

AN ORGANISATIONAL GUIDE

Understanding, implementing and sustaining Schwartz Rounds®

There's a
patient I'll
never forget...

I was caught
between the patient
and their family...

...I was the clinician
who had become
the patient

CONTENTS

Forewords	3
1. Introduction	6
2. Findings and summary of recommendations	8
3. Detailed implications and recommendations	10
4. Supporting sustainability	16
5. Evaluating Rounds	21
6. Conclusions	23

FOREWORDS

Sir Robert Francis QC

Trustee, The Point of Care Foundation
January 2018

In the report of the Mid-Staffordshire NHS Foundation Trust I wrote¹:

Most service provision in an acute hospital setting is the result of teamwork and often the work of more than one team... Greater efforts may need to be made to bring teams like this closer together... A sense of there being one team for the patient should be fostered where possible. One way to help in this might be to involve staff of all backgrounds in case reviews, clinical audit, and in overall team meetings. One method whereby this has been achieved has been by Schwartz Rounds®. These are a 'multidisciplinary forum designed for staff from across the hospital to come together once a month to discuss the non-clinical aspect of caring for patients – that is, the emotional and social challenges associated with their jobs'².

I recommended, with particular reference to the care of the elderly but in reality to any healthcare intervention, there needed to be effective teamwork between all the different disciplines involved, with the value of all team members whether or not professionally qualified being recognised.³

My involvement with the Point of Care Foundation, of which I am proud to be a trustee, has confirmed my belief that Schwartz Rounds®, as supported by the Foundation, are a highly effective means of bringing teams together, improving morale and self-esteem, and fostering openness between colleagues. The research on which this guide is based, confirms that Rounds are associated with improved teamwork and communication amongst those who attend, and positive changes in practice as well as increased empathy and compassion for patients and colleagues.

Rounds have the capacity to be transformative of culture. The uninitiated may wonder what is the difference between a Round and a less organised get-together between colleagues. As this excellent and helpful guidance shows, Rounds are effective because of the commitment of an organisation to them, the support given to those who organise them, and the techniques required to ensure they are genuinely reflective and experiential occasions, and not part of some top-down management process.

The research which informs this guide also reports that the proportion of staff with psychological ill health halves in those who regularly attend Rounds. This is important because the NHS Staff Survey suggests that healthcare workers suffer enormous pressure at work. 25% report witnessing an incident that could have harmed patients; 37% report feeling unwell due to work related stress, while 60% report coming to work in spite of feeling unable to perform their duties. 50% report working unpaid overtime each week.⁴ It is vital that something is done to reverse statistics such as these if staff are to continue providing the safe, high quality care we are all entitled to expect. Some may be tempted to believe that in times of serious demand and finance related pressure measures such as Schwartz Rounds® can be ignored. They could not be more wrong. The greater the pressure on the service the greater the need to support staff in this way.

Professor Maben and her colleagues have produced a valuable and independent insight into the ingredients required for successful Schwartz Rounds® in practical and easily understood guidance. This illuminating work should be read not just by those responsible for organising Rounds but also by those who commission them or are considering doing so.

1. *Report of the Mid-Staffordshire NHS Foundation Trust*, 6 February 2013, London Stationery Office HC 898-III Vol 3 paras 20.128-129. www.midstaffpublicinquiry.com
2. *The Contribution of Schwartz Center Rounds® to Hospital Culture*, Goodrich J and Cornwell J, paper produced for the Inquiry seminar on organisational culture, (25 October 2011), p1; www.midstaffpublicinquiry.com/sites/default/files/uploads/Jocelyn_Cornwell_-_paper.pdf
3. Recommendation 237 *ibid* Vol 3 page 1700
4. *Briefing Note: Issues Highlighted by the 2016 NHS Staff Survey in England*, 7 March 2017, www.nhsstaffsurveys.com/Caches/Files/20170306_ST16_National%20Briefing_v6.0.pdf

Beth A Lown, MD

The Schwartz Center for Compassionate Healthcare,
Boston, USA

January 2018

The Schwartz Center for Compassionate Healthcare introduced Schwartz Rounds® in one Massachusetts hospital in 1997 to support healthcare workers and nourish their compassion for themselves, co-workers, patients and families. Since then, Schwartz Rounds® have spread organically throughout the United States, Canada, in the United Kingdom, Ireland, Australia and New Zealand because they meet an important need. Schwartz Rounds® provide a safe space where staff can come together to share stories and reflect in community about the work we do, to listen, to offer and receive support. It is perhaps the only space in most healthcare organisations where we can have honest conversations about the emotional and psychological challenges, and sometimes the joys, of caring about and for others.

