner here, you are violating his rights, he has always lived life the way he wanted to"
- Family unwilling to commit to a plan of how they would assist or be back-up to care. Feels he takes too many medications and being "poisoned."
- Mr. S states: "I like it here, everyone treats me real nice, I have a warm bed, and roof over my head. The food is not too bad either."

Family Meeting Flow Chart

Reflect on Roles – who is taking charge of what parts of meeting?

Set Meeting Agenda & Expectations

Family Understanding

Sharing Information

Patient's Voice

Managing Emotion

Establishing Goals

Plan of Action

-Care Plan

-Withdrawing/Withholding Rx

-Advance Directives

-Comfort Care/Hospice

-Follow-up

Conducting a Family Meeting

- Determine if patient is able to participate (lack of decision-making capacity does not necessarily mean the patient is unable to share preferences)
- Prepare for the meeting (get perspectives of everyone who will be involved to avoid derailment)
- Review medical issues and history
- Coordinate and discuss with health care team
- Identify a meeting facilitator among the healthcare team
- Discuss which family members will be present
- Arrange a private, quiet location with seating for all
- Try to minimize distractions if possible: set aside adequate time and seating, turn off phone, alarms, overhead announcements

Adapted from: Quill et al. Primer of Palliative Care, 5th Edition

Open the Meeting

- Introduce all in attendance (identify who and relationship to patient before you begin)
- Ask patient/family understanding and expectations
- Review the clinical situation (avoid medical jargon)
- Establish the overall goal(s)/agenda of the meeting:

"Today I'd like to make sure everyone understands how [patient] is doing and answer the questions that you may have"

"We wanted to meet today to discuss [patient] and how we can best prepare to get him/her home with needed support."

- Be prepared for the goals of the meeting to change based on family's desires and concerns

Elicit Family Understanding

- Ask family members questions, such as

  "What have you been told about [patient's] condition?"

  "And what is your understanding of that?"

- After hearing from the family, a helpful follow-up question:

  "Is there anything that isn't clear that we can help to explain?"

Elicit Patient and Family Values and Goals

- Begin with an open-ended question:

"Given what's gone on, what are your hopes for [patient]?"

"What do you think would be a priority for [patient] right now?"

- Facilitate understanding of fears and priorities

"What worries you the most?"

What if goals are unclear?

Try phrasing it a way that reflects "common" scenarios or your clinical experience:

"Sometimes getting home is an important goal for someone. Sometimes seeing a certain family member or friend is an important goal. Sometimes comfort and quality of life are the priority. Are there things like this that you imagine are important for [patient]?"

Cultural Competence

- Ask for clarification in order to better understand

  "Can you please help me understand what I need to know about [patient's] beliefs and practices to take the best care of [him/her]?"

  "Are you part of a religious or faith community?"

- Show genuine curiosity, humility, willingness to learn

- Don't assume knowledge of family/culture based upon recognized norms, generalizations, or congruence with your background

  Cultural Misstep: equating a culture to what you have heard or seen in movies, tv, books, or prior patients.

Focus on the patient's perspective

- Give family opportunity to share the personhood of the patient (you may be surprised with what you don't know)
- Using the Patient's Voice (even through a surrogate) often can help relieve guilt that family members may feel over making decisions

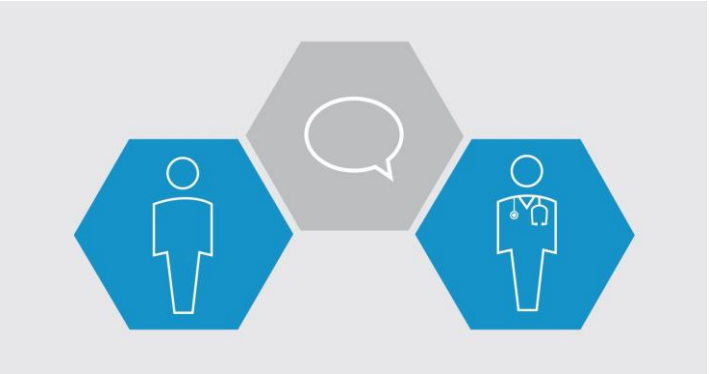
"What do you imagine [patient] would have done or wanted in this situation?"
"Our goal is to understand what he or she would want in this situation."

Any prior wishes?

