

# Putting the “Family” Back into Family Medicine Resident Education: Four Pragmatic Methods

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CFHA Annual Conference  
October 17-19, 2019 • Denver, Colorado



# Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

OR

The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

(list each conflict here)

# Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.



# Learning Objectives

At the conclusion of this session, the participant will be able to:

- Describe the relationship between family relationships and illness
- Identify the importance of enhancing skills and knowledge that empowers physicians to engage with families
- Discuss four methods for educating physicians on collaborating with families

# Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

# Family in Family Medicine

- The family unit has long been the object of family medicine (Geyman, 1977)
- AAFP specifically includes “care for the individual and family” in the definition of family medicine

# Family in Family Medicine

- 42% of patients report their PCP has seen a family member (Rosland et al., 2011)
- 48% of patients have friends or family regularly participate in PCP visits
- Patients are more satisfied with PCP when a companion participates in visits

# Challenges

- Variety of training methods- which is best?
- Intensive education can be costly
- Potential lack of interest in working with families
- Working with families can be challenging



# Training Physicians to work with Families

- Journal Club
- Genogram
- Continuity Care Protocol
- Family Centered Observation Form
- Methods of Assessment

# Journal Club

- Redesigned journal club was used to promote engagement (Al Achkar, 2016)
  - Dialogue learning via group discussion
  - Residents as peer teachers
- Purpose: To promote resident knowledge and comprehension on the interplay between relationships and physical health



# Journal Club

## Walsh (2003)

- Family resilience: Strengths forced through adversity
- Overview of
  - Research on effective family functioning
  - Clinical practice applications

## Rolland (2004)

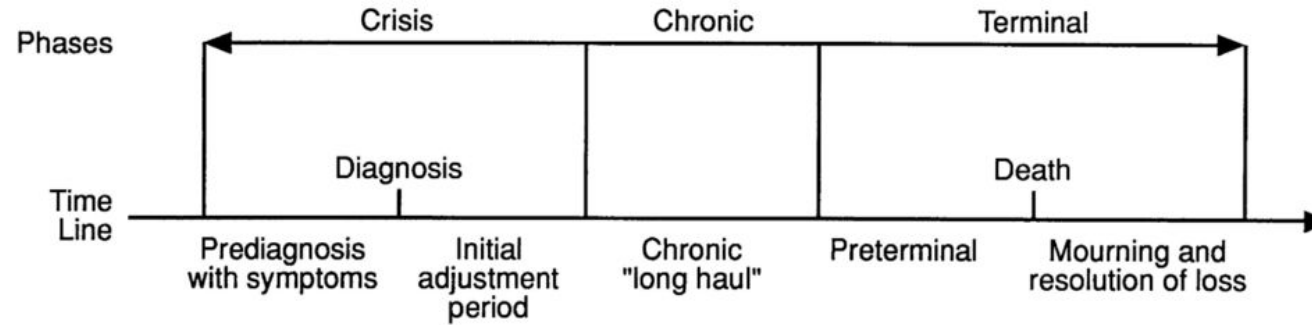
- Families and chronic illness: An integrative model
- Conceptual model describing the interplay between physical illness and family

TABLE 17.3. Practice Guidelines to Strengthen Family Resilience

- Honor the dignity and worth of all family members.
- Convey conviction in their potential to overcome adversity through shared efforts.
- Use respectful language, framing to humanize and contextualize distress:
  - View as understandable, common in adverse situation (e.g., traumatic event—normal reactions to abnormal or extreme conditions).
  - Decrease shame, blame, stigma, pathologizing.
- Provide safe haven for sharing pain, concerns, challenges.
  - Show compassion for suffering and struggle.
  - Build communication, empathy, mutual support among members.
- Identify and affirm strengths, resources alongside vulnerabilities, limitations.
- Draw out and build potential for mastery, healing, and growth.
- Tap into kin, community, and spiritual resources—lifelines—to deal with challenges.
- View crisis as opportunity for learning, change, and growth.
- Shift focus from problems to possibilities.
  - Gain mastery, healing, and transformation out of adversity.
  - Reorient future hopes and dreams.
- Integrate adverse experience—including resilience—into individual and relational life passage.