Why is this important? As healthcare becomes increasingly complex, fast-paced and volume- and target-driven, staff are being asked to do more with fewer resources and with less time to replenish themselves. This has led to the rising prevalence of burnout and loss of purpose, joy and meaning in work. This has disastrous consequences for staff, patients and families and will ultimately have significant negative financial implications for healthcare organisations and systems. We cannot consistently offer our compassion to others if we ourselves are depleted.

This robust longitudinal research led by Professor Maben, clearly shows improved psychological health among Schwartz Rounds® participants compared with those who do not attend. No other intervention occurring over such a wide variety of countries and organisations can claim this. Her team's detailed 'how-to' organisational guide will help those interested in implementing, sustaining and adapting Schwartz Rounds® to support the compassion and resilience of the healthcare workforce so that we can continue to provide compassionate, collaborative care to those who are vulnerable, ill and suffering.

This is the kind of care each of us wants when the time comes. And the capacity to provide such care is what draws us to this work in the first place.

www.theschwartzcenter.org

Jocelyn Cornwell

Chief Executive, The Point of Care Foundation
January 2018

In 2008 The Point of Care, then at The King's Fund, began looking for interventions that could help leaders in healthcare organisations support staff in the emotional and relational work of caring for patients. We knew patients' experiences of care were shaped by the attitudes and experiences of the staff; were convinced that organisational cultures are mutable, and were keen to find examples of effective interventions to support a positive culture and ethos of care.

The search led to the Schwartz Rounds®, already established in two hundred plus hospitals in the United States, and to the Schwartz Center for Compassionate Care in Boston, Massachusetts and the external evaluation the Center had commissioned into the Rounds' impacts. That evaluation, based on the self-reports of people who attend Rounds, was limited in scope but it demonstrated that those who went to Rounds found them to be supportive and restorative.

We spent two weeks observing Rounds in and around Boston, negotiated the first licence from the Schwartz Center and piloted Schwartz Rounds® in the UK in two NHS trusts in 2009. After the pilots, gradually, mainly by word of mouth, and with our support, organisations signed up for training and Rounds began to spread.

From the very first moment of observing a Round in Boston, I was convinced that this was something entirely unique and very special. This guide captures the unique qualities. It describes Rounds as 'counter-cultural': they are open to everyone and treat everyone as equal; they are place of stillness and (sometimes) silence in an otherwise noisy and busy world; and they offer a receptive space and time in which people who might not otherwise meet, can be present and can listen to each other.

The research and this accompanying guide for organisations on how to set up and sustain Schwartz Rounds® is timely. The research findings validate the claims made for the Rounds previously and add to them. And the guide usefully rehearses the benefits for organisations: implementation of NICE guidance; achievement of CQUINs targets; demonstrating fit with the CQC/NHS improvement framework for well-led organisations; helping to create the sense of belonging, and lowering the high levels of sickness and other absence and the associated costs.

On behalf of The Point of Care Foundation I commend the guide and endorse the recommendations. It answers the questions we know people want answered: *'Why should we do Rounds?'* *'What do we need to do to make them work here, in this organisation?'* And once they are up and running – *'How do we sustain them?'* A small organisation like The Point of Care Foundation could never afford to fund an evaluation of this quality and on this scale. I am immensely grateful to the National Institute for Health Research – Health Services and Delivery Research Programme for commissioning the research and to the research team for having the vision to create this guide as one of their many outputs.

www.pointofcarefoundation.org.uk

1

INTRODUCTION

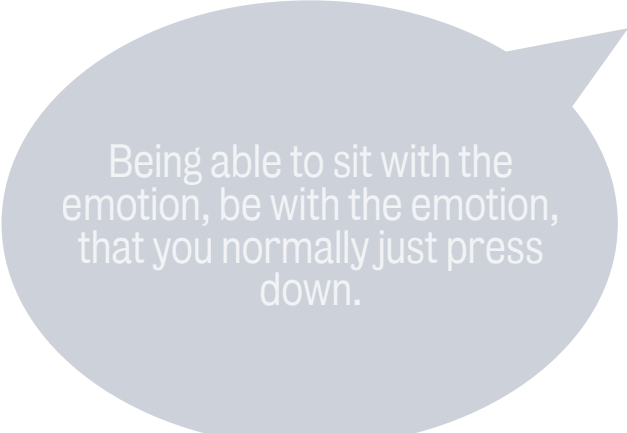
Providing high quality healthcare has an emotional impact on staff. Often they experience high levels of psychological distress, face increasing levels of scrutiny, regulation and demand, and have increasingly limited resources. Schwartz Center Rounds® (Rounds) were developed to support healthcare staff deliver compassionate care by providing a safe space where staff could openly share and reflect on the emotional, social and ethical challenges of their work.

Rounds are a monthly staff forum (not attended by patients) where three to four employees (panellists) present short accounts of their experiences of delivering patient care. The panel either present an experience of a particular patient case that is shared collectively, or present a set of individual experiences based around a theme (*'A patient I'll never forget'* or *'What keeps me awake at night'* for example). The Round lasts for one hour and initially panellists speak for five minutes each, followed by a facilitated discussion with contributions from the audience.

