UT SOUTHWESTERN MEDICAL CENTER NEWS

Media Contact: Kristen Holland Shear
214-648-3404
kristen.hollandshear@utsouthwestern.edu

Including families in hospital-care discussions improves communication, benefits medical trainees, say UT Southwestern researchers

DALLAS – June 28, 2010 – It has long been routine for individual medical professionals to go room-to-room on "rounds" to evaluate hospitalized patients.

This often causes the day to seem like a parade of caregivers, with senior physicians, residents, bedside nurses, pharmacists, care coordinators and social workers dropping by to administer medication, discuss treatment options or just check in. After everyone has completed their individual evaluations, these medical professionals traditionally have gathered away from the patient's room to discuss patient care before reporting back to the patient and his or her family.

A new study by UT Southwestern Medical Center researchers suggests that having such team discussions in a pediatric patient's room with family present – so-called family-centered rounds – is becoming more widespread nationwide, particularly in hospitals that have many trainees on staff.

"Until recently, rounds had been very physician-centered," said Dr. Vineeta Mittal, assistant professor of pediatrics and lead author of a study appearing online and in the July issue of *Pediatrics*. "Our results show that conducting family-centered rounds leads to increased patient-family involvement in care and gives senior physicians the opportunity to train the trainees by role-modeling."

Family-centered rounds (FCRs) are inpatient, multidisciplinary rounds that involve parents in the decision-making process. In 2007 the American Academy of Pediatrics issued a policy statement urging physicians to conduct rounds in patients' rooms with the family present. The statement also recommended that any decisions on a patient's care plan should be made only after such rounds in order to incorporate the family's input.

"In pediatrics, the culture had changed, and rounds had moved away from the bedside to a conference room where medical professionals sit and talk about individual patients instead of walking from room to room as a group," said Dr. Mittal. "The family doesn't get to hear or participate in the complete case discussion. They only hear the result of those discussions."

Study results were drawn from the Pediatric Hospitalist Triennial Survey. Conducted by the Pediatric Research in Inpatient Settings (PRIS) Network, the study involved an online survey of 377 hospitalists – physicians whose primary professional focus is providing care to hospitalized patients – working at 80 medical centers in 45 U.S. states and two Canadian provinces. The survey, distributed to all PRIS listserv members in June 2007, included 63 yes/no and multiple-choice questions, including

(MORE)

eight questions about physician rounding practices.

The questions about rounds sought to clarify the type of rounds performed by the survey taker as well as who and how many people attend rounds, the estimated duration of rounds, and the perceived benefits of and barriers to implementing family-centered rounds.

Dr. Mittal said that of the 265 respondents, 44 percent took part in family-centered rounds. Of those who took part in FCRs, nearly half worked at academic hospitals such as Children's Medical Center Dallas, which implemented family-centered rounds in 2007.

The benefits to implementing FCRs, according to respondents, included increased family involvement in care, better role modeling for trainees, increased parental understanding of discharge goals and improved team communication. The barriers included physical constraints due to room sizes, and the trainees' fear of not looking knowledgeable in front of patients and families.

"The trainee fear is appropriate. Many trainees may be more comfortable with discussions away from the patients, however, those exposed to bedside rounds understand their importance for learning and prefer them," Dr. Mittal said.

She said anything that leads to improved communication is a step in the right direction.

"We see a lot of complex patients who require coordination of care," she said. "With family-centered rounds, everybody's hearing the same discussion at the same time, and everybody is on the same page – including the family. There are so many benefits that it doesn't make sense to not conduct family-centered rounds."

Other UT Southwestern researchers involved in the study were Hua Lin, biostatistical consultant in pediatrics, and senior author Dr. Glenn Flores, professor of pediatrics and director of the division of general pediatrics. Researchers from the University of Rochester Medical Center, Children's National Medical Center in Washington, D.C., George Washington University, New York University, Brigham and Women's Hospital in Boston, Children's Hospital Boston and Harvard University also contributed to the study.

Visit http://www.utsouthwestern.org/pediatrics to learn more about clinical services in pediatrics at UT Southwestern.

###