Key Findings and Guidance

Developing Family Faculty

In 2025, five virtual Family-led Academic Grand (FLAG) Rounds were developed, focusing on the topic of ableism – disability-based discrimination - in pediatrics. This pilot sought to flip the traditional Grand Rounds model of education and position family as educators who present their case as a "story" followed by didactics designed to teach strategies to develop knowledge, skills and attitudes to counter disability-based discrimination.

Family involvement in medical education has existed for decades, but training to develop family as faculty to deliver competency-based medical education (CBME) is lacking. This includes mentorship to write and tell a specific family caregiver narrative as an anchor for education.

We trained 13 diverse Family Faculty to write carefully crafted narratives, and design and deliver a FLAG Rounds session. None had formal training or experience in writing. Only one had prior knowledge of CBME. None had experience in developing or delivering CBME sessions.

The following guidance, for professionals interested in developing Family Faculty, arises from Family Faculty feedback on their experience.

1. Tools not Tokenism

Sometimes assumptions are made about what types of information, training, workload and capacity families of children with disabilities and/or medical complexity can handle.

- Assumptions about family time, capacity and interest in partnership opportunities often come from a good place and are attempts to protect. Assumptions create barriers to family involvement. Assumptions can also mean missed opportunities to ask families what they want, need and experience as well as what they can handle and what they are interested in learning and doing.
  - You don't know unless you ask, and there is no harm in asking.
- Family stories are often highlighted in various capacities, but some professionals express concern involving families more deeply, citing how some families cannot move beyond their own experience.
  - Family involvement in education, research and other systems level work helps families process their experiences and is a key part of developing their skills to partner and lead.
  - Inviting families to be at a table or in the room is only the start of developing Family Faculty.
- Like the professionals with whom they partner, families need and benefit from training and tools that have been designed with and for them.
  - While there are training programs for families in advocacy and leadership, nothing exists to develop family as medical educators.

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The following feedback is from FLAG Rounds Family Faculty about their experience:

"Through FLAG Rounds, I've come to understand that Competency-Based Medical Education (CBME) must go beyond tasks and checklists — it must include the human competencies that families like mine rely on. CBME gave me the language to name those moments as clinical skills — not soft skills. Storytelling made them visible, teachable, and real."

"This curriculum provided an important context for personal stories and their value in an educational setting. I learned how to help providers enhance their skills in a very specific and meaningful way; how my story might actually change how someone relates to another family or child. Being able to put this into an academic context is powerful."

"What I've learned about CBME is that it is something that sets the basic model of competency for an ethical standard of care that is taught to every medical professional, it helps providers and future providers as well as families partner for best outcomes and helps prevent ableism, discrimination, and/or bias."

"As a Family Faculty member, I gained insight into the physician journey—their training, burdens, and desire to do good within complex systems. I learned how CBME is structured, including the criteria and construction of learning objectives, and how these can shape physicians' focus and behavior. Participating in CBME design and delivery deepened my compassion for physicians and helped me develop greater self-compassion as I recognized the emotional weight we collectively carry. I also came to understand that even well-intentioned CBME can have critical gaps when lived experience is not included—highlighting the importance that partnership plays in the delivery and receipt of competent, comprehensive and compassionate care".

Guidance: Families are eager for opportunities to not only make sense of their own experience but to partner for positive impact, such as in education or systems and policy change. They are even more eager for and receptive to tools, training and experiences that enable them to learn and do. Partner with families to create meaningful opportunities for Family Faculty development and teaching that challenge the status quo.

2. Writing, mentorship, intentional storytelling, and community

Often, family involvement in education or other systems level work is carried out in silos. Meaning, families may do preparation work on their own or connect with other families and healthcare professionals only in or as part of the larger group context or activity.

The FLAG Rounds pilot made clear that:

- Writing in community is important.
- Peer mentorship by and with other similarly situated families is critical.
- Partnership with clinician educators is vital.
- Collaboration is key to processing (own experience, community experience, learning and teaching), and community is needed.

The following feedback is from FLAG Rounds Family Faculty about their experience:

"The support from the FLAG rounds curriculum and group work provided valuable capacity building throughout this process."

"Waaaaay less overwhelming. I used to get overwhelmed almost immediately trying to share a story, because, I must tell every little detail otherwise I might not be heard. This experience showed me how untrue that is - there is so much that can be said in just a few words."

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"Leaning into and rewriting my child's story of ableism—with the support of peers, mentors, and professional guides—allowed me to give shape to an experience that prior to this opportunity existed in fragments. Through this process, I found language not only to describe emotional weight of ableism, but to affirm dignity, small acts of resistance (see my joy!), and hope. It helped me bring cohesion to a single, but impactful moment, by transforming it into a story both deeply personal and shareable. I could not have articulated my experience this fully or honestly without the reflective space and guidance that surrounded me through the entire process."

"FLAG Rounds Family Faculty curriculum has changed my storytelling experience by providing me a supportive non-judgmental foundation to accurately and efficiently tell and process my story, space to evaluate and focus on that space and time, teaching me how to utilize my experience and learn from other Family Faculty curriculum partners experiences and teachings."

"The curriculum and faculty development deepened my understanding of storytelling as a form of clinical teaching- it can be both a mirror and a bridge."

"This experience helped me to understand how my experiences can be educational - by identifying which parts of the story can be impactful, identifying potential gaps in understanding that providers may have, broadening my understanding of the perspective of healthcare providers, and connecting the story to medical competencies."

Guidance: Writing and telling a narrative of a family caregiving experience in a competency-based educational setting takes time, mentorship, collaboration and intentionality. Efforts to train Family Faculty, develop them and support their teaching should build a solid infrastructure of opportunity for mentorship and partnership with peers and clinician educators. Supporting families in partnership endeavors is readily acknowledged and often focuses on compensation and logistics. When preparing family to function as faculty in educational settings that can be hierarchical and have inherent power dynamics, building mentorship and partnership support sustained Family Faculty efforts.

The following table is an overview of the pilot FLAG Rounds Family Faculty Curriculum.

Core Curriculum	Topics	Methods
Writing	Narrative Medicine, Writing Instruction	Narrative medicine workshops, individual mentorship, writing workshops, editing (individual and mentored)
Pathway of Medical Training and Empathy Building	Journey map of medical training, glossary	Interactive map, podcasts, articles
Competency-Based Medical Education (CBME)	Glossary, ACGME Core Competencies, Core Competencies on Disability for Health Care Education, Kerns Model of Curriculum Development, How to Develop Learning Objectives, Kirkpatrick Model of Assessment and Evaluation	Videos, one-pagers, articles
Faculty Synthesis	Patient-and Family-Centered Care, Co-learning and co-teaching, teaching from negative to positive	Synchronous Family Faculty meetings, worksheet

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