- Find out if the patient had made his or her wishes known previously
- Effective way to incorporate patient's "voice" in the discussion

"Had [patient] ever discussed what he/she would want or not want in this kind of a situation?"

" Do you have any reason to believe those wishes might have changed in the light of our discussion of…"



Communication

Allow family members to talk but direct the discussion and move agenda forward

Polite Interruptions:
"Let me interrupt here because I am really interested in understanding better for myself what you just said about…"

"Let's pause here for a second and talk more about how your mother did with the last hospitalization…"

Respond to Emotion

- Pay attention to verbal and nonverbal cues
- Be explicit about observations and emotions
  - "I can see your frustration and sadness"
  - "This must be incredibly hard for you"
  - "I can't imagine what you are going through"

Respond to Emotion

- Legitimate

  "Anyone in your shoes would feel (upset…)"

- Explore

  "Tell me more about the most upsetting part"

- Nonabandonment

  "We are going to help you work through this"

Offer a Clear Recommendation

Frame the discussion in the context of same goals and wishes already discussed

"Given our understanding of the medical situation and what you've told us about [patient's] goals, I would recommend not to pursue dialysis."

Seeking Consensus

- Seek consensus whenever possible or establish the need for more information
- Keep in mind that consensus may NOT always be possible

"It sounds like we are coming to an understanding that [patient] would want to return to the hospital if he/she became sick again. Is that how everyone understands his or wishes?"

Check for understanding

- Repeat in the same words that were discussed
- Be straightforward and specific
- Summarize again what has been said and decided

"I want to make sure everyone understands that we've decided to . . . ."

Closing the Meeting

- Have a timekeeper designated in advance and be firm about an end time reminder
- Offer a brief summary of what was discussed and ask for any final questions
- Make a clear follow-up plan, including plans for the next family meeting and how to contact the healthcare team

Statement of Appreciation

"I appreciate how difficult this must be, but I respect everyone for trying so hard to do right by [patient]"

"I want to thank everyone for being here and for helping to make these difficult decisions."

Follow-Up

- Document the meeting in the medical record (who present, what was discussed, action plan)
- Debrief and provide feedback to the team
- Follow up with any pending information or reassessment agreed upon during the prior meeting(s)

"When we last met, you were going to talk with your brother about our meeting. How did that go?"

Debriefing

Self-reflection – how did that go? What would you do differently in the future?

Team reflection – ask the team members:

- So how did you think that discussion went?
- Do you think we made progress?
- What do we still need to do?
- What should we do differently next time?

Giving Feedback

- Expected part of mentoring a student/trainee
- May be uncomfortable or not well received by another team member or colleague (perceived as being critical)
- Necessary to debrief and give feedback to uncover latent emotion or negative perceptions of the meeting and influence positive behavior for future
- Example: “The social worker really threw me under the bus in that meeting…”

Reinforce Good Behavior

Give a compliment
(but be explicit about the observation): "I really like the way you explained the mealtime behaviors to the family"

Provide positive emotion: "You have such a wonderful connection with this family, I can tell you really care about Mrs. Smith"

Show appreciation: "Thank you for jumping in on the discussion about the meal trays, you handled that really well"

Identify "Bad" Behavior

Express concern: "I am concerned that ~~they~~ the way in which we discussed the behavior plan was too negative and could be misinterpreted"

Express worry: "I worry that you came across as being angry with the daughter when you were discussing the recent falls"

Acknowledge your own emotion and be direct: "I feel frustrated with how that discussion went. I think the focus on the call bell at night distracted us from the issue of hospitalization"

Make it about you…

Solicit feedback about your own performance (it is hard to see and hear your genuine self in these discussions)

Be honest and open to feedback to help you grow and become more comfortable for the future

Ask other team members or colleagues:

- "So be honest with me, how do you think that discussion went?" "How did I do in that discussion?"
- "What stood out the most in your mind --either good or bad-- in what I said?"
- "Any advice to make this better for the future?"

Take Home Thoughts

- We most often remember the "worst" meetings (challenging, conflict, threats, lack of consensus, etc.)
- We forget the many meetings which go well (expressed appreciation, goal directed, and efficient)
- Go into every meeting with an **<u>open mind</u>**, holding the patient in your mind as the ***most important person in your facility at that moment*** – this will enable genuine empathy and connection with the family
- Remove from your vocabulary when talking about residents and families words like:

difficult, demanding, unrealistic, crazy, etc.