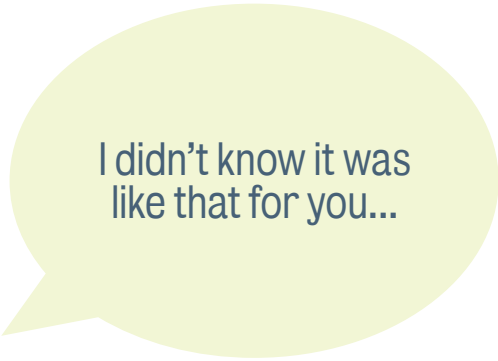
Rounds originated in Boston, USA and were first introduced to the UK in 2009 by the Point of Care Foundation. As of October 2017 they were running in over 170 healthcare organisations. Previous evaluations of Rounds have been limited, although prior evidence from the USA and UK suggests that attending Rounds is associated with improved psychological wellbeing, better relationships with colleagues, and more empathic and compassionate patient care.

This organisational guide is based upon the findings from an evaluation of Rounds in the UK, undertaken between 2014 and 2016. The evaluation was commissioned by the National Institute for Health Research and led by Professor Jill Maben at King's College London (now at the University of Surrey). The evaluation aimed to distil the findings and learning for practical application by organisations seeking to implement and/or sustain Rounds in their organisations. A range of methods were used across over 60 organisations, including: interviews and surveys (completed by facilitators, panellists, clinical leads, audience members and staff who had not attended any Rounds) and observations of Rounds and related activities (such as steering group meetings and meetings to prepare panellists to tell their stories).

This guide to understanding, implementing and sustaining Schwartz Rounds® in the UK presents detailed recommendations which are grounded in our research findings, and are intended to support and provide inspiration and ideas for Rounds provider organisations and the Point of Care Foundation.



Being able to sit with the emotion, be with the emotion, that you normally just press down.



I didn't know it was like that for you...

2

FINDINGS AND SUMMARY OF RECOMMENDATIONS

OUR DATA SUGGESTS

- Rounds are unique in that they are open to all staff in the organisation and offer staff opportunities to process work challenges together through reflection and discussion in a safe confidential space. Due to their unique nature, they could be considered as part of an organisation's strategy to support staff and improve care quality, alongside other interventions.
- Rounds may help organisations meet NICE guidance and CQUIN for ensuring wellbeing of staff. They may also support organisations to improve quality of care and change organisational culture.
- The unique (counter-cultural) space that Rounds provide is an important part of organisational culture change, and may help organisations meet recommendations arising from the Mid-Staffordshire Inquiry (Francis report), such as promoting a culture of openness and supporting staff in the difficult work that they do in order to improve compassionate care and empathy.
- It is important to ensure Board clarity about the 'slow' nature of the intervention, the difference of the space and the ways in which Rounds are likely to impact on staff experience and organisational culture over time.
- There was an expectation in some organisations that it was desirable (and possible) to evaluate Rounds and demonstrate 'hard outcomes' – as in the prevailing healthcare culture – this is in stark contrast to this counter-cultural space, and in our view should be resisted.

FINDINGS

In sites where Rounds were implemented as per guidance and training and where facilitators had requisite facilitation skills (group work and identifying and managing distress) Rounds were found to offer a safe, reflective space for staff to share stories with their peers about their work and its impact on them.

Rounds provide a unique counter-cultural space to the usual fast paced, hierarchical, outcome-oriented environment of the NHS/ practice, where stoicism is valued and where staff are exhorted to put patients first. In Rounds, silence and stillness counter the usual busy, noisy world of work and instead of stoicism, emotional openness and honesty are privileged; and distinctively, staff – not patients – are centre stage.

Regular Rounds attendance was associated with a statistically significant improvement in staff psychological wellbeing. Our study is the first to use a longitudinal survey design to evaluate Rounds, with a sample of 500 participants providing data at two time points (eight months apart) including a control group of staff who did not attend Rounds in that period. We measured staff wellbeing using a robust (clinically valid) measure of psychological wellbeing (GHQ-12, Goldberg 1978¹). Whilst there was little change in the psychological wellbeing of staff that did not attend Rounds over this period, we found the wellbeing of staff who attended Rounds significantly improved.

A few Rounds attenders we spoke to decided Rounds were not for them. There are also staff in some groups (especially ward-based staff in acute care and community staff who faced geographical challenges accessing Rounds) for whom it is practically very difficult to attend. Organisational support is needed to sustain Rounds.

The full report of the study will be available in 2018 at www.journalslibrary.nihr.ac.uk/programmes/hsdr/130749/#/

1. Goldberg D.
Manual of the