

Resident Independent Rounds: how do families perceive team communication?

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Background

Resident independent rounds, in which family-centered rounds are conducted without the attending physician, is a model used by inpatient teaching teams to increase resident autonomy. At our institution, weekly resident independent rounds were implemented in July 2020 on hospital medicine services. Although benefits of this rounding model on resident education have been described, its impact on family perception of team communication has not been previously explored.

Objective

To compare family perception of team communication between resident independent rounds and traditional rounds at an academic children's hospital

Design/Methods

We conducted a 5-question paper survey using a 4-point Likert scale, modified from the Pediatric Inpatient Experience Survey, focusing on team communication during rounds with a convenience sample of families of children admitted to hospital medicine services (September-December 2020). Surveys were administered two days per week (one day following resident independent rounds/one day following traditional rounds) to one patient family member. Data (mean Likert scores) from families who experienced the two rounding structures were compared with the paired or independent t-test.

Results

A total of 32 families (67% mother, 18% father, 13% patient, 2% other guardian) completed 48 surveys. All invited families participated. For 16 families who experienced both rounding structures, team communication was positive. Effectiveness of team communication about their child's condition (3.8 vs 3.6, $P=0.50$) and treatment plan (3.7 vs 3.6, $P=0.75$) were similar between resident independent and traditional rounds respectively. Families were generally not confused from being told conflicting information by different doctors (3.8 independent rounds vs 3.6 traditional rounds, $P=0.43$). Following resident independent rounds, compared to traditional rounds, families felt similarly well informed about their child's status (3.8 vs 3.7, $P=0.2$) and included in shared decision-making (3.7 vs 3.9, $P=0.62$). For 16 additional families who experienced solely one rounding format ($n=3$ resident independent rounds, $n=13$ traditional rounds), team communication was also positive without significant differences in outcome measures.

Conclusion

Family perception of team communication was similarly positive between both rounding structures. Further work is needed to better understand how residents and attending physicians optimize their own communication with families on days when teams conduct resident independent rounds.