Name of Trainee: Ashley Odai-Afotey (ashley.odai-afotey@yale.edu), Govind Krishna Kumar Nair (ashley.odai-afotey@yale.edu), Ragini Luthra (ragini.luthra@yale.edu)
Mentors: Heather Dahlquist (heather.dahlquist@yale.edu)
Type of Trainee: MD Students

Title Who are you again? Improving provider role clarification during family centered rounds.
H Dahlquist, A Odai-Afotey, GKK Nair, R Luthra. Yale University School of Medicine

Background: Family centered rounds (FCR) is a rounding model that ideally integrates multidisciplinary collaboration with direct patient and family involvement. Although FCR is the standard of care in inpatient pediatrics, there is a need to determine what “family-centered” truly means to families and to provide a rounding experience tailored to those needs.

Our initial aim was to understand patient and family experience during FCR on our inpatient pediatric ward and target areas for improvement. In our pre-intervention survey, families requested improvement on clarity of provider roles and who was in charge; thus, we employed several interventions to address these areas.

Methods: Baseline data, including adherence to “gold standard” practices outlined in literature, was obtained through observations of FCR and family interviews post-FCR. We assessed understanding of provider roles and the plan, subjective sense of participation, and ideas for improvement. Interventions were deployed in Plan-Do-Study-Act (PDSA) cycles and included implementation of large, brightly colored provider name-tags, a verbal one-liner at the end of FCR to indicate the team’s “point person”, and a handout for families defining provider roles. Outcomes were measured using pre- and post-intervention surveys delivered after FCR to assess patients’/families’ perceived and objective understanding of their providers’ roles using a Likert scale. Objective understanding was evaluated by having respondents point out and define the roles of their providers amongst a jumble of provider images.

Results: Following three PDSA cycles, respondents exhibited a statistically significant increase in their perceived ability to identify the members of their care team (p=0.004), define their roles (p=0.008), and recognize the provider in-charge (p= 0.038). In parallel, respondents demonstrated improvement in objective knowledge of the roles (p=0.022) and role-definitions (p=0.013).

Conclusions: Our study suggests that simple interventions of minimal burden can improve provider role clarification for patients and families during family centered rounds, thus improving their overall experience. Key limitations of the study included hindered visualization of name tags in contact precaution gowns and frequent turnover on hospitalist teams decreasing consistent adherence to interventions. Future interventions will target patient-room materials (e.g. permanent/ interactive forms of the handout) and the content of FCR discussions, including the care plan.

Word Count: 353