Walsh (2003)

# TIME LINE AND PHASES OF ILLNESS

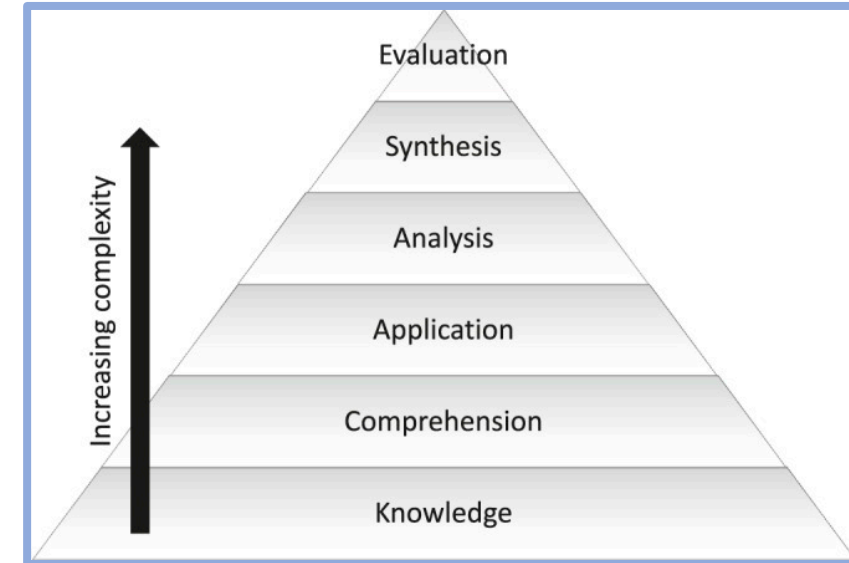


## Time Line and Phases of Illness

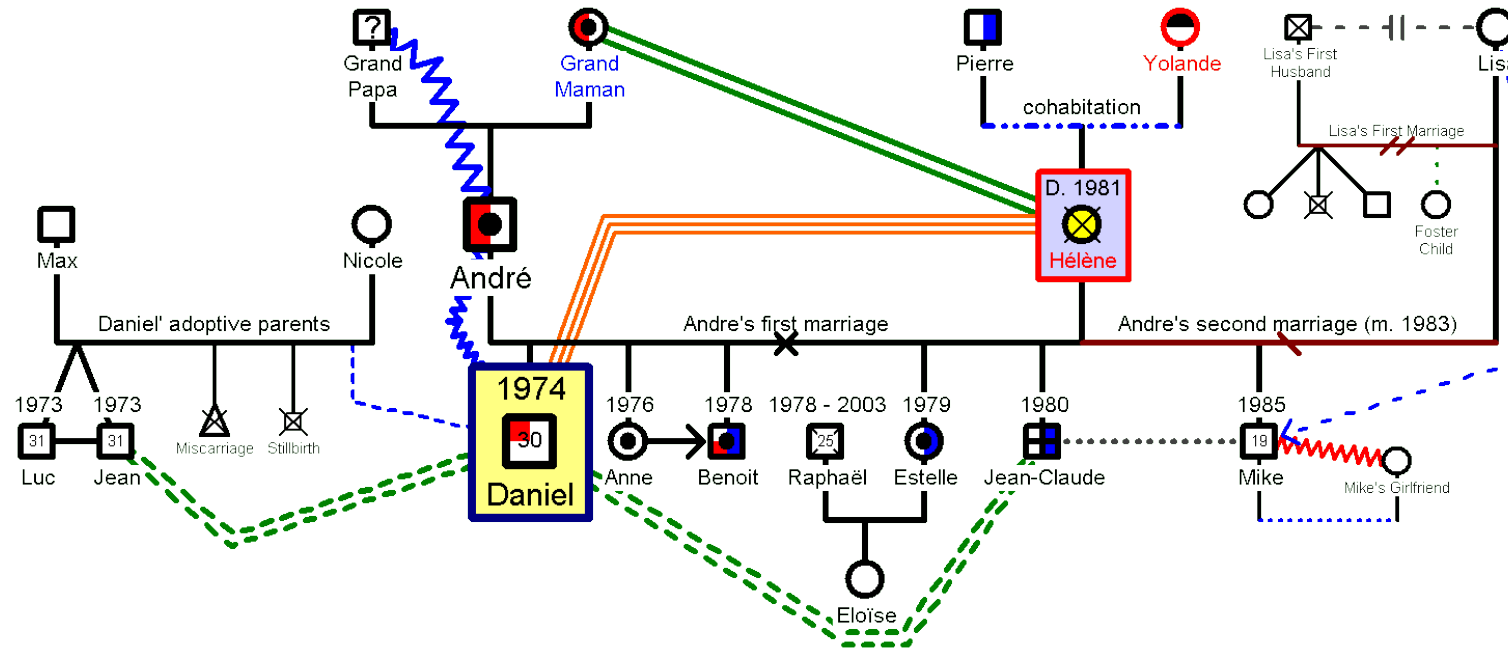
From: Rolland, J.S. Families, Illness and Disability: An Integrative Treatment Model. New York: Basic Books, 1994

