

## Project description

To improve palliative care (PC) in our ICUs, our healthcare system has implemented a version of the IPAL-ICU, Care and Communication Bundle, which requires an interdisciplinary family meeting by day 5 of a patient being in the ICU. This was the ideal opportunity to teach our Medicine residents how to effectively facilitate family meetings.

In collaboration with the Medicine residency program director, we implemented a curriculum, including a communication lecture with role playing, "a cheat sheet" highlighting the key points in facilitating a meeting, requirement for residents to facilitate up to 2 family meetings during their ICU rotation, under direct observation of a supervising physician, or a provider from the PC team and log this like all other procedures. An evaluation form rating the resident's performance in specific communication skills is completed by the observer, with feedback to the resident from all members of the interdisciplinary team (IDT) present for the meeting. The resident also completes a self-assessment.

The residents report increased level of comfort facilitating family meetings, appreciation of the value of early family meetings for patients in the ICU, the importance of avoiding medical jargon and the value of having members of the IDT involved in family meetings.

**Figure 1: The Family Meeting "Cheat Sheet"**  
 (Like Taking a Medical History)



**INTRODUCTIONS:** Yourself and other team members/Family and their relationship to patient

**ASK???** – What is your understanding of your (your loved one's) illness

**LISTEN....** Time for Patient/Family to talk

**TELL....** (Fill in the blanks)

- This is why you (your loved one) were/was admitted to the ICU (**Like Chief Complaint**)
- This is what has happened since admission to the ICU (**Like Review of Systems**)
- This is what the main medical problems are, chronic co-morbidities impacting acute exacerbations e.g. COPD or CHF exacerbation (**Like PMHx and Differential Diagnosis**)
- These are the treatments you (your loved one)are/is or will be receiving (**Like Recommendations/Plan**)
- This is what we are expecting if the treatments work as anticipated (**Prognosis**)

**ASK???** – Do you have any questions???

**Patient/Family Decisions....** (if any need to be made at this time)

**DOCUMENT content and outcome of meeting in patient's chart**

**Figure 2: The Family Meeting Direct Observation Tool**  
 (For Procedure Log)

EPA: Facilitate a family meeting	Resident Name	PGY	Date	Needs supervision	Can perform unsupervised	Can teach others	Not observed
Seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records, pharmacy)							
Customize care in the context of the patient's preferences and overall health							
Communicate risks and benefits to alternative to patients							
Respond welcomingly and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients and their advocates							
Effectively use verbal and nonverbal skills to create rapport with patients/families							
Engage patient/advocates in shared decision-making for difficult, ambiguous or controversial scenarios							
Actively seek to understand patient differences and views and reflects this in respectful communication and shared decision-making with the patient and the healthcare team							
Demonstrate empathy and compassion to all patients							
Demonstrate a commitment to relieve pain and suffering							
Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age, or socioeconomic status							
What went well?							
What could be done better or differently next time?							
Observer comments:							
Observer signature (please sign and print) and role							MD DO RN other

**Figure 3: The Family Meeting Resident Self Assessment**

1. What did I learn from this family meeting?
2. What went well?
3. What could I do better or differently next time?
4. What role did other team members play in the family meeting?

## Summary

All Internal Medicine residents have an ICU rotation, during which some of the most challenging family meetings occur. This provided the opportunity to educate all the residents, using a more interactive format, with input and feedback from the interdisciplinary team. There was also a higher level of commitment and accountability as the meetings they facilitated had to be logged like all their other procedures during that rotation. 22 residents at all levels, PGY1 to PGY3 submitted completed self assessments. The recurring themes of skills learned included; avoiding medical jargon, recognizing and appreciating the role of the interdisciplinary team members in family meetings and the feedback process and eliciting patient/family understanding of their illness, while acknowledging the impact of the critical illness on the patient/family emotionally. Residents also reported better understanding of the value of having family meetings earlier in the patient's ICU admission and expressed increased comfort in facilitating family meetings.

**The Future:** Longitudinal evaluation for sustained impact of the intervention over the residents training (3 years for categorical trainees) and potential to replicate this educational format with other trainees e.g. Family Medicine and Surgical residents.