

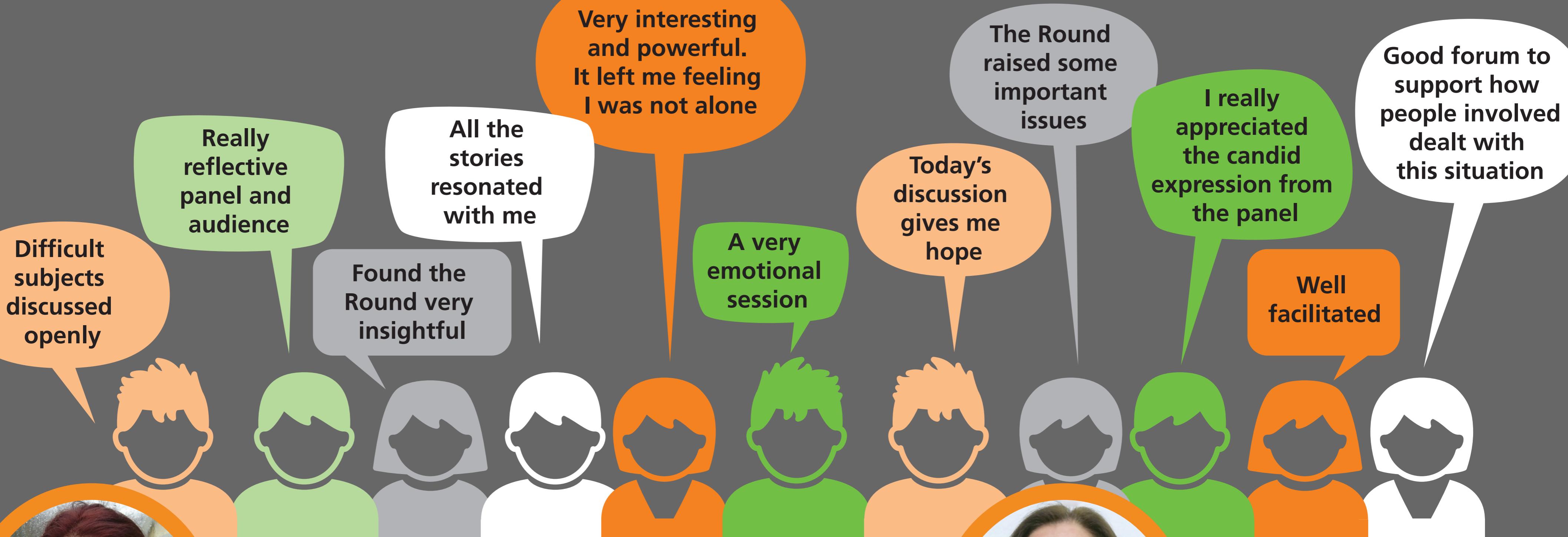


Demonstrating the impact of Schwartz ROUNDS

Lewis Kendall – Senior Charge Nurse

Dr Roxaneh Zarnegar – Consultant in Anaesthesia and Pain Management

Dr Sara McNally – Consultant Liaison Psychiatrist



Helen Spencer,
Physiotherapist

I was invited to take part in the inaugural Schwartz Round for a patient I'd had a lot of involvement with. I didn't know what to expect until I talked to Sara McNally and she guided me as to what kind of thing I'd be talking about. I thought, 'I'm not sure if I want to do this!'

It was a daunting prospect. Talking about the way you felt and reflecting on what you did or what maybe you could have done differently can be difficult any way, but to do so in public makes you quite vulnerable.

The case really resonated with me. It was the youngest patient that I have worked with who was terminally ill. He was in his last year at university and talking about going on to do a Masters after rehab. He came in with prospects and ambitions and then those were slowly taken away from him and my role changed from a rehab role to a palliative one. It's just extremely sad.

I wanted to do the Round because I felt that the patient needed representation from different professional groups, because we each have a different type of input with this person and to have a rounded picture of how different parts of the MDT see things is really important.

We had various MDT discussions which were more clinically led rather than emotionally. I had discussions within the physio and OT team; I'd come back from my sessions with the patient and discuss it with my supervisor and colleagues. We also had the opportunity to discuss with the psychologist and psychiatrist team but I didn't feel like I needed to because I had enough open communication within the therapy team. Having the Rounds as a forum for discussion was really valuable from the point of view of sharing how looking after one patient affects the whole team; therapists, consultants, allied health professionals, assistants, cleaners. Anyone working with the patient can relate to them on some level and can have an emotional involvement with them.

It was the response from the audience that surprised me most; the way they were listening to what was being said and the way in which they engaged with the panel after we'd all spoken. With other presentations there are always people at the back chatting, their mind is elsewhere or they're writing something down but everybody was looking at the speakers – full focus, some with concern on their face! The immediate response from the audience was extremely supportive.

I found one response from an audience member particularly powerful. She opened up about her experience as a family member of someone being cared for in hospital. It completely changed the way that she worked as a healthcare professional – she understood how people need the human element; someone to talk to, someone to understand them, they want normality.

I will remember those conversations that were had within the Round. I understand even more how important it is to build a relationship with not only the patient but the patient's family, especially in those situations when the patient is not progressing. It was a really valuable experience.

Even though it's challenging in lots of ways it's a really worthwhile experience and I'd recommend that you do it. Everyone will come at it from a different point of view whether it's more professionally or personally. I would do it again.



Jacqui McKeown,
Reintegration Practitioner
in Community Liaison

I was a rehab assistant when I was involved in the patient's care for the inaugural Schwartz Round in January. I hadn't heard of Schwartz Rounds before I was asked if I wanted to take part so I didn't have the foggiest what to expect! We had a couple of practice runs – we were prepared and really well supported through it, thankfully.

The Round began with the consultant surgeon who gave an overview of what happened and then we heard from physiotherapist Helen, rehab consultant Mr Desai and then me. Mine was not quite such a clinically professional part – a bit more emotional.

I was pleasantly surprised that there were so many people there as it was the first one. It was quite an emotional experience – I was surprised I kept it together as long as I did! I'm quite an emotional person at the best of times and because it was something I'd connected with quite strongly I've always found it quite difficult to have conversations about this particular patient. I was more worried about being emotional in front of that many people than I was about just doing it generally.

I did benefit from the Round. Not so much from actually expressing my feelings, because I've been really well supported by Sara, Helen and Lewis on the ward, but the feedback from people in the audience as well; almost confirming that actually it was okay to feel how I felt. One of my main concerns throughout was crossing over that emotional-professional boundary – where is that line? It seems that there isn't a line particularly – or it's very movable.

A couple of people from the audience shared their own version and how they felt – both from the same side as me as the professional and from the side of being the patient or the parent. It was interesting.

I get the feeling that as time goes on we will begin to see more cases which are similar to this. Albeit we didn't have the absolute expert input into this particular case and how to deal with it, I think all of us really learnt a lot about ourselves; about that whole situation and how well we actually did manage it. We did what we could do and hopefully the family were happy with the way we dealt with things and how we looked after the patient.