# Journal Club

- Discussion content:
  - Physicians role in incorporating families into patient interventions
    - “Next time I’ll have my patients with diabetes walk with their families instead of by themselves”
    - “I should check if they have so much going on at home that they might not be able to take their medicine as prescribed”
  - Cultural differences in families
  - Residents engaged in journal club, enjoy taking the lead



# Genogram



# Continuity of Care

Residents and students work together to improve patient follow-up from the hospital to primary care

Encourages a collaborative approach to manage patient and family needs in the hospital

Uses instruments to assess for barriers to follow-up upon discharge from the hospital





# Three Main Assessments Used in Both Settings

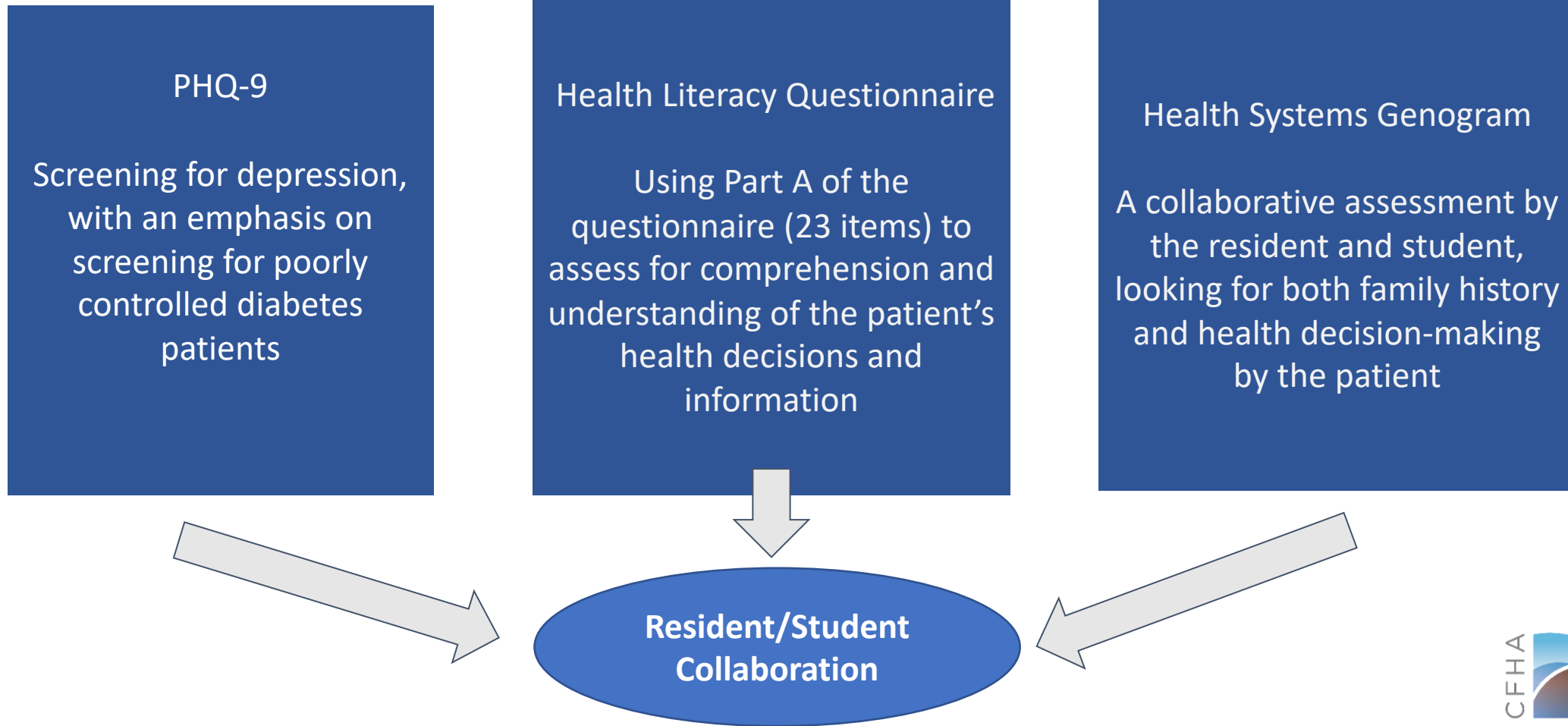


Figure 1: Health Systems Genogram Example

Health Systems Genogram

Patient: John Patient

Date: 2/1/18

Place Genogram Structure in this Box

Health Literacy Questions

