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How Do I Implement Family-centered Care in My Practice?

Tips for overcoming obstacles to family-centered care in a busy practice

By BETTINA TURNBULL, MAud

For some time, we have heard about Person-centered Care and its extension – Family-centered Care. Many hearing care professionals have attended lectures and workshops and love the idea, but have questions about implementation. Is it going to take longer? How do I get a family member to attend the initial consultation? How do I get my support staff involved? Will it cost our practice more? These are some of the valid questions that this article addresses.

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As reported in the November 6, 2015 Hearing Review *online news, Phonak has convened a select group of hearing healthcare experts to provide evidence-based recommendations to hearing care providers on how to better engage family members. Chaired by Dr Louise Hickson, the objective of this group is to facilitate family involvement throughout the hearing remediation process. This paper is part of a series of papers about family-centered care that have been supported by the Phonak Expert Circle. It will address some misconceptions and answer questions asked by many who are interested in changing to a family-centered counseling model and suggest some ideas for implementing change in your practice.*

How do I get other hearing care professionals (HCPs) in my practice to embrace family-centered care (FCC)? Any change can cause a variety of reactions—ranging from enthusiasm to deep cynicism—and there are likely to be some set-backs along the way. Figure 1 shows common stages when a change occurs. Implementing FCC into your practice not only requires a change in attitude (most clinicians tend to have quite a positive attitude to FCC) but a change in behavior, and that can be a challenge. We are by nature creatures of habit and it can be quite demanding, even for an enthusiastic advocate, to change what they do.[1]

A plan for implementing FCC might look like this:

1. **If your business is big enough to have managers, get them on board.** If management does not support the change to FCC, it is unlikely to succeed. Developing a clear reason for the *why* is crucial. The Phonak position statement on FCC by Singh, Hickson, English et al[2] is a good tool to assist in getting the conversation started.
2. **Find out who your early adopters are.** Early adopters tend to be excited by new things, and are likely to try out new things first. Be sure to brief them well and practice with them. Ensure your early adopters have all the support they need to succeed so that their enthusiasm continues and rubs off on those who are more reluctant.
3. **Communication is key.** Develop a communication plan for your practice about FCC. Communicate often and keep it simple.
4. **Provide training (including for support staff) and allow time for practice.** This allows HCPs to ask questions and discuss options. The dreaded role-play is gold.
5. **Identify and accept barriers to successful implantation and collaborate to find the best solutions.** For example, room size or set up could be a barrier to successful FCC. More potential barriers are discussed below.
6. **Provide support and share success stories. Support ways in which HCPs can share their successes.** This could be informally in the lunch room or via a pin board, email, newsletter, etc. The options are endless.

Does a FCC Approach Make the Appointment Longer?

This is a common question and is a little like asking, *How long is a piece of string?* It depends on how long you take. It is not about spending more time, but spending your time more effectively. By using a motivational counseling approach, the conversation will yield deeper understanding of your client's and the family's communication needs, more effective trust building, and a fantastic platform for an ongoing partnership throughout the hearing journey.

Traditionally, HCPs are taught that the client medical history is the chief instrument for building rapport with the client. Good family-centered counseling yields a much richer foun-

dation for rapport building than the essentially closed question format that most medical history forms could ever achieve.

Therefore, transforming the medical history form into client-friendly language which can be mailed/emailed or handed out for completion prior to the appointment is an option that will save time during the appointment itself (be sure to ask the client to come 10 minutes earlier if you want them to complete a medical history in the waiting room). In this case, instead of the 10 minutes spent on the medical history in the appointment, only the red flags must be addressed. The face-to-face time with the client can be better used to build rapport and to really get to know their communication needs and the needs of their family.

Many clinicians also spend a lot of time on the explanation of the audiogram. We found that most clients are actually not that interested in the details; instead, they just want a confirmation of the hearing loss and then to understand what they can do about it. A brief outline of the results (ie, 1-2 minutes) with the option for more detail (there is always the sound engineer or science-minded individual who wants a detailed account) allows the client and their companion to direct the conversation to where their interests lie, and generally save you time for this part. Think about the last time you had a blood test result or went to the optometrist. Did they give you detailed results, or did they give you a quick overview and ask you to pick a frame?

