

LIGHTS, CAMERA, ACTION!

The Use of Teleconferencing in Schwartz Rounds at St Christopher's Hospice

The Hospice

The St Christopher's Group comprises St Christopher's Hospice in Sydenham and St Christopher's Bromley in Orpington. Patient facing staff and volunteers are based at both sites which are a 40-minute drive apart. Sydenham is the larger site and includes an inpatient unit and hence this is where the majority of staff are based. The Sydenham site has an education centre that provides an appropriate venue to host Schwartz Rounds.

Schwartz Rounds at St Christopher's Hospice

The hospice has been running Schwartz Rounds regularly for the last 2 years. Since they were introduced the aim was always to make them available to staff and volunteers across both sites. Following the initial rounds it quickly became clear to the steering group that very few staff from the Bromley site were attending rounds being held at Sydenham. A number of different ideas were tried over subsequent rounds but nothing guaranteed a good representation of staff from both sites.

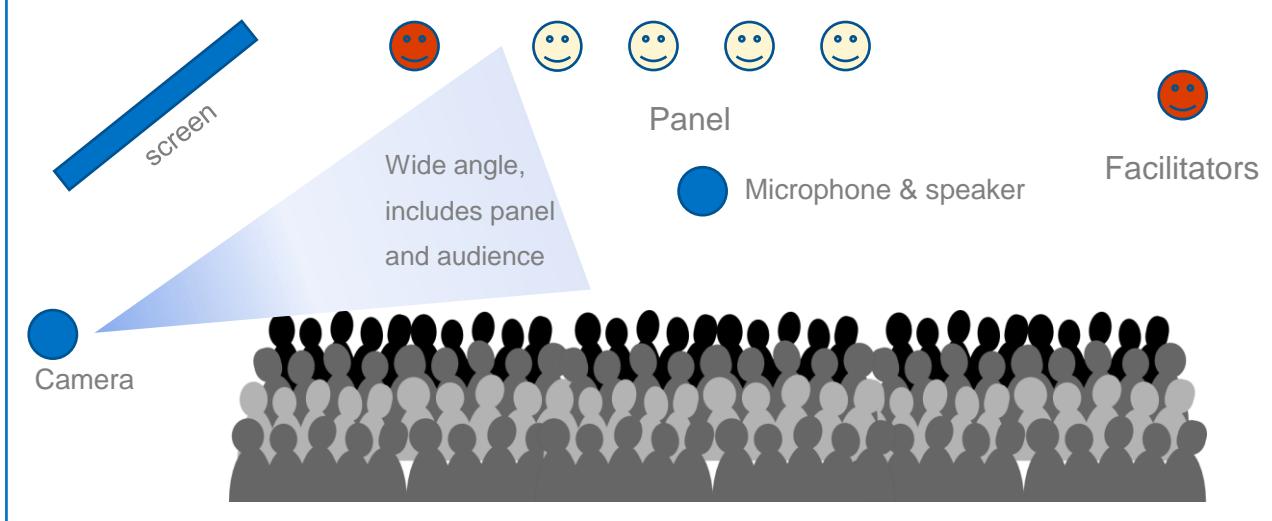
The Use of Teleconferencing Facilities

It was really as a last resort that it was decided to try using the teleconferencing equipment that was available at both sites. The steering group were quite sceptical about using the equipment and there were lots of concerns about the equipment interfering with the delicate and emotional discussions that come out of the rounds. We have now run 4 rounds using teleconferencing facilities. On 3 occasions the panel were based at Sydenham and watched in Orpington and on one occasion this was reversed. There have been some teething problems, mostly related to the correct positioning of the teleconferencing equipment to maximise participation and reduce background noise. The biggest challenge is in facilitating the round and ensuring that participants in the audience at both sites have a voice in the discussion.

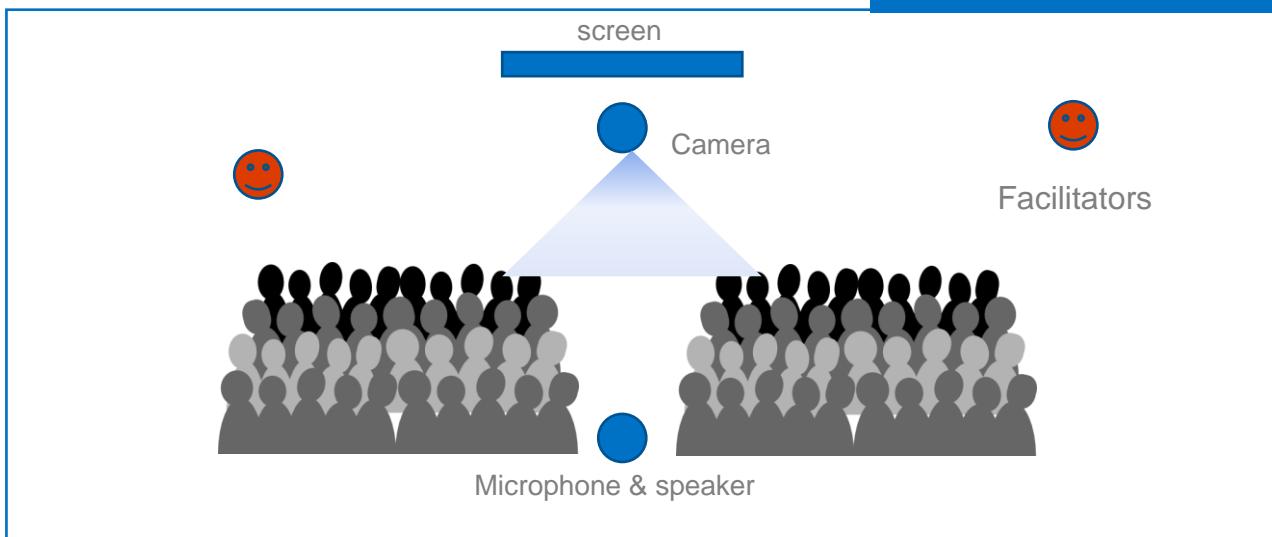
Most Recent Round

Our most recent round was titled 'Location, Location, Location – How decisions around place of care impact us'. The round was attended by 52 staff at the Sydenham site with 17 staff joining remotely at Orpington. Our Clinical Lead and one facilitator ran the round with the panel at Sydenham and 2 facilitators (1 trainee) supported the other site. The equipment allowed staff participating remotely to watch and listen to the round being introduced and the panel members sharing their stories. During the following discussion phase the facilitators at both sites were mindful to include both audiences when asking for contributions. It felt that both audiences were able to contribute with discussions and questions being carried between the two groups. An initial review of the evaluation forms shows that the round was seen as very valuable by participants at both sites.

Sydenham site



Orpington site



Conclusions

The use of teleconferencing has provided the hospice with a strategy for including staff from both of its sites in regular Schwartz Rounds. It is recognised that there are certain challenges in incorporating this technology into this type of session. There are resource implications, particularly the number of facilitators required to support 2 sites. I would acknowledge that there is a difference in participating in a Schwartz Round remotely, however, the powerful impact and benefits of participating can still be felt. I have been pleasantly surprised at how little impact the use of this technology has impacted on the power of the rounds.

Submitted by Matt Loveridge