Teaching Family Meeting Skills Makes a Difference

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Many of us take seriously the role of teaching residents to incorporate the “family” in family medicine, including how to effectively facilitate a family meeting. However, keeping this important part of the curriculum alive and engaging can be challenging. Competing requirements may push family skills to the second tier of curricular importance as a “soft skill”. Communication and facilitation skills are challenging to quantify for evaluation. Despite my strong commitment to family meetings, I noticed that with repetition over the years, my own approach to teaching these skills had become routine.

A recent personal experience provided a stark reminder why it is important to continue to engage residents in the skills of conducting a family meeting. Like many poignant learning experiences, this one was emotional. It was a family meeting held in a rehabilitation facility as my 94-year-old father entered his final week of life.

The setting was familiar to me, as I had sat in on many such conferences. Now however I was not the faculty observing a resident, but the family member. Around the conference table sat seven strangers plus the social worker assigned to lead the meeting. I was the one family member present. My elderly father with moderate dementia and an unusual debilitating medical condition was in his bed down the hall. He had arrived at the facility several days earlier following a move from his home. My brother and sister and their spouses had phoned in for the meeting. I was prepared for an informative meeting resulting in a clear care plan.

As we settled around the table, I was expecting introductions followed by a brief discussion of the agenda, including the opportunity for family input. Unfortunately, we dove right into the staff assessment results. The social worker called on the physical therapist. This young professional quickly rattled off findings, peppered with acronyms and percentiles meant for fellow professionals. I struggled to make sense of the findings and had some difficulty hearing her soft-spoken narrative. At that moment I was acutely aware that my siblings and their spouses on the phone were at a particular disadvantage. The lack of a conference phone was partially offset when two staff members volunteered their cell phones, one for each sibling to call. Although we did our best by moving the cell phones to be placed in front of each presenter, both of my siblings suffer from hearing loss and were dependent on their spouses to hear the proceedings. I could picture them sitting in their homes trying to make sense of the confusing mass of data being presented.

Before we could ask about the first report, the focus moved quickly to the speech therapist, occupational therapist, and the dietician, who discussed dad’s swallowing reflex. They were addressing the critical question of whether our dad, with his acute medical condition, would be able to take nutrition by mouth. At that moment, the nurse was called out of the meeting for an urgent request elsewhere. Before he left, he provided a brief summary of his conversation with a consulting dermatologist, who indicated the unique symptoms of our dad’s recent medical condition (bullous pemphigoid) were atypical and suggested an underlying cancer. With that summary, the nurse left the room. The social worker requested that the assessment reports resume.

I could no longer be a passive family member. I stepped into the facilitator role—to slow down the process, to summarize the information presented so far, and to check with my siblings to see if they understood what had been presented and if they had questions. Indeed, they did have questions, as did I. The meeting transformed from a series of reports to a discussion.

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A hospice representative was the final presenter. By then, it was clear that our dad was a candidate for hospice, not rehabilitation services. Comfort care was our unanimous choice as a family. He died one week later.

Now, several months later, I reflect on the final weeks of my dad’s life. As a family, we are at peace with the choices we made. I am troubled, however, by the missed opportunity in that family meeting. When faced with making a critical medical decision, our family, like most families, was emotionally vulnerable. In our fragile emotional state, we were more likely to endure a poorly-run meeting, leaving with unanswered questions, our decisions based on partially-understood information. It was my experience teaching family meetings, knowing how they should be conducted, combined with an acute awareness that my siblings were not benefitting from the proceedings, that prompted me to intervene and make some sense out of chaos.

What was missing was the opportunity to engage our family and involve us as informed decision makers. On an individual level, what was missing was the opportunity to fully participate as a son seeking to make the best decision on behalf of my dad. Following the meeting, I was frustrated that I was unable to be fully present as a family member due to the distractions of the poorly conducted meeting. The staff was friendly and well-intentioned. They were responsive to our questions. What was painfully evident was the lack of training to structure and effectively facilitate a family meeting.

A functioning conference phone would have allowed my siblings to participate. Had the leader provided the basic structure for the meeting by requesting introductions, clarifying the purpose of the meeting and the desired outcomes, and closing the meeting with a clear plan, I could have participated as a son rather than a stand-in facilitator. I waited in vain for our emotional weight to be lifted by allowing time for questions, checking for our understanding, and acknowledging our emotions. A few well-placed words would have provided comfort, allowing us to focus on our decisions.

This recent personal experience as a family member was a wake-up call. It renewed my commitment to teach the skills needed to lead families through difficult, emotional situations. When you sit on the other side of the table, there is no question these skills make a world of difference.

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References