Who in your family do you talk to about your overall health?

Older Brother  
Mother

Who pays for your medications? If another person(s), please list:

Patient

Who sets out your medications? You or someone else?

Patient

Who helps in organizing your appointments?

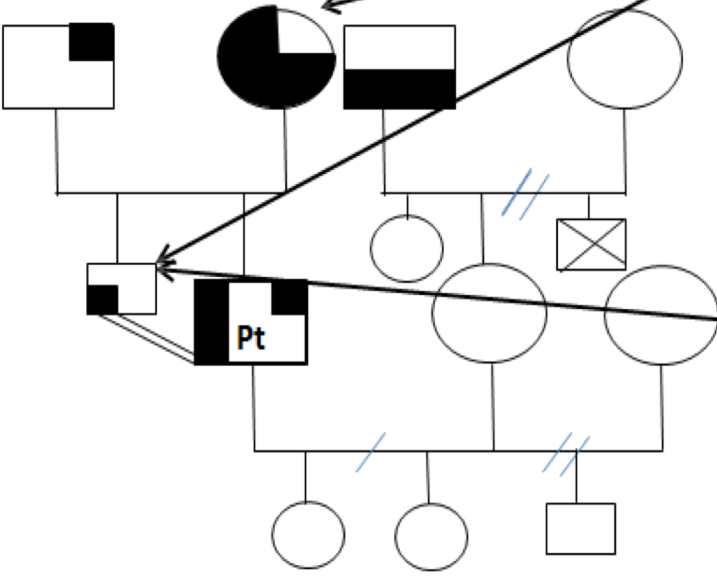
Older Brother

Do you have any challenges in transportation to and from appointments? Y or N

Does not own a car

Genogram Symbols for this Patient

- Diabetes
- Depression
- COPD/Smoker
- Alcohol Abuse



Who is the current healthcare provider(s) involved in your overall care? PCP, Endocrinologist, Diabetes Educator, Patient Care Coordinator

What location(s) do you receive any type of healthcare or service? Downtown Medical Center, Metro Community Clinic

Saint Louis University, Family and Community Medicine (2017)

Student & Resident follow up with patient and family in primary care about health maintenance issues

Student updates resident about all providers in the team upon patient d/c from hospital

