Thoughts About Family Centered Care, and Pediatric Dermatology

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The first time I went on “family centered rounds” was on the general pediatric floor at Evanston Hospital (Evanston, IL) in 2014 with my friend and colleague, Dr. Monica Joseph, and the team of medical students, pediatric and family medicine residents, and the nurses. For example, in rounds with Dr. Joseph, team members would introduce themselves followed by the medical student’s presentation to the family in their native language. Parents would then be asked for their thoughts and if they had questions.

I really wanted to like this novel approach, but honestly, I felt like a fish out of water initially. At the time, I was serving as the inpatient director of that floor and had also spent years caring for sick children in the neonatal intensive care unit (NICU) before retiring as a practicing pediatric clinician. During my time as a clinician, I made sure that patients, families, and caregivers were involved in the care and decision-making process; family feedback over the years had been mostly positive.

So, each time I have participated in rounds at Evanston over the years, I, and the clinicians themselves, have become more comfortable with the family centered approach to medical care.

The concept of family centered care is considered best practice throughout the system, and I have witnessed teams make a concerted effort to involve the patient, if they are old enough, and the family in the daily plan, as well as get their input. The paternalistic approach to care has not been in my clinical repertoire. However, the idea that you are involving the patient and family to a greater degree, eg, “Here are the choices. What would you like to choose?,” gives me pause. Therefore, depending on the level of health literacy of respective patient populations, we must be sensitive to the level of responsibility given to patients and their families in the decision-making process.

DERMATOLOGY

In this issue of Pediatric Annals, co-guest editors Drs. Marla Jahnke and Deepak Kamat organized a team to present articles about various aspects of neonatal dermatology. During my career, I have had the pleasure of learning from renowned dermatologists Drs. Amy Paller and Anthony J. Mancini (Feinberg School of Medicine, Northwestern University), as well as Dr. Nancy Esterly who recently passed away; you can’t have better teachers. Other than the basic neonatal rashes, varicella, measles, and petechiae/purpura, I think about how to approach a rash each time I am faced with one on the floor, in the emergency room, or the NICU. When I teach medical students and residents, I refer to materials that I have borrowed from Dr. Mancini. Additionally, I will refer medical students, residents, fellows, and attending physicians to this issue, as well as to the “Innovations in Pediatric Dermatology” issue from 2016.1
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The work of reviewing articles is vital and often goes unnoticed. I am deeply grateful for all the expertise and time of the reviewers who assisted with the journal’s Feature articles. We are grateful for their contributions to the journal. Below is a list of all the people who provided reviews within the past year.

REFERENCE