

LCC Session: Effective Team Meetings Resident Guide

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Rebekah Smith

“As a resident, my highest ideal was not saving lives – everyone dies eventually – but guiding a patient or family to an understanding of death or illness.” – Paul Kalanithi, *When Breath Becomes Air*

We have all been involved in team meetings, whether it be as residents, medical students or staff. While there is little to no formal training in this area, it is increasingly becoming an expectation that once we complete our residency training we are able to facilitate these often challenging discussions.

What will happen in this session?

Small group discussions about family meetings, including reflections on personal experiences, and the resources provided. Discussion about the provided case or use the questions to guide a discussion on real family meeting experiences.

Objectives:

- Identify strategies and tools for conducting effective family meetings
- Share experiences and reflections on family meetings

CanMEDS roles:

- Communicator
- Collaborator

Preparation:

1. Read the following references prior to the session:

Fox D, Brittan M, Stille C. (2014). *The Pediatric Inpatient Family Care Conference: A Proposed Structure Toward Shared Decision-Making*. Hospital Pediatrics, 4 (5): 305-310.

<http://hosppeds.aappublications.org/content/hosppeds/4/5/305.full.pdf>

[\(Take a look at the flow diagram and table 1\)](#)

O’Dea NA, de Chazal P, Saltman DC, Kidd MR. (2006). Running effective meetings: a primer for doctors. BMJ 92 (969).

<http://pmj.bmj.com.libaccess.lib.mcmaster.ca/content/82/969/454>

For PICU group, add this to your reading list:

Michelson KN et al. (2013). *The Use of Family Conferences in the Pediatric Intensive Care Unit*. *J Palliat Med* 16(12): 1595-1601

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3868286/>

- 2. Take some time to reflect on family meetings that you may have lead or been involved in. What went well? What could have gone better?**
- 3. On a pediatric inpatient ward, when would you consider holding a family meeting? Does this change if you are in a remote or smaller community as opposed to a tertiary care hospital? If so, how?**
- 4. Read the following cases and think about how you would run this family meeting.**

CASE #1 EMILY

Emily is a 5 month old female who was admitted with severe Kawasaki disease. She has been in hospital for two months. Both the cardiology and rheumatology services have been actively involved as she has large coronary aneurysms and was refractory to the typical treatments. Her mother speaks English and Tamil, but the team has noticed that while she insists on using English, some of the more nuanced medical information seems to be getting lost. Emily is improved and clinically stable, although continues to have a risk of sudden death based on the size of the aneurysms. She will be discharged home on a number of medications including enoxaparin injections which her mother has been trained to do. You are organizing a family meeting prior to discharge.

CASE #2 JACKSON

Jackson is a 16 year old male with a history of Duchene Muscular dystrophy. He was originally admitted to hospital for vomiting secondary to a gastroenteritis. While his abdominal symptoms have resolved he was noted to have an abnormal blood gas at the time of presentation. He is hypercapneic in the morning and is therefore being started on nocturnal bipap. Jackson is struggling with the bipap. He doesn't like how it feels and finds that it is harder to sleep with it on. When you talk to Jackson about his understanding of positive pressure ventilation, you are quickly whisked out of the room by his parents. They take you aside to tell you that Jackson knows he has a disorder with a muscle weakness that gets worse but has not been told about prognosis or escalating interventions and supports over time. You decide that it is time for a family meeting with the goal of engaging both Jackson and his parents in order to have success in starting him on nocturnal ventilator support.

- a. What preparation might you do before the meeting?*
- b. How do you go about choosing who leads a family meeting?*
- c. What might your agenda for this meeting look like?*

- d. When there are different opinions about management, whether it is from the family, or other specialists how do you navigate this?*
- e. Bonus PICU questions: What circumstances have triggered family meetings during your time in the PICU? Compare your experiences of family meetings in a critical care setting to those on the ward. What are some of the added complexities for family meetings in this high acuity setting?*
- f. How do you document a family meeting? Are there billing codes that can be used for family meetings?*

“Human knowledge is never contained in one person. It grows from the relationships we create between each other and the world, and still it is never complete.”

– Paul Kalanithi “When Breath