# Family Centered Observation Form (FCOF)

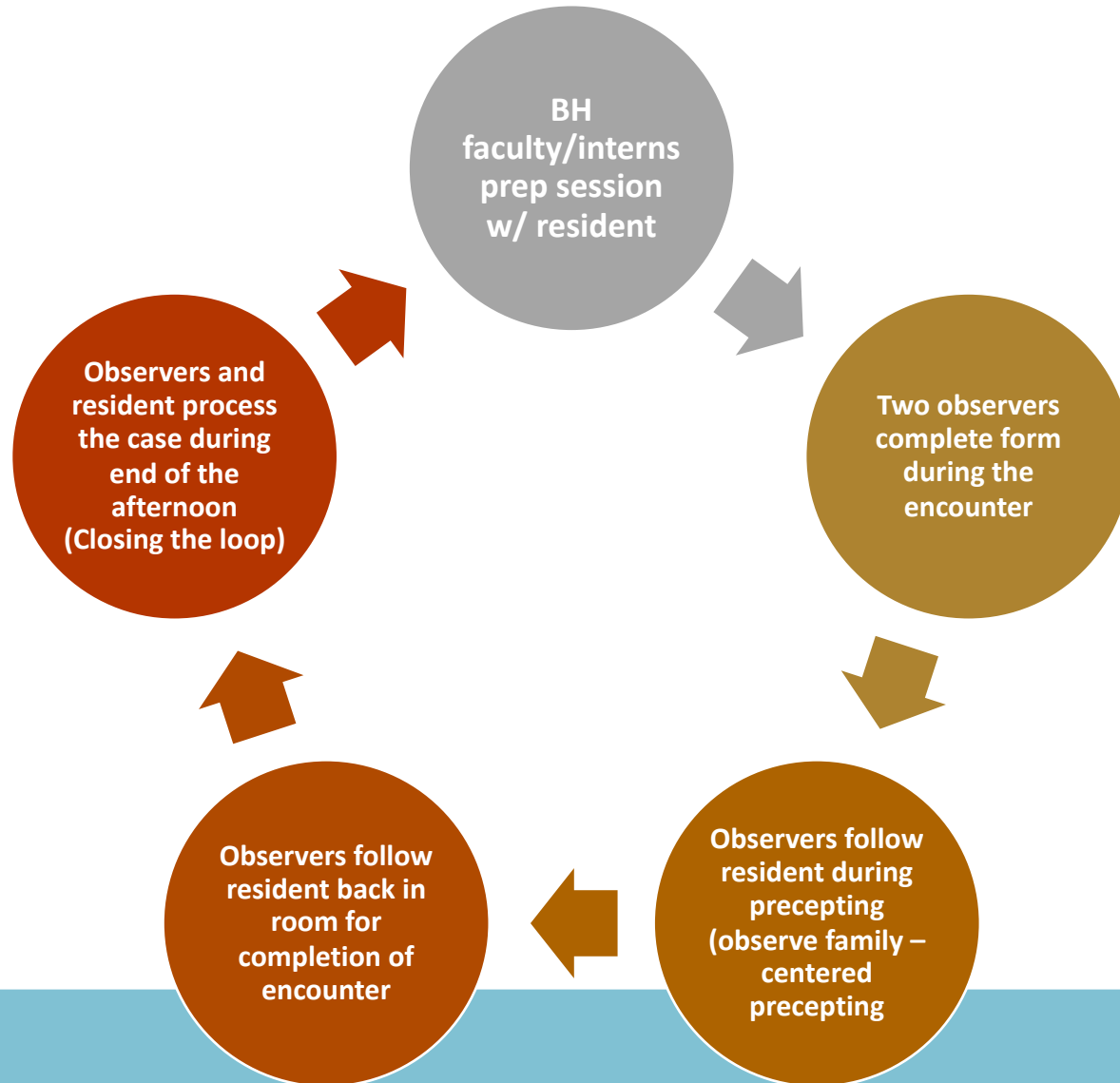
- An extension of the Patient-Centered Observation Form (Mauksch) to help healthcare members communicate effectively and observe the biopsychosocial skills that residents use with patients
- The FCOF specifically addresses how residents think systemically with both patients and patients w/ family members during an encounter.
- The observation has four core domains for family-centered thinking (establishing rapport with family, agenda setting, interviewing skills and interviewing process)

