

Tips on interacting with family members during visits or phone calls

Adapt for patient needs, patient-family member dynamics, and the clinical issues addressed

Basic

- Directly welcome family member at the beginning of the visit
 - Invite family members in the waiting room into the exam room
- Encourage patients to bring involved family members to all visits
 - Encourages family member familiarity with care team
 - Family members often prioritize visits differently than providers would
- Patient as primary communicator when possible
 - Patient describes concerns, symptoms, or thoughts about decisions first
 - Offer papers, handouts to patient first
 - Patient hears new information first
- After talking to patient, specifically address the family member
 - “Do you have anything you’d like to add to that?”
 - “Are there any other concerns you’d like us to discuss today?”
 - Quickly check with patient after family member describes a concern
 - When responding to family member concerns, try to maintain a 3-way conversation (you – patient – family member)
- Use same communication skills with family members that we use with patients
 - Establish rapport
 - Open ended questions at first
 - Empathy
 - Point out discrepancies / disagreements in a neutral way

Advanced

- Encourage family members to use “autonomy supportive” techniques at home
 - Empathy, choices, problem solving, gentle reminders of rationale, praise small successes
 - Reduce controlling, criticizing, guilt provoking language
- Family members can set SMART goals for how they will support patient

Barriers

- Privacy
 - In Person – Ask patient for verbal permission and document in progress note (no specific format) the first time
 - Repeat for phone, letters, secure messages if needed
 - Let patient take the lead on discussing potentially sensitive issues
 - Urology, women’s health, mental health
 - Can ask family member to step out for sensitive topics or exam

