

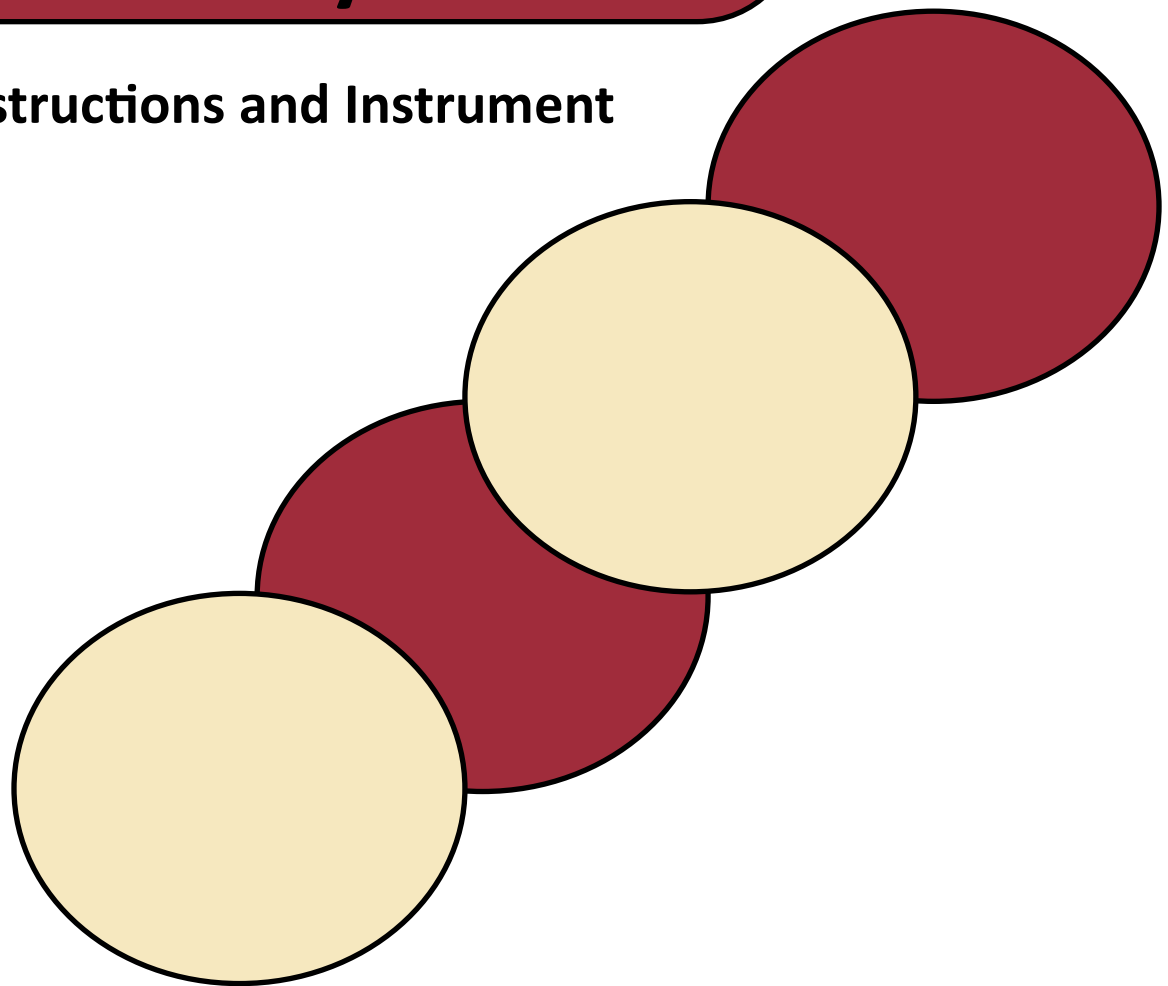
Family

Inpatient

Communication

Survey

Instructions and Instrument



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Family Inpatient Communication Survey (FICS) 30 Item QxQ

Purpose: The FICS is a measure of perceived communication by family members of incapacitated patients in the inpatient hospital setting. There are 30 items that query two dimensions of communication, information and emotional support, through a series of statements regarding different aspects of interaction between clinical staff and family members of patients in the hospital. The first 18 items assess information, while the final 12 items assess emotional support.

Scoring is based on a five item Likert scale, in which the individual rates how much they agree or disagree with each statement. The total score is a sum of all item scores. Each subscale score is a sum of items for that subscale. Some items (indicated with an asterisk) are reverse scored. The survey form lists the corrected (reversed) points for these items.

Administration Guidelines:

1. Begin by reading the introductory statement as follows:

Now I would like to read some statements to you regarding your experiences communicating with the hospital staff for this hospital visit. For each of the following please let me know if you: Strongly Agree, Agree, Neither Agree or Disagree, Disagree, or Strongly Disagree.

Ensure that the participant understands the instructions and the confidentiality of their responses.