# Family Centered Observation Form (FCOF)

ESTABLISHING RAPPORT WITH PATIENT (PT) AND FAMILY MEMBER (FM)											
<ul style="list-style-type: none"><li>● Introduced self to patient if new</li><li>● Acknowledged patient by name</li><li>● Introduced other care providers in room</li><li>● Made appropriate eye contact</li></ul> Comments:	<ul style="list-style-type: none"><li>☑ Introduced self to FM(s) if new</li><li>☑ Acknowledged FM(s) by name</li><li>☑ Clarified relationship between PT and FM(s)</li><li>● Briefly discussed non-medical topic or used humor</li></ul>	<table><thead><tr><th>Novice</th><th>Competent</th><th>Proficient</th></tr></thead><tbody><tr><td>●</td><td>●</td><td>●</td></tr><tr><td>0-5 total, including 0 critical skills</td><td>5-6 total including 1-2 critical skills</td><td>7-8 total including 3 critical skills</td></tr></tbody></table>	Novice	Competent	Proficient	●	●	●	0-5 total, including 0 critical skills	5-6 total including 1-2 critical skills	7-8 total including 3 critical skills
Novice	Competent	Proficient									
●	●	●									
0-5 total, including 0 critical skills	5-6 total including 1-2 critical skills	7-8 total including 3 critical skills									
FAMILY-CENTERED AGENDA SETTING											
<ul style="list-style-type: none"><li>● Noted previous agenda items from:<ul style="list-style-type: none"><li>(1) previous medical visits, or</li><li>(2) the Electronic Health Record (EHR), or</li><li>(3) other care team members (e.g. MA or nurse)</li></ul></li></ul> Comments:	<ul style="list-style-type: none"><li>● Solicited PT input on agenda (<i>"Something else?"</i>)</li><li>☑ Solicited input from FM(s) (<i>"Something you...?"</i>)</li><li>● Stated own goals for the visit</li><li>☑ Confirmed or prioritized agenda with PT and FM(s)</li></ul>	<table><thead><tr><th>Novice</th><th>Competent</th><th>Proficient</th></tr></thead><tbody><tr><td>●</td><td>●</td><td>●</td></tr><tr><td>0-3 total, including 0 critical skills</td><td>4 total including 1 critical skills</td><td>5 total including 2 critical skills</td></tr></tbody></table>	Novice	Competent	Proficient	●	●	●	0-3 total, including 0 critical skills	4 total including 1 critical skills	5 total including 2 critical skills
Novice	Competent	Proficient									
●	●	●									
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FAMILY-CENTERED INTERVIEWING – SKILLS											
<ul style="list-style-type: none"><li>● Used jargon-free language (or explained terms)</li><li>● Asked open-ended questions</li><li>● Reflected content to emphasize or clarify</li><li>● Explained physical exam and findings</li><li>● Summarized key points and patterns</li><li>● Redirected conversation topic as needed</li></ul> Comments:	<ul style="list-style-type: none"><li>☑ Asked PT's permission to discuss info w/ FM(s)</li><li>☑ Clarified if interview with patient alone is needed</li><li>☑ Solicited each person's perspective</li><li>☑ Blocked interruptions when necessary</li><li>☑ Verbally acknowledged differing perspectives</li><li>☑ Verbally acknowledged shared perspectives</li></ul>	<table><thead><tr><th>Novice</th><th>Competent</th><th>Proficient</th></tr></thead><tbody><tr><td>●</td><td>●</td><td>●</td></tr><tr><td>0-8 total including 0-2 critical skills</td><td>7-10 total including 3-4 critical skills</td><td>9-12 total including 5-6 critical skills</td></tr></tbody></table>	Novice	Competent	Proficient	●	●	●	0-8 total including 0-2 critical skills	7-10 total including 3-4 critical skills	9-12 total including 5-6 critical skills
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●	●	●									
0-8 total including 0-2 critical skills	7-10 total including 3-4 critical skills	9-12 total including 5-6 critical skills									
FAMILY-CENTERED INTERVIEWING – PROCESS											
<ul style="list-style-type: none"><li>● Was "present" (e.g. curious, attentive, not rushed)</li><li>● Was sensitive to matters of culture and diversity</li><li>☑ Maintained eye contact with everyone in room</li></ul> Comments:	<ul style="list-style-type: none"><li>☑ Maintained neutrality / avoided taking sides</li><li>☑ Was empathetic (verbally or non-) toward patient</li><li>☑ Was empathetic (verbally or non-) toward FM(s)</li></ul>	<table><thead><tr><th>Novice</th><th>Competent</th><th>Proficient</th></tr></thead><tbody><tr><td>●</td><td>●</td><td>●</td></tr><tr><td>0-3 total including 0-1 critical skills</td><td>4-5 total including 2-3 critical skills</td><td>6 total including 4 critical skills</td></tr></tbody></table>	Novice	Competent	Proficient	●	●	●	0-3 total including 0-1 critical skills	4-5 total including 2-3 critical skills	6 total including 4 critical skills
Novice	Competent	Proficient									
●	●	●									
0-3 total including 0-1 critical skills	4-5 total including 2-3 critical skills	6 total including 4 critical skills									

Use only the **first four sections** of both versions

# Family Centered Observation Form (Process)



- methods for assessing family dynamics in parents with newborns.

# Bibliography / Reference

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# Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.



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