



THEY'RE HERE! Schwartz Rounds

Improving staff and patient experience

What is a Schwartz Round?

Schwartz Rounds are an evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another. Founded in United States, they are based on the idea of medical “grand rounds”; however, Schwartz Rounds focus on the non-clinical aspects of care in a multi-professional meeting.

Schwartz Rounds were developed following the death of Ken Schwartz in 1995, a seemingly healthy non-smoker who died of lung cancer. Mr Schwartz set up the not-for-profit Schwartz Centre for Compassionate Healthcare prior to his death to promote kindness and compassion in healthcare workers and the Centre continues to research and fund his vision to this day. In the words of an American Schwartz Round participant: *“Rounds are a place where people who don't usually talk about the heart of the work are willing to share their vulnerability, to question themselves. Rounds are an opportunity for dialogue that doesn't happen anywhere else in the hospital.”*

Why are Schwartz Rounds necessary?

Acute healthcare is a demanding work environment and staff members are vulnerable to emotional burn-out. As staff well-being and patient well-being are demonstrably inter-linked; compassionate, high-quality, patient-focused care may suffer if staff members do not receive support for their psychosocial and emotional issues raised in their day-to-day working. Schwartz Rounds offer protected, confidential forums for this reflection and support.

What is the format of a Schwartz Round?

Rounds are typically held once a month, at lunchtime, with refreshments provided. Fifteen minutes is dedicated to a small panel of staff members describing their experience of a patient-care scenario. Panelists take it in turns to describe their involvement, how it made them feel and the challenges or issues it raised for them. Following this, the facilitator leads 45 minutes of discussion and reflection to explore issues raised by this case. Only staff members (not patients) partake in the rounds and all discussion is confidential. The Rounds are evaluated by attendees at the end of each session.

Topics are diverse

A recent Round at King's focused on a patient who died from unforeseen complications despite having a relatively straightforward case, described by the consultant as *“like watching a slow car crash.”* Another Round involved the case of an unresponsive, terminally ill woman arriving into the hospital with “no notes” prompting a discussion of whether to continue to feed her. The Round reflected on the anger felt by staff members and the challenges of community working. *Evidence Base* Schwartz Rounds are well established in United States, running for over 16 years and held at



over 230 sites. Independent evaluations of Rounds in the United States show that they benefit individuals, teams and hospital culture. As a consequence of attending Rounds, staff can benefit from:

- Decreased stress,
- Decreased isolation
- Greater understanding and appreciation of their colleagues roles and contributions
- Feeling more supported in their work
- And feeling more able to provide compassionate care.

Try it and see

The more Rounds an individual attends, the greater the benefit. Rounds were first piloted in the UK in 2009 at two sites: Royal Free Hospital and Cheltenham Hospital. The year-long pilot was an overwhelming success; the Rounds became firmly established, received a great deal of support from staff and directors, demonstrated the need for the forum and were rated very highly by attendees.

During the UK Pilot, a sample of participants were interviewed about their experiences of the Rounds. Three themes emerged from these discussions and example vignettes from the Pilot are given below. Firstly, there were personal benefits including acknowledging and validating emotions, and increasing empathy, for example: *“Everyone else has benefited from doctors talking about the emotional impact on them. It is not part of the culture of medicine to talk about the emotional content, and these are senior consultants talking too. It is important for staff to hear it. Having the Rounds made it happen.”*

Interviewees also felt their team working was strengthened, for example: *“It restores faith that you are working with colleagues who can share. There is a lot of angst and low morale in the health service, but this shows there is heart here and we want to do the best for patients. It is quite uplifting.”* Finally, interviewees felt Rounds contributed to their Trust vision and improved hospital culture, making the environment less hierarchical. For example: *“It generates pride in our identity. The hospital has lost its way in its identity. This is about grounding us in what it is about. The care has gone out of medicine and it is time to bring us back to there. We need to re-emphasise that we are here to care for patients so we need to look after staff.”*

On the basis of this pilot project, Rounds were replicated across the UK. They are now conducted in over 200 hospitals and hospices attracting between 20 to 200 staff members each time, and continue to grow in number.