2. Read each of the 30 items slowly and clearly. After each statement read the five response options to the participant: Strongly Agree, Agree, Neither Agree or Disagree, Disagree, or Strongly Disagree. After the participant demonstrates understanding of the response options that are available, the interviewer may omit reading these response options on each question. However, the interviewer should read these choices to the participant a minimum of three times before omitting them from the script. Should a participant lapse into “yes” or “no” responses, the interviewer should again prompt with the five item scale. Sometimes it is necessary to state: **Please respond using the options Strongly Agree, Agree, Neither Agree or Disagree, Disagree, or Strongly Disagree.**
3. In some instances participants may require additional prompts or clarification. The following is a list of situations and verbiage that commonly require additional “coaching”. Read only the bold portion of the items below:
 - a. The term “staff” or “hospital staff”: **This refers to any hospital staff that you encounter in the hospital. This can include doctors, nurses, residents, fellows, interns, social workers, chaplains, and anyone else that may contribute to the patient’s care.** Some participants



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wrongly assume that we are referring to “staff physicians” exclusively (aka the attending physician or doctors only, and no supporting staff). Interviewers often become aware of this if a participant says something like “Strongly disagree- I never saw a doctor”.

- b. Participants stating that an item “doesn’t apply”: For this situation, encourage the participant to think about the item to the extent that it can apply to them. Ensure that participants do not respond in a falsely negative or falsely positive way. Here are two examples:
 - i. The participant states that item 4 does not apply to them because they were not available by phone or at bedside. Item 4 reads: The hospital staff communicated with me on a regular basis throughout (patient’s) time in the hospital. *Please see 4c (below) for instructions on how to guide participants in this circumstance.*
 - ii. The participant states that item 8 is difficult to answer because there “was no routine” or “things changed from day to day”. Item 8 reads: I was well informed about (patient’s) daily routine in the hospital. *Please see 4e (below) for instructions on how to guide participants in this circumstance.*
 - c. Participant confusion with reverse-scored items: Occasionally participants will encounter some confusion with reverse scored items (those with an asterisk (*) next to the item). If participants seem confused by these items or have difficulty selecting the appropriate response, it is reasonable for the interviewer to rephrase the statement or assist the participant with selecting a response that reflects their feelings about the item. For example, item 9 on the informational subscale states: I had to struggle to get the information I needed. If participants have difficulty responding using the response options but respond anecdotally with a statement such as “I had no problems getting information” the interviewer should then say: **In that case would you disagree or strongly disagree?**
4. The following is an item by item list of additional prompts that interviewers may use to assist participants in responding to the FICS in an accurate way. The items are broken down into two groups separated by type of communication, information or emotional support. Some items may not require an additional prompt or explanation. Prompts that can be read to the participant are in **bold**.

Information

- a. Item 1: Ensure that participants know that “hospital staff” does not exclusively refer to doctors. Ensure that participants respond based on the staff’s performance and effort to communicate. Some participants may not be available for communication due to personal circumstances, but should not respond to this item based on circumstances for which the staff has no control (e.g. the participant states that the staff did not communicate with them regularly because they were at work and unavailable by phone or at bedside).



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- b. Item 2-3: No additional prompts
- c. Item 4: Participants may state this does not apply to them because they were not available for regular communication with staff due to other circumstances such as work, family responsibilities, etc. Interviewers will often hear participants say that this item does not apply, but that it's "not the doctor's fault" and go on to explain the circumstances. Interviewers should encourage the participant to respond to the extent that they were available, or to the extent that this item applies to them. A common phrasing might be: **To the extent that you were available, do you feel that the staff provided regular communication, or a satisfactory level of communication?**
- d. Item 5-7: No additional prompts
- e. Item 8: Participants may state that there "was no routine" or "things changed from day to day" or "it was touch and go/ a waiting game". In this instance explain to the participant that we realize that sometimes there is little occurring that could be considered "routine" or that the 'routine' changes. Explain to them: **This could include things such as when tests or procedures are run, when various staff members will be visiting the patient's room, when family meetings might occur or when routine tasks may occur such as meal delivery, hygiene assistance (bathing), or toileting.**
- f. Item 9: No additional prompts
- g. Item 10: This item refers to conversations that staff have with family members about the future. It is important for interviewers to ensure that participants understand that this item refers to both short-term and long-term planning conversations, as well as the patient's prognosis. When necessary explain to them: **This could include conversations about testing and upcoming procedures or surgeries, medication side effects, post-hospitalization planning such as rehabilitation or home health care, and overall prognosis or outlook for the patient.**
- h. Item 11-18: No additional prompts

Emotional Support

- i. Item 19: No additional prompts
- j. Item 20: Participants may state that providing emotional support is "not the staff/doctor's job" or that this item does not apply to them. In this instance, the interviewer should explain to the participant that if they did not require additional emotional support, a response of "disagree" or "strongly disagree" is most appropriate.
- k. Item 21: Participants may state that religious or spiritual support is "not the staff/doctor's job" or that this item does not apply to them due to a lack of religion or spirituality. They may also state that this was not one of their expectations. If the participant indicates that they have religion or spirituality, but did not have any unmet needs then explain to them



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that a response of “disagree” or “strongly disagree” is most appropriate. If the participant does not claim any religious or spiritual beliefs it is still appropriate to for them to respond with “disagree” or “strongly disagree”.

