Brief Report

Development and Validation of a Family Meeting Assessment Tool (FMAT)

Yuya Hagiwara, MD, MACM, Jennifer Healy, DO, Shuko Lee, MS, Jeanette Ross, MD, FAAHPM, Dixie Fischer, PhD, and Sandra Sanchez-Reilly, MD, FAAHPM

Division of General Internal Medicine (Y.H.), Department of Medicine, University of Iowa, Iowa City, Iowa; Department of Medicine (J.H., J.R., S.S.-R.), The University of Texas Health Science Center at San Antonio, San Antonio, Texas; Geriatric Research Education Clinical Center (J.H., S.L., J.R., S.S.-R.), South Texas Veterans Health Care System, San Antonio, Texas; and Department of Medical Education (D.F.), University of Southern California, Los Angeles, California, USA

Abstract

Context. A cornerstone procedure in Palliative Medicine is to perform family meetings. Learning how to lead a family meeting is an important skill for physicians and others who care for patients with serious illnesses and their families. There is limited evidence on how to assess best practice behaviors during end-of-life family meetings.

Objectives. Our aim was to develop and validate an observational tool to assess trainees' ability to lead a simulated end-of-life family meeting.

Methods. Building on evidence from published studies and accrediting agency guidelines, an expert panel at our institution developed the Family Meeting Assessment Tool. All fourth-year medical students (MS4) and eight geriatric and palliative medicine fellows (GPFs) were invited to participate in a Family Meeting Objective Structured Clinical Examination, where each trainee assumed the physician role leading a complex family meeting. Two evaluators observed and rated randomly chosen students' performances using the Family Meeting Assessment Tool during the examination. Inter-rater reliability was measured using percent agreement. Internal consistency was measured using Cronbach α.

Results. A total of 141 trainees (MS4 = 133 and GPF = 8) and 26 interdisciplinary evaluators participated in the study. Internal reliability (Cronbach α) of the tool was 0.85. Number of trainees rated by two evaluators was 210 (MS4 = 202 and GPF = 8). Rater agreement was 84%. Composite scores, on average, were significantly higher for fellows than for medical students ($P < 0.001$).

Conclusion. Expert-based content, high inter-rater reliability, good internal consistency, and ability to predict educational level provided initial evidence for construct validity for this novel assessment tool. J Pain Symptom Manage 2018;55:89—93.
© *2017 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

Key Words

Objective structured clinical examination, palliative care, communication, family meetings, medical education, undergraduate medical education, goals of care

Context

The growing number of Americans living with serious and chronic illnesses has driven the field of Hospice and Palliative Medicine to also grow substantially over the past decade. This growth places an increasing demand for physician workforce in both community and hospital-based palliative care programs. In the U.S., there is now a consensus that teaching palliative care competencies to medical students is vital.[1] As a result, new curriculum development and assessment of palliative care training is continuing to evolve in U.S. medical schools.[2]

Address correspondence to: Yuya Hagiwara, MD, MACM, Division of General Internal Medicine, Department of Medicine, University of Iowa, Iowa City, IA, USA. E-mail: yuya-hagiwara@uiowa.edu

Accepted for publication: July 24, 2017.

© 2017 American Academy of Hospice and Palliative Medicine.
Published by Elsevier Inc. All rights reserved.

0885-3924/$ - see front matter
http://dx.doi.org/10.1016/j.jpainsymman.2017.07.048

A cornerstone procedure in Palliative Medicine is to lead a family meeting, also referred to as a family conference. Family meetings are reported to improve communication between the health care team and the patient and/or their family.[3] Other benefits may include obtaining information, clarifying goals of care, providing an opportunity to ask questions, debriefing and venting feelings, improving understanding, and conducting conflict mediation.[4] Learning how to lead family meetings is an important skill for physicians, nurses, and others who care for patient and families with serious illnesses. Family meetings require many skills, including group facilitation, counseling, knowledge of medical and prognostic information, redirecting conversation, problem-solving, conflict resolution and mediation, and guidance in decision making.[5]

Several efforts have been made to teach family meeting skills at the undergraduate and professional levels,[6–8] but a search of the literature revealed only one study that evaluated family meetings.[9] However the assessment tool used in this study was developed specifically for surgical residents leading a family conference in the surgical intensive care unit, which limited generalizability.

The purpose of this study was to develop and validate an observational assessment tool to measure the ability of trainees at various levels of training to perform and lead family meetings.

Methods

Our study was conducted at the University of Texas Health Science Center at San Antonio (UTHSCSA) during the academic years from 2014 to 2015. The UTHSCSA Institutional Review Board approved the use of de-identified learner data for this research as an Institutional Review Board exempt study.

Our project was conducted in three phases:

1. Phase 1—Review of evidence base, initial tool development, and objective structured clinical examination (OSCE) case development
2. Phase 2—Assessment of fourth year medical students (MS4) to test for internal reliability and observer agreement reliability
3. Phase 3—Assessment of geriatrics, hospice, and palliative medicine fellows (GPF) to test for construct validity.

Tool Development

Building on evidence from the literature search and competencies for medical students,[3,5,10–12] the Family Meeting Assessment Tool (FMAT) was designed to evaluate six best practice behaviors (general communication skills, delivering bad news, responding and accepting patient emotions, goals of care discussion, exploring spiritual and cultural issues, and patient-and/or team-centered care). An initial checklist was formulated and agreed on by the development team. A separate expert panel reviewed the checklist and made suggestions for addition or removal of items and modifications of wording as appropriate. The expert panel was comprised five palliative care physician faculty members at our institution. The development team communicated with each individual on the expert panel via email and face-to-face meetings.

OSCE Case Development

The Family Meeting OSCE case featuring Mrs. Flores was originally developed for the MS4 palliative care curriculum and was based on a review of the literature and clinical experience.[7] The case scenario replicated a "true life" clinically relevant situation where it would be appropriate for the physician to hold a family meeting. Before the OSCE, students watched a video of an interdisciplinary team meeting with Mrs. Flores, where she discusses her wishes in the setting of being diagnosed with a terminal illness, giving the students background information regarding Mrs. Flores' condition and her wishes. For the OSCE examination, each student was asked to assume the role of the palliative care physician leading a complex family meeting with two standardized family members (son and daughter of Mrs. Flores). Mrs. Flores is now in the intensive care unit on mechanical ventilation and dying. Her son who was not aware of the previous team meeting with Mrs. Flores or her wishes tries to talk her into receiving experimental chemotherapy. Instructions for the students included discussion of prognosis, establishment of goals of care, and demonstration of conflict resolution skills when family members "disagreed." Two actors were used for each Family Meeting OSCE station. Preparation of the actors included a 2.5-hour training session during the week before the examination. The training included overview of the case scenario, purpose of encounter, role-playing, reviewing methods to give verbal feedback, and articles related to end-of-life care. The standardized family members were selected and trained by the Clinical Skills Center. Most were experienced with our standardized patient program in roles related to end-of-life care.

Assessment of MS4 Students

All MS4 medical students were required to participate in the Family Meeting OSCE. Two palliative care curriculum preceptors were paired to view 4–15 randomly chosen MS4s while they completed the simulation with standardized family members and rated the students' performances using the FMAT. Ratings were compared for rater reliability.

Download English Version:

https://daneshyari.com/en/article/8605995

Download Persian Version:

https://daneshyari.com/article/8605995

Daneshyari.com