

Inpatient Virtual Family Centred Rounds (vFCR) – Physician Team Tip Sheet

Reminder	Recommended Action	Side-Notes
The team senior, along with the MRP, leads vFCR.	 Facilitate/Coordinate the discussion Ensuring timely & appropriate involvement of meeting participants. Ensuring the consistent use of standardized rounds reporting 	Approach the video conference meeting for vFCR in the same way you would lead in-person rounds, i.e. actively leading, facilitating discussion and understanding, redirecting where necessary
Staying on-schedule helps everyone!	 Seek a copy of the rounding schedule from the unit clerk, and try to follow the schedule Be ready to start rounds on time (aim to log-in 10-15 mins ahead of time); if there are active patient-care needs, consider discussing with MRP appropriate delegation of hosting rounds If you anticipate needing to delay rounds (e.g. patient acuity), try to notify clerks early so they can adjust and communicate the schedule to nurses and other units Aim for patient discussions of approximately 8 mins per patient (with 2 mins transition time between patients for total 10 mins/patient) Defer longer teaching points/discussions to after rounds If rounding on more than one unit, call ahead to the next unit with a "5 min heads-up" 	Sticking to the schedule significantly improves nursing's ability to attend rounds, and to minimize wait-times between nurses. It also allows the nurses to better plan their morning around their assigned rounding time. Additionally, finishing rounds on time allows timely attendance to lunchtime teaching sessions.



Put the "family-centred" in vFCR! Help families understand the process.	 For parents who are joining vFCR for the first time, provide a quick orientation, with introductions, and setting expectations. Refer to info sheet provided by nursing. Always provide a summary to the family, in appropriate language, of the patient's progress and plan. 	Orienting parents ensures they understand the general purpose and scope of rounds, will increase satisfaction with vFCR, and provide reassurance that more complex care planning and questions will be addressed through a different mechanism.
	 Ensure parents have designated time to contribute and ask questions while respecting the 8 minutes allotted for patient discussion. 	This approach also supports patients and families as key contributors to care planning.
	 Avoid "side conversations" when patient/family is present on rounds. 	Appropriate naming of meeting participants allows parents to know who is participating in the
	 Encourage appropriate naming of meeting participants (e.g. Resident – Dr Smith). 	care and discussion of their child.
There is a loss of physical and visual non-verbal modes of communication when using virtual platforms.	Use verbal cues: Pointed verbal communication and verbal cues should be used purposefully and frequently. For example, cuing speakers when it is their turn to present.	This ensures a high level of shared understanding and maintains a professional atmosphere.
	Greet and thank each participant as they join/leave the discussion.	Aside from general pleasantries, this lets participants know you are aware they have joined and confirms the right time for them to leave.
We typically take these for granted, but they do have a big impact on the clarity and personalization of our communication.	 Acknowledge emotion from parents (e.g. frustration, sadness, disappointment). 	Recognizing and validating a parent's emotion can also be useful in the virtual world to provide empathy and show understanding.
	 Provide an explicit verbal cue to parents that the team is moving on to the next patient and to please take out their headphones. 	This avoids instances of the parents not being sure if they should leave the conversation and overhearing the next part of the teams' discussion.



Optimizing Sound and Technology	 Position the shared speaker in a central point, with the team distributed around it. Minimize background noise in the room; keep pagers & cell phones on vibrate or distant from the speaker, and when answering pages, try to speak in a low voice (the speaker picks up every noise in the room!) 	Because the team is sharing one speaker mic, whoever has this plugged into their computer in the team room becomes the speaker/mic for the room. All other participants in the room should have their Zoom muted, and laptop muted.
	 Encourage nurses to mute themselves when they are not speaking. Ideally only one Zoom participant is unmuted at a time. Do not be afraid to ask the nurse to mute to reduce background noise. The meeting host can mute participants if required. 	Background noise, if loud, will disrupt the sound of the meeting participant speaking at that time, so everyone in the meeting (including the line from which the background noise is coming) will have difficulty hearing what is said. Ensuring participants mute themselves when not speaking improves the sound quality for everyone.
Other Zoom tricks!	 Use the waiting room. Do not admit the next nurse / parent before the previous has left the meeting. 	Using the waiting room to admit participants at the most appropriate time protects patient privacy.
	 The chat can be used to send a message to the nurse / parent iPad to let them know when they will be admitted. If you accidentally admit someone before their time, you can verbally tell them and then put them back in the waiting room. 	Communicating with those in the waiting room supports shared awareness, timing and coordination of rounds.
	Do <u>not</u> remove someone from the meeting unless you want to prevent them from ever joining again; this function is designed to kick an unauthorized participant out of the meeting. They will not be able to re-join.	