- l. Item 22: Some participants may state that their personal concerns were not important or relevant to this situation. In this instance the interviewer should prompt: **Hypothetically, if you had a personal concern to address with them, would you find it easy to discuss it with the staff?**
- m. Item 23: Some participants do not understand this item or will say “what do you mean by ‘talk down to me?’”. In this instance interviewers should explain: **This item means that the staff was condescending or that they spoke to you as if you were “lesser than” or “not an equal”.**
- n. Item 24-25: No additional prompts
- o. Item 26: Participants may state that they did not provide their own opinions and that this item does not apply to them. In this situation interviewers should explain: **Your opinions could include conversations regarding how the patient is doing. They may ask you if you think the patient has improved. They may also ask if their mental status has reached a normal level or is what you’re used to outside of the hospital, in order for them to understand what the patient’s “baseline” is. They may also ask you whether or not you want certain tests, procedures, or surgeries performed. Finally, they may ask about your opinions or preferences regarding post-hospitalization care, such as rehabilitation. Please consider all of these conversations when responding to this item.**
- p. Item 27: No additional prompts
- q. Item 28: Participants may state that they did not have any questions and therefore this item does not apply. In this situation interviewers should state: **Are you comfortable asking questions in the future if they arise?**
- r. Item 29: Participants may state that they never told the staff when there was something the patient needed. In this situation interviewers should state: **Are you comfortable telling the staff if you believe the patient has an unmet need? This could include toileting, bathing, meals, pain medication, or positioning in the hospital bed, to name a few.**
- s. Item 30: Participants may state that they never encountered this situation. Interviewers should explain to the participant that if this situation did not occur a response of “disagree” or “strongly disagree” is most appropriate.



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Family Inpatient Communication Survey – I would like to read some statements to you regarding your experiences communicating with the hospital staff for this hospital visit. For each of the following please let me know if you: Strongly Agree, Agree, Neither Agree or Disagree, Disagree, or Strongly Disagree.

Information	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. The hospital staff communicated with me as often as I would have liked.	5	4	3	2	1
2. There were times when I needed to talk to a member of the health care team and I was not able to do so.*	1	2	3	4	5
3. I was confident that I could reach at least one member of the hospital staff when I needed them.	5	4	3	2	1
4. The hospital staff communicated with me on a regular basis throughout (patient's) time in the hospital.	5	4	3	2	1
5. In general, the hospital staff gave me enough information about (patient's) medical condition.	5	4	3	2	1
6. The information I received helped me understand (patient's) medical condition.	5	4	3	2	1
7. The information I received made me feel comfortable about the care (patient) was receiving.	5	4	3	2	1
8. I was well informed about (patient's) daily routine in the hospital.	5	4	3	2	1
9. I had to struggle to get the information I needed.*	1	2	3	4	5
10. The hospital staff talked to me about what to expect in the future.	5	4	3	2	1
11. I trusted the information that I received from the hospital staff.	5	4	3	2	1
12. I always knew which doctor was in charge of (patient's) care.	5	4	3	2	1
13. The hospital staff carefully explained the treatments (patient) was receiving.	5	4	3	2	1
14. The hospital staff explained what they were going to do for (patient) before they did it.	5	4	3	2	1
15. The hospital staff encouraged me to ask questions about (patient's) medical condition.	5	4	3	2	1
16. During the time (patient) was in the hospital, there was at least one hospital staff person I could rely on.	5	4	3	2	1



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17. I knew the names of the most important staff members caring for (patient).	5	4	3	2	1
18. The staff changed so often it was hard to get to know anyone.*	1	2	3	4	5
Information Subscale Score					
Emotional	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
19. Overall, the hospital staff gave me too much information about the medical condition.*	1	2	3	4	5
20. I wish I had gotten more emotional support from the hospital staff.*	1	2	3	4	5
21. I wish I had gotten more religious or spiritual support from the hospital staff.*	1	2	3	4	5
22. It was easy to talk to the hospital staff about my personal concerns.	5	4	3	2	1
23. The hospital staff tended to talk down to me.*	1	2	3	4	5
24. The hospital staff treated me as an equal when they talked to me.	5	4	3	2	1
25. The hospital staff often seemed like they were in a hurry when they were talking to me.*	1	2	3	4	5
26. My opinions were valued by the hospital staff.	5	4	3	2	1
27. The hospital staff really listened to me when we talked.	5	4	3	2	1
28. I felt comfortable asking the hospital staff questions when I didn't understand something.	5	4	3	2	1
29. I felt comfortable telling the hospital staff when there was something (patient) needed.	5	4	3	2	1
30. If I had a concern about (patient), I sometimes felt there was no staff member who could help me.*	1	2	3	4	5
Emotional Subscale Score					
Total Score					

*Reverse Scored



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