The genesis and value of Schwartz Rounds

What were the influences that created Schwartz Rounds? Raymond Chadwick and Richard Duggins report on discussions held with some of those who supported the development of Schwartz Rounds, and look at how their work drew on a theoretical framework that underpins Rounds to this day.

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Since their origin in the 1990s in Boston, Schwartz Rounds have become firmly established around the globe. Their format is simple: on a regular basis (often monthly) all staff meet together for an hour, listen to two or three colleagues reflect on their reactions to their work and then contribute their own experiences. The discussions that arise are unusually frank and moving.

Positive evaluations of attendees attest to the value of Schwartz Rounds (Lown & Manning[1]; Goodrich[2]). Participants gain insight into how others think and feel and reconnect with the values that prompted them to enter their career. Yet at the core of Schwartz Rounds lies a paradox. How can you gather 60 or more people – who may not have met before – and expect them to talk about their feelings? How can they overcome their worry about mistakes they have made and share insecurities as well as achievements? How can they reveal their sadness as well as their sense of satisfaction? While such sharing seems unlikely, it happens, again and again, in many organisations. What enables people to talk openly about their feelings, and encourages others to follow?

Comparisons have been made between Schwartz Rounds and other types of professional support groups (e.g., reflective practice groups, Balint groups). However, these groups are typically small, involving individuals who have known each other over time. There appears to be no obvious fit between Schwartz Rounds and any existing model or theory. One study undertook an analysis of mechanisms within Schwartz Rounds which enabled them to produce their impact (Maben et al [3])

Our hope is to take this further, and understand more about the power of Schwartz Rounds.

Method

Written records of the first few years of Schwartz Rounds at the Massachusetts General Hospital (MGH) were published in the journal *The Oncologist*, as they were established initially in the context of cancer services (e.g. Penson et al[4,5]). These early Rounds emphasised clinical dilemmas, but show a gradual trend towards a more reflective discourse. By the early 2000s, these written accounts convey an ethos within Rounds that most attendees would recognise today.

We embarked on a series of interviews with key individuals who were present at the early development of Rounds, to find out more about their thinking and formative influences. They all responded warmly, and gave their time generously.

Our three main sources were:

- Thomas Lynch, MD – formerly medical oncologist at MGH, now President and Director of Fred Hutchinson Cancer Research Center, Seattle
- Richard Penson, MD – an ovarian oncologist at MGH
- Theodore A. Stern, MD – The Ned H. Cassem Professor of Psychiatry in the field of Psychosomatic Medicine/Consultation at Harvard Medical School (HMS), and Chief Emeritus of the Avery D. Weisman Psychiatry Consultation Service at MGH

Our first contact was with Tom Lynch, as the person widely considered the founder of Schwartz Rounds, and the oncologist who treated Kenneth Schwartz. It was from this first discussion that the names of the other two individuals arose.

What follows is a brief summary of each of our discussions. We then attempt to synthesise the ideas and influences that contributed to what we recognise now as a Schwartz Round.

Thomas Lynch

Tom Lynch first met Ken Schwartz in December 1994; he remained involved in Ken's care until the time of his death barely ten months later. He had a strong relationship with Ken, a healthcare lawyer. Both went to Yale, and were interested in politics, particularly vis-a-vis healthcare.

When Ken wrote about his experiences following his cancer diagnosis (Boston Globe[6]) he talked about *all* his caregivers – not just nurses and doctors, but those who cleaned his room and parked his car. He left a legacy with the aim of "promoting connection between patients and caregivers".

Tom Lynch and his team came up with the idea of holding Schwartz Rounds, as an extension of their existing clinical case discussions. They were aware that certain things were critical. Physicians and nurses were under stress; they were used to talking about 'hard' medicine – X-rays, surgery, genes; and while they fundamentally enjoyed talking about feelings, there was a need to make this safe enough. The first Round started with a presentation of X-rays, and for the first 30 minutes Tom felt "stiff and nervous". But then he noticed that people

listened and wanted to talk about how the case made them feel. He began to think that the X-rays weren't needed.

