



FLAG Rounds:

Session 4 Recording Guidance

Ideas for use, discussion, and facilitation:



Watch the Recordings

- On your own.
- With students, trainees, and learners:
 - › Show the entire session or select family faculty stories with teaching points during pediatric clerkship, academic and/or didactic sessions with residents, or as part of any health profession class.
- With your interprofessional care team:
 - › Show all or part of a FLAG session as part of a team meeting, retreat, or workshop.



Generate Discussions

Use the questions below for each story to generate discussion.

- **Story 1: Questions versus Assumptions - Family Faculty, Anastacia Newton**
 - › Can you recall a time when you made assumptions about a child's quality of life? Did that affect the child's plan of care? If so, moving forward, how can you collaborate with families to learn about their values and share your medical expertise to create a well-rounded care plan focused on shared goals?
 - › Have you ever asked about a child's home life? If so, how has it helped?
- **Story 2: Accessibility and Virtual Care - Family Faculty, Lora Batson**
 - › How can clinicians invite families to be co-designers of their child's care—whether that means adapting clinic routines, planning visits around family needs, or integrating their lived expertise into decision-making?
 - › In what ways can flexibility—such as offering virtual visits, adjusted scheduling, or coordinated appointments—strengthen trust and improve outcomes for children with disabilities? How can clinicians ensure these options remain equitable and family-centered?
 - › How might physical inaccessibility in clinics—such as fixed exam tables, narrow doorways, crowded waiting areas—affect the quality of care and emotional experience of children with disabilities and their families? What can providers do to notice and address these barriers in their own practice settings?



Write and Reflect

The prompts offer opportunity for written reflection on each story.

- **Story 1: Communication - Family Faculty, Anastacia Newton**
 - › Think about a conversation you had with a family that did not go well. Reflect on ways to have that discussion more effectively.
 - › In Anastacia's story, she emphasized that this encounter was only a moment in time in her son's life. Reflect on a moment in time you have had with a patient where your perspectives shifted.
 - › Reflect on everything you have learned through these sessions, is there a skill you need to become the professional you want to be? How will you gain that skill? What can you do to work on that skill (communication, empathy, etc.)?
- **Story 2: Accessibility and Virtual Care - Family Faculty, Lora Batson**
 - › Reflect on how you listen to and include families' expertise about their child's daily life and needs. What would true co-design of care—with shared decisions and flexible routines—look like in your practice? What mindset or practice changes could make that possible?
 - › Imagine redesigning one aspect of your current practice—such as appointment scheduling, care coordination, or communication—to better support families who face significant caregiving demands. What changes would you make to reduce their burden and strengthen trust? How could you involve families as partners in shaping those changes?



FLAG Rounds Family Faculty Q&A

When a provider thinks or sees that a family might be forgoing care, what can they do to have a conversation with the family about the concern? How can a provider try and repair relationships and/or make changes to delivery of care with the family?

- **Anastacia Newton:** If you are aware of a moment that has caused strain, acknowledge it. This can be as simple as stating that you are aware that a recent communication did not go well, and that you want to take a moment to try and figure out how you can collectively work together to move forward. In these conversations, try to stay child focused, and acknowledge that we all come to the table with different backgrounds, expertise, and experience, and that each of our contributions are valid. As a team, you can work to establish a shared goal based on a whole child view of the child.
- **Lora Batson:** When providers suspect a family may be forgoing care, they can respond by combining curiosity, empathy, and collaboration. Start with open, non-judgmental questions, such as "I noticed it's been harder to get to appointments—can you tell me what's been making that difficult?" to understand potential barriers like transportation, accessibility, or appointment fatigue. Acknowledge and validate the family's experience then partner with the family to redesign care together, offering flexible options like virtual visits when appropriate and/or coordinating care with other physicians.