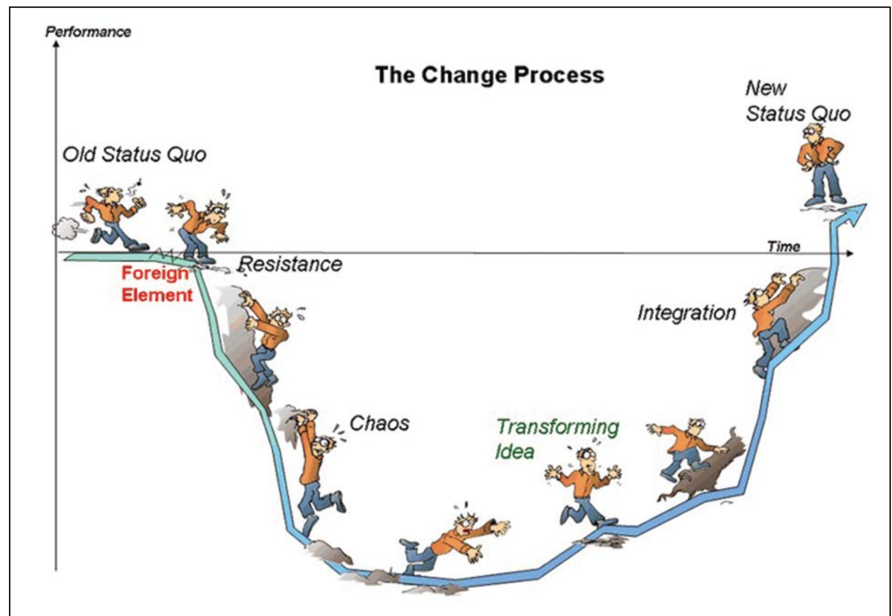

Figure 1. Diagram showing The Process of Change. Credit: Michael Erickson's blog, A Principal's Reflections (http://10minutehr.com/wp-content/uploads/2013/09/Virginia-Satir-change_process-by-Michael-Erickson.gif).

How Do I Get a Family Member to Attend?

This seems deceptively simple, as many clients bring along someone without being asked. In this case, of course, the only thing you need to do is invite the family member into the consultation room and most importantly, actually involve them in the conversation.[3,4]

Having support staff onboard is absolutely critical in having more of your clients attend with a family member (or any other regular communication partner). Some of your staff members may feel uncomfortable when asking a prospective client to bring a family member to the initial appointment.

You may need to involve your support staff in discussions to tease out some of the barriers and how to overcome obstacles. The first step is for the staff members to understand *why* it is beneficial for the client to have someone along. Another barrier often reported is that some staff feel uncomfortable asking because the client may be widowed—quite a common situation for the demographic we serve. By working through these issues, sharing ideas about how to ask, and what to say, support staff can gain confidence in requesting that a family member attend.

Do I Need to Change Anything in the Appointment to Better Include a Family Member?

It takes practice to include another person in what has traditionally been a two-person (professional and patient) appointment. Some clinicians do this quite naturally, while others think that having a family member in the room on a chair near the door is enough. Critically assess your consultation room, and think about how to best place furniture to encourage a *three-way discussion*. Using two screens on swivel stands can also assist in ensuring that all parties can easily see what is on the being displayed.

Practice drawing family members into the conversation at opportune moments. Asking questions like "How do you feel when this happens?" or "What is it like for you in this situation?" can open entirely new perspectives. It also initiates an understanding of the complications that hearing difficulties pose for both the patient *and* their communication partners. See the recent article in this series by Kris English and colleagues[5] on "Working with difficult situations" which goes into more detail about how to involve family members in these important conversations.

Does FCC Lead to Extra Costs?

Think about the last time you spent over $1,000 without consulting somebody. It stands to reason that the decision to opt for amplification and the type of amplification chosen is more easily made when co-decision makers are present and have received all the relevant information on which to base their decision. It can be overwhelming and difficult for clients to relay the complicated nature of the information to partners at home. And, when there is a hefty price tag attached, often the easiest option is to do nothing and wait "until it gets worse." Family members who are part of the journey from the beginning are likely to have better awareness of the issues and be more supportive in a shared decision-making process.[2]

Retrospective data analysis[6] of over 60,000 appointments showed that there was a significant increase in the rate of fitting, more binaural fittings, and a higher level of hearing aid purchased where a family member was present at the initial appointment as compared to when the client arrived alone. This data included both fully client-funded and fully subsidized fitting options. The bottom line is that any costs of implementing a family-centered care model have been shown to be offset or exceeded due to higher fitting rates.

Conclusion

Implementing change is never easy, however, with planning, good communication and an open mind to overcoming challenges along the way, the outcomes for clients, their families, and the rewards for the HCP, are well worth the effort.

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