

# Season 4 Episode 1 - How to Deal with Family Members (Who Are Not Mad At You) Show Notes



## How to Deal with Family Members (Who Are Not Mad At You)

So, how do you deal with the family members... like, normally? How do you meet their expectations and work together as a team? We discuss routine communication points with typical family members who are engaged and want to be part of a patient's care, and how you as a fresh RN can speak to them with confidence.

### How To Be A Leader

*"You are a leader and you should not have to wait to be spoken to when you enter a room."*

What does this quote mean?

- When you walk into the room and acknowledge the family, it gives you and them a sense of confidence.

- A simple “good morning” can make a difference to the family. They feel included and they don’t have to fight to feel included.
  - Family members that don’t feel included are put on the defensive, and begin to judge everything negatively.
- Try to avoid and prevent that “us vs them” mentality.
  - Don’t make appear like all you care about is the labs and medications.
  - Actively including them with confidence, includes them in the “team” of their family member’s care.
- It might be difficult to sound confident when you are learning and in training, but be upfront with them and tell them you are learning.
  - A lot of people will give you grace under those circumstances.
- Family members are a wealth of background knowledge about the patient, so we have to present ourselves and engage with them in a way that says “you are helping us out.”
- Make them feel like a valued part of the health care team.
- It’s up to us as nurses to pull them in and give them permission to be included.

## Proactive Education

After greeting the family, now what do you say?

- Take the initiative to say, “this is what is going to happen today and this is how.”
- Proactively educating can pull down anxiety slightly.
- There are lots of studies coming out about protocols with keeping families included and reducing stress.
  - Give them a recap of the past 12 hours
  - Then say “tentatively this is what we have going on for the day, things may change.”
  - Ask them “what kinds of questions do you have?” Avoid yes or no questions.
- Proactively educate them about:
  - Alarms - a lot of them are non-actionable, but to the family members those alarms could be terrifying.
- How to educate families about alarms:
  - Compare it to things in the house. Like hearing the dryer go off. Not every alarm means you have to come running.
  - Alarm fatigue - they have to be loud, we have to be able to hear them all over the unit.
- Have confidence and reassurance.

## How to React to Family Members That Are Current or Past Nurses

Family members that are current or past nurses might be more scrutinizing than non-medical family members.

- Remember - just because they are a nurse in one field, does not make them an expert in your specialty.

- Acknowledging their background is important.
- Try to say, “I don’t mean to mean to sound insulting, but I want to make sure I’m coming across clearly, both to you and anyone else in the room that isn’t medical.”
- Let them guide the conversation. Let them ask specific questions.
- Just because they say they have a medical background, don’t assume they know what is going on in this exact situation. Ask questions.
- If you don’t know something, don’t fake it. Ask someone that does know.
  - It’s ok to say confidently, “I’m not sure, I’m going to find out that answer for you.”
  - It’s not about your ego, it’s about the patient.
- These family members feel like they have no sense of control in these vulnerable situations. Give them some sense of control.
  - Tell them how to comfort their family member.
  - Let them be involved by educating them about the upcoming plans for the patient.
  - Rubbing lotion on hands and feet, or even suctioning their mouths.
  - Let them participate in their care.

## How to Explain Expected Situations with Family Members

Use Proactive Education to prepare family members for what you are expecting will happen, even if it appears like a health decline.

- This establishes your authority. You are showing the family members that you know what is going to happen and how to handle it.
- It takes away the fear of the unknown.
- Explain what you are anticipating and the expected progression.

## Establish Boundaries with the Family Members

Pulling family members in can quickly cross over into them dictating orders. What is the line?

- Example: a family member kept silencing the alarms. The nurse didn’t realize it needed attention because she kept thinking another nurse was taking care of it, since it kept being silenced. Finally, a family member sought out the nurses and it turns out the IV was occluded.
  - Explain that when the equipment is silenced, it makes the nurse think another nurse handled it. Yes, it is annoying, but if you let it ring for a bit longer, someone will come in.
- Be firm when family members silence alarms. It’s a safety issue.
- Use proactive education - family members might think the IV pump is connected internally to the front desk. They think that if the alarm goes off that we get a push notification, but that’s not how that works.
- Empathize with them, but you don’t always have to be happy happy joy joy.
  - “This isn’t personal, but there are too many people in the room, this is impeding my ability to care for the patient.” Be calm and firm.

## Keeping Information Back From Family Members

What is the line of what not to share with family members?

- There are certain things as a nurse that are outside of your scope to share
  - Imaging studies
  - Test Results
  - You can say, "I don't have the exact report yet, if it was something drastically different or drastically worse, I would know right away and I'd get the Dr. in here to let you know."
- You can say "no news is good news."
- We are not experts in knowing what all test results mean.
- You might not know what the results of the scans are, but you can look at the patient and if they are doing well, share that with the family.
- One thing not to share - is when the doctor is going to be by. Because I never know when the doctor will be by, and if you get a family member's hopes up about when to expect the doctor, you risk disappointing them.
  - But you can let them know about when the rounds are. Say "rounds start at about 9:30, but we do the entire floor, so it could be an hour afterward before we reach you." That helps them know an estimated time of the doctor arriving.

## Journals and Logs

Encourage family members to keep a log or journal about the patient.

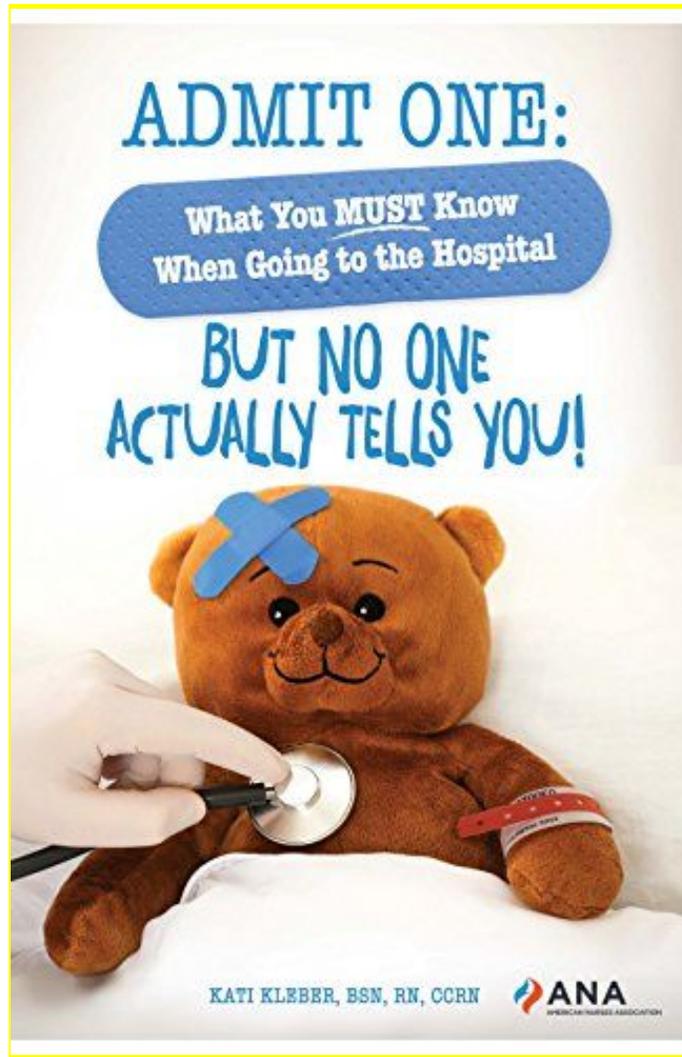
- This is especially important in the ICU.
- Write questions down as they think of them.
- This gives them something to do.
- There is a balance between writing down every blood pressure and taking quality notes.
- Write down answers as you receive them.

## Next of Kin

Know who you can talk to legally.

- This is especially important for a neurologically compromised or unconscious patient.
- One thing that is important to establish who everyone in the room is.
  - Ask in a business-like tone, "how do you know Mr. Smith?"
  - Don't just assume who they are and how they are related.
- It's very common for patients to have loved ones in the room that they don't want to have access to private medical information.
- Don't make the mistake and call someone's wife, their mother, you could look ridiculous.
- If they have a health care power of attorney they take precedence over everyone else.
- Social workers are a great resource for case management.

- It's not up to you to navigate by yourself what the family wants to do, especially when dealing with confusing family dynamics.



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