The Point of Care Foundation

Schwartz Rounds information pack for smaller organisations

Contents

What is a Schwartz Round? 2

Origins of Schwartz Rounds 2

Format of Rounds 3

Benefits of Rounds 4

Staff benefits 4

Patient benefits 4

Organisational benefits 4

What's involved in running Rounds? 5

Summary of contract 5

The Schwartz roles 6

The steering group 6

The facilitator 7

The clinical lead 8

The administrator 9

Frequently Asked Questions 10

What is a Schwartz Round?

Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.

The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.

Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.

The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

Origins of Schwartz Rounds

In 1994 a health attorney called Ken Schwartz was diagnosed with terminal lung cancer. During his treatment, he found that what mattered to him most as a patient were the simple acts of kindness from his caregivers, which he said made "the unbearable bearable." Before his death, he left a legacy for the establishment of the Schwartz Center in Boston, to help to foster compassion in healthcare.

"I have learned that medicine is not merely about performing tests or surgeries, or administering drugs... For as skilled and knowledgeable as my caregivers are, what matters most is that they have empathized with me in a way that gives me hope and makes me feel like a human being, not just an illness."

In 2009, Schwartz Rounds were brought to the UK by the Point of Care programme at The King's Fund and continue to be implemented by The Point of Care Foundation.

Format of Rounds

Rounds follow a standard model to ensure that they are replicable across settings. Rounds normally take place once a month for an hour at a time with catering provided before the Round.

Once the Round starts, a panel, comprised of three or four staff, share their experiences for the first 15-20 minutes. On each panel, there should ideally be a mix of clinical and non-clinical staff with different levels of seniority.

A Round can either be based on different accounts of a case, or can explore a particular theme such as 'when things go wrong' or 'a patient I'll never forget'. Experiences are shared from the perspective of the panel member - not the patient – and the emphasis is on the emotional impact.

The remainder of the hour features trained facilitators leading an open discussion. They do this by asking participants to share their thoughts and reflections on the stories. The key skill is for the facilitators to steer the discussion in such a way that it remains reflective and does not become a space to solve problems. The facilitators will remind participants that Rounds are a confidential space, in which patient and staff identities are protected.

Differences between Rounds and other staff forums

Grand Rounds.... aim to help medical staff learn about recent developments in medicine and focus on the clinical details of a case.	**Schwartz Rounds....** do not focus on the clinical aspects of patient care; instead learning is focused on understanding staff experience from a social and emotional point of view.
Balint groups.... follow a similar format to Rounds in terms of their reflective nature and focus on emotional impact, but they are only open to certain members of clinical staff.	**Schwartz Rounds....** are open to all staff members including non-clinical staff. Three or four stories are told at each Round, which are used as a springboard for a wider discussion beyond the case itself.
Supervision.... involves expertise and advice; is generally aimed at a specific staff group; focuses on technical aspects of care, clinical outcomes or personal development, unlike Rounds.	**Schwartz Rounds....** are not designed as a form of peer supervision and do not fit the traditional model of clinical supervision.
Debriefing.... are usually structured meetings that aim to help staff following stressful or traumatic clinical events, through education, normalising and support	**Schwartz Rounds....** should not be used as a form of debriefing. If there is a case that has been particularly troubling for staff and the organisation, a certain amount of time will need to pass before it is addressed in a Round.

Benefits of Rounds

Staff benefits

Staff who regularly attend Schwartz Rounds feel less stressed and isolated at work. Listening to colleagues describe the challenges of their work helps to normalise emotions, which are part and parcel of working in healthcare but are often kept under the surface.

This shared understanding manifests in improved communication between colleagues and a greater sense of teamwork. Discussing the personal impact of working in healthcare reduces the sense of hierarchy that exists between staff. Seeing beyond the professional identity of their colleagues allows staff to feel more connected to one another.

Participation in Rounds also helps to provide staff with greater insight into how all colleagues, regardless of role, play a vital part in the patient journey.

Patient benefits

Schwartz Rounds give staff confidence in their ability to attend to the emotional aspects of patient care. Therefore, patients will benefit if staff feel supported by their organisations.

Organisational benefits

It is essential that organisations support their staff in order to create a strong, open culture where high quality and compassionate care can flourish.

Stories shared in Schwartz Rounds have the ability to empower staff and their organisations. Staff can reconnect with their values and reaffirm their motivation to work in healthcare.

Schwartz Rounds provide the only forum for staff at all levels across an organisation to come together. Over time, providing this reflective space can impact on the organisation more broadly. For example, staff often disclose experiences of fallibility and mistakes, which if carried into everyday practice can foster an open and transparent culture.

What's involved in running Rounds?

The Schwartz Center for Compassionate Healthcare™ has licensed The Point of Care Foundation to provide support and training to organisations wishing to run Schwartz Rounds in the UK. Rounds are a long-term commitment and therefore we require organisations to fulfil various criteria before we can enter into contract to provide the training and support.

Schwartz Rounds are more likely to be embedded and sustained in organisations where senior managers buy in to the concept; we therefore ask organisations to provide a letter of support from the Chief Executive before embarking on the process.

You may need to present the concept or proposal for Schwartz Rounds to senior managers within your organisation. To support your case, we have created a presentation which you can use or adapt for your own purposes. This can be found on the website.

You will need to identify people to undertake the following roles in order to run Rounds:

- a steering group of 5-10 members from across the organisation
- a clinical lead
- a facilitator
- an administrator

We recommend that one or two members of your organisation observe a Round in action.

Once you have the funding approved you can apply to join a Schwartz Small cohort which is open for enrolment twice per year. Please download the application form from our website for details of the next cohort timeline.

Summary of contract

The initial two year contract of training and support costs £4,500 inclusive of VAT. This covers:

- The licence to run Rounds
- A blended learning programme for one clinical lead and one facilitator
- Group mentoring sessions via teleconference
- Buddying with local organisations
- Two annual conference places
- Access to Schwartz community webinars and resources
- Ongoing support from The Point of Care Foundation Schwartz team.

The Schwartz roles

When recruiting the team it is important that everyone is aware of the time commitment of the various Schwartz roles in order for managers to give staff adequate time.

The steering group

The role	The steering group is comprised of 5-10 staff from multiple clinical and non-clinical disciplines. The steering group may be smaller depending on the size of the organisation. It helps if the group represents a wide range of departments within the organisation from different levels of seniority. The diversity of the steering group is an important factor in promoting Rounds and ensuring that attendance is strong. Examples include: • board members and senior clinicians • junior nurses • psychologists • chaplaincy staff • staff engagement leads • patient experience leads • operational or facilities managers • representatives from junior medicine • heads of some medical specialities (cardiology, orthopaedics, oncology etc) • housekeeping • marketing and communication professionals • HR managers
Time	Each steering group member requires approximately half a day per month. This time is taken up primarily by attending a monthly meeting and the Round itself.
Responsibilities	• To raise the profile of Rounds • To share ownership of the Rounds • To attend monthly steering group meetings • To help find cases and panellists • To support the facilitator and clinical lead in their roles • Debriefing the Round with the clinical lead and facilitator • To offer contributions in the Rounds to help encourage the discussion, and be available if challenging issues arise • To ensure that Schwartz Rounds remain relevant over time

The facilitator

The role	The facilitator undertakes a very skilled role, so it helps if they have experience of working with groups and managing difficult emotions. Often people with psychological or social work backgrounds suit this role. They will also need to have good knowledge of staff experience issues, the structure and the culture of the organisation.
Time	The facilitator role requires approximately 1.5 days of work per month. This time is taken up primarily by panel preparation, as well as steering group meetings and the Round itself.
Responsibilities	• To help panellists prepare their stories • To help panellists and the audience share personal experiences in a public setting • To ensure the Round is safe, confidential and given workable boundaries • To open up a reflective discussion and attend to emotional aspects of care • To help move away from the participants' natural desire to problem-solve • To draw out meaning and themes underlying the stories • To feel comfortable with silence • To confidently manage challenge and uncertainty that can arise • To maintain a neutral, curious and compassionate position.

The clinical lead

The role	The clinical lead plays an important symbolic role, demonstrating the importance of attending to the emotional impact of care to the medical or clinical community. It helps if the clinical lead is a respected senior member of staff, with experience of working in pressured clinical settings (they will use this experience to engage the medical community at various levels and share their own experiences). The type of professional selected for this role will vary with setting; in an acute trust the clinical lead is likely to be a senior medic, whilst in a smaller organisation they should be chosen to reflect the particular staff profile. The clinical lead works closely with the facilitator and undertakes a skilled co-facilitation role. It helps if they have some group work experience and an interest in staff experience.
Time	The clinical lead role requires approximately half a day a month. This time is taken up by finding panellists, attending the steering group meeting and facilitating the Round itself.
Responsibilities	• To help find cases and panellists • To co-facilitate the Rounds and ensure that they are run in accordance with the Schwartz model • To draw on personal experience and demonstrate a reflective stance • To champion the Rounds and represent them at senior levels in the organisation • To remain neutral and compassionate when faced with controversy in the Round.

The administrator

The role	The administrator plays an important organisational role, so they will need to be efficient. It helps if they have a genuine interest in staff experience and take ownership of the Schwartz Rounds. The smooth running of Rounds is important to them becoming embedded in the organisation.
Time	The administrator role requires approximately one day per month. This time is taken up primarily by preparing for the Rounds, helping to collate data and writing up feedback reports.
Responsibilities	• To enable the efficient running of rounds • To book rooms and organise the lunch • To liaise with communications team about promoting the Rounds • To co-ordinate steering group meetings and write up minutes • To ensure the paperwork is ready for each Round • To ensure that only staff attend and that they sign the confidentiality agreement • To collect feedback sheets after each Round • To enter the feedback into a database and help to populate a report.

Frequently Asked Questions

Q: Are Rounds confidential?
Yes, everyone who attends agrees that no names will be used and what is said during the hour is not attributed to individuals.

Q: Do we have to go through The Point of Care Foundation?
Yes because we have a license with the Schwartz Center for Compassionate Care in Boston, USA to run the Rounds in the UK. Part of that agreement is that Rounds will be run in a certain way.

Q: How long does it take to get them started?
Our experience suggests that it takes about three months to find the relevant funds and the staff to fulfil the various Schwartz roles. So we suggest starting this process 2-3 months before the application deadline.

Q: Do you have to have a senior clinician championing the Rounds?
This has been shown to be one of the ingredients for success and ensures that clinicians (e.g. doctors and nurses) attend the Rounds along with colleagues from other professional backgrounds. In smaller organisations it may be more appropriate that the clinical lead should be a senior nurse or other health professional rather than a doctor.

Q: Is it necessary for the Chief Executive and Board to support them?
Yes. We ask the Chief Executive or appropriate Board representative to write a letter of support. At the organisations running Rounds, board members often attend, which helps to show organisational commitment.

Q: How long do Rounds normally go on running?
When you sign up to run Rounds it is a commitment to run them indefinitely. We know from evaluating Rounds that they are more beneficial the more often participants attend.

Q: Can we train more than two facilitators to run Rounds?
Yes, there is no limit to the number of facilitators that can receive training. However there will be an additional cost to train extra facilitators beyond the number stipulated in the contract.

Q: Do Rounds have to take place at lunchtime?
No. Although Rounds tend to work well at lunchtime, they can take place at any time of day, depending on what suits the organisation and facilitates the best possible attendance. Provision of catering is essential, whenever the Round takes place.

Q: Is there a minimum number of people required to run a Round?

There is no formal minimum and it will depend on the size of your organisation, but generally a Round will not be as effective unless there are at least ten participants in addition to the panel and discussion leaders.

Q: Are Rounds CPD accredited?
Schwartz Rounds have been accredited by CPD-UK, who give third party assurance that the Rounds meet CPD standards. It is up to individual staff members to identify the learning benefit, number of points and type of CPD activity, e.g. reflective practice.

Q: Can we change the feedback form?
The same set of questions is asked of all Rounds' participants in the UK and US. This is important for standardisation and is part of our licence agreement with the Schwartz Center for Compassionate Healthcare™. You can add questions but please do not remove or change any.

Q: Can patients attend Rounds?
Schwartz Rounds exist to provide a space for staff to come together regularly to discuss the emotional and social aspects of working in healthcare. Some staff feel less comfortable discussing their emotions in front of patients.

One or two organisations have run a Round with a patient on the panel, but we would advise you to discuss any patient involvement with your mentor and steering group in advance to ensure that you have considered the advantages and any potential disadvantages.

Q: Can we run a Round by videoconference?

A small number of organisations in the UK have attempted to use videoconferencing. One hospice has written about their successful experience of running Rounds via videoconference.

Tips for videoconferencing:

- Test your technology well (two-way video-conferencing preferable)
- Have a facilitator to manage the discussion at all participating sites
- Allow remote participants to contribute to the discussion
- The usual rules apply to remote participants, e.g. ground rules, confidentiality, evaluation etc.