Despite this, the early Rounds continued to include the 'hard stuff'. Topics were typically related to cancer, but they included discussion of race and medical errors. They picked up a life of their own – and people looked forward to the last Friday of the month. Tom realised: "There's something about this format – they have no chance to talk about these kinds of things."

We asked Tom how he got the idea for Schwartz Rounds. He said a key person was his colleague Richard Penson, who wrote the articles for *The Oncologist* about the early Rounds. He also identified three main influences on the form of Rounds: medical grand rounds; the interdisciplinary ethics committee at the MGH ("the Optimum Care Committee"); and 'car rounds' – a term we didn't understand. He described these as regular meetings held by a psychiatrist, Theodore (Ted) Stern, MD, working in the medical intensive care unit (MICU) at the MGH when Tom was a medical house officer.

Only after speaking with Ted did we discover why these rounds were called 'car rounds'.

Richard Penson

Richard Penson arrived at MGH as an oncology fellow from Barts in the UK just as Schwartz Rounds were getting off the ground. He was introduced to them by Bruce Chabner, MD, Chair of the Division of Oncology, and found they dovetailed with his interest in providing compassionate care.

He identified several key people in the early development of Rounds:

- Ken Schwartz – who as a lawyer "had a heart for the underdog"
- Tom Lynch – who shared Ken's belief in the importance of the relationship between clinician / caregiver and patient
- Bruce Chabner – a highly respected oncologist and Editor of *The Oncologist*, who was a regular presence at Schwartz Rounds
- Ned Cassem – Former Chief of Psychiatry at MGH and a Jesuit priest
- Ted Stern – whom Richard described as 'the forerunner of getting residents to speak their minds'

When Rounds first started, all staff from Oncology attended and senior clinicians were deeply affected. All felt that the Rounds helped them avoid burnout.

By Richard's account, Tom Lynch was at the centre of Rounds, and kept them focused on emotions. He was determined to keep them non-judgemental, and brought warmth and a 'dogged commitment' to the patient. More broadly, he believed in the importance of winning over key clinical opinion leaders to establish Rounds on a sound footing.

Ted Stern

Ted Stern helped weave together the threads of our other discussions, and contextualise the genesis of Schwartz Rounds to its roots in psychiatry at the MGH.

He spoke first about Ned Cassem (a Jesuit priest, scholar, teacher and psychiatrist, who had been chief of the Psychiatric Consultation Service). He was invariably supportive, practical and an enemy of jargon (Boston Globe[7]). In 1973 he established the Optimum Care Committee (Cassem[8]) – an inter-disciplinary ethics forum that dealt with life and death decisions affecting individual patients. Increasingly, it became clear that staff valued the opportunity to talk about their reactions to their work. These meetings dovetailed with the start of Schwartz Rounds.

Ted went on to speak about the work of Ed Messner, MD, a psychoanalyst and psychotherapy supervisor. He encouraged residents to recount challenging cases, and then describe their reactions to them. He introduced readings on counter-transference – the reactions evoked in a clinician by a patient. He began the tradition of running weekly auto-gnosis ('self-knowledge') rounds, to discuss counter-transference reactions, to help residents learn to deal with their own emotions while providing care. He believed that when one's feelings are identified, they can be managed in real time, while continuing to listen to the patient.

This was how Ted first learned about counter-transference and auto-gnosis rounds. He went on to modify these rounds to provide training for medical residents rather than psychiatrists. (Stern, Prager & Cremens[9]).

While working in the medical intensive care unit at MGH in 1980, he created a journal for medical residents who worked there. He wrote on page 1: "Feel free to read, and write / share your experiences. Everybody can benefit from your experience." This started with a journal that had a red cover – and it continued to be known as the 'Red Book', even though it grew to eight volumes, each with a different colour. (A selection of anonymised verbatim extracts from the Red Book was eventually published in Sekeres & Stern[10].)

Ted met with the residents every week to review entries made in the Red Book. Initially, he thought house staff might be reluctant to share their thoughts and fears. But over time their trust grew. He drew on his own natural talent for humour, by developing an extended metaphor about cars and driving, and *Auto*-gnosis Rounds became Car Rounds. Instead of asking: "What has been challenging for you this week…?" he might ask: "If you were a car, what kind of car would you be?" "Remember that if you only look through the windshield (looking at a patient's data) – you might get sideswiped. So from time to time, look at your rear-view mirror, to see what else surrounds you" (attending to your feelings). The overall purpose was to help them understand their emotions, and how they could alter the trajectory of their response.

Ted saw shared features between Car Rounds and Schwartz Rounds – thoughtful facilitation; role modelling; and therapeutic in effect. They were both about: "helping people adapt, adjust, accept whatever comes their way without being judgmental, and without pathologizing. It's tempting for people under stress to distinguish between we…. and they… But everyone's walking on quick sand. It's never about 'we' and 'they', it's about us. Our job

is to make it better for *everyone* however we can… People will speak about anything if you're willing to listen."

Conclusions

Despite the apparent lack of a guiding theory for Schwartz Rounds, their roots can be tracked back to a strong theoretical framework. The central insight is that staff have emotional reactions to their work and the patients they care for. This recognition helps to sustain staff in their work, which can be physically and emotionally depleting.

It appears that key influences on the principles of Schwartz Rounds may be traced to:

- Ed Messner – who established training in counter-transference for psychiatric residents
- Ned Cassem – who started an interdisciplinary ethics committee, which became personally supportive.
- Ted Stern – who extended the training in autognosis to medical residents
- Tom Lynch – who synthesised these strands and developed Schwartz Rounds to create an open, multi-disciplinary group

Although the roots of this model reveal an elaborated psychoanalytic framework, facilitators without mental health expertise can participate. It has become accessible to all healthcare staff by the transformations achieved by Ned Cassem, Ted Stern and Tom Lynch.

Those of us who benefit now from the considerable legacy of Ken Schwartz owe them our gratitude.

References

1. Lown, B.A. & Manning, C.F., (2010) 'The Schwartz Center Rounds: evaluation of an interdisciplinary approach to enhancing patient-centered communication, teamwork, and provider support,' *Academic Medicine* 85, 1073–1081.
2. Goodrich, J. (2012) 'Supporting hospital staff to provide compassionate care: Do Schwartz Center Rounds work in English hospitals?' *Journal of the Royal Society of Medicine* 105: 117–122.
3. Maben J, Taylor C, Dawson J, Leamy M, McCarthy I, Reynolds E, et al.(2018) 'A realist informed mixed-methods evaluation of Schwartz Center Rounds® in England.' *Health Services and Delivery Research* 6 (37).
4. Penson, R T, Dignan, F L, Canellos, G P, Picard, C L & Lynch, T J (2000) 'Schwartz Center Rounds – Burnout: Caring for the Caregivers. *The Oncologist* 5, 425-434.

5. Penson, R T, Svendsen, S A, Chabner, B A, Lynch, T J & Levinson, W (2001) 'Schwartz Center Rounds – Medical Mistakes: a Workshop on Personal Perspectives' *The Oncologist* 6, 92-99.
6. Boston Globe (1995) 'A Patient's Story by Kenneth B. Schwartz,' July 16 1995
7. Boston Globe (2015) 'Obituary: Rev Edwin H. Cassem, 80; Jesuit served as MGH's chief of psychiatry,' July 29 2015
8. Cassem, N. (2003) 'Comments from the Optimum Care Committee Consultant,' *The Journal of Clinical Ethics* 14, 3: 199-200.
9. Stern, T.A., Prager, L.M. & Cremens, M.C. (1993) 'Autognosis Rounds for Medical House Staff,' *Psychosomatics* 34, 1: 1-7.
10. Sekeres, M.A. & Stern, T.A.(eds) (2014) 'On the edge of life: Diary of a Medical Intensive Care Unit,' Massachusetts General Hospital, Psychiatry Academy.