



FLAG Rounds:

Session 3 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: Pain and Trauma Informed Care - Family Faculty, Eithne Egan**
 - › Have you ever doubted a child's experience of pain? If so, has Eithne's or any of the other stories shifted your perspective on family's narratives about patient experience?
 - › Did the story or the compass analogy shift your perspective on how families describe their child's experience in healthcare settings? How do you process and/or feel listening to experiences of disability discrimination?
- **Story 2: Quality of Life - Family Faculty, Darcel Jackson**
 - › What assumptions do we (individually or as a system) make about quality of life? How can we ensure our clinical judgments are informed by the family's values, not just medical metrics?
 - › What are some subtle ways that ableism might show up in how we communicate with families or interpret a child's suffering? How might we begin to unlearn those patterns?
 - › What is your "compass" when caring for medically complex children? How do you know if your compass is aligned with the family's? What might signal that it's time to recalibrate?
- **Story 3: Gather Essential and Accurate Information - Family Faculty, Lori Ann Dotson**
 - › Have you ever assumed a child's quality of life based on their diagnosis?
 - › What excites or worries you about a whole-physician approach?
 - › How have these stories changed the ways you define thriving for a medically complex child?

The Compass We Carry

Compassion over compliance
Offer and extend grace
Mindful presence
Promote dignity
Align to "true north"
Share vision
Shift perspective and culture



Write and Reflect

The prompts offer opportunity for written reflection on each story.

- **Story 1: Pain and Trauma Informed Care - Family Faculty, Eithne Egan**
 - › Think about vocabulary you have heard patients or families use when they talk about their child's experience of pain. What kind of language do parents use? What kind of language or communication do children with disabilities use?
 - › Does reflecting on communication – and the way neurodivergent people communicate – deepen your understanding of what they are experiencing?
- **Story 2: Quality of Life - Family Faculty, Darcel Jackson**
 - › "A moment I've witnessed (or participated in) where our clinical compass diverged from a family's values was..." What did I learn from that moment? What would I do differently now?
 - › "When I think about recalibrating in clinical care, I realize..." What makes it hard to pause and reassess? What support would help me do this more often?
 - › "If I had to write three questions that define 'what matters most' to a family I'm working with, they would be..." How might I use those questions proactively in my next family interaction?
- **Story 3: Gather Essential and Accurate Information - Family Faculty, Lori Ann Dotson**
 - › Write about an experience of your own observations of a patient's joy. How did it make you feel? Try using all of your senses!
 - › Write about how you currently involve non-verbal children in care conversations.
 - › Write about the limitations of a hospital medicine lens to connect care strategies and goals to an unseen home life, and how you might transcend them.



FLAG Rounds Family Faculty Q&A

Is there a specific communication or relational skill that is missing that you think needs to be better taught/fostered in medical education?

- **Eithne Egan:** It is critical for providers to be aware of the power of co-regulation and trauma-informed practice to support children who may be experiencing trauma, fear, lack of safety, and unequal access to care in healthcare settings. Learning to co-regulate by becoming aware of one's own behavior, affect, and communication first, before engaging with families, is a powerful tool in co-creating environments and relationships that engender safety, trust, and collaboration. Co-regulation begins with self-awareness, attunement to the patient's needs and experiences, and awareness of environmental and social dynamics that support or detract from positive experiences.
- **Darcel Jackson:** Providers can benefit from using all of their senses, not just their intellect, to fully listen, connect, and care. To see the "whole child" providers must bring their whole selves. When providers use their eyes to see their patients' valued roles and interests, their ears to listen stories, and their intuition to sense what they are doing to support or disrupt what matters most to families, they access a fuller picture of who the child is and what they need. Engaging all of their senses helps physicians see a child not just as a patient, but as a person with emotions, relationships, preferences, and a life beyond the hospital. Such a whole-physician (or whole-provider) approach creates the space for mindful presence and an emotional awareness that invites connection that honors the child, family and provider's shared humanity.
- **Lori Ann Dotson:** Values-based communication. Teach communication that centers on what matters most to families. This means listening without fixing, being honest even when things are hard to say, and showing up as a partner—not 'just' a provider. This helps providers build trust, navigate changing goals with empathy, and challenge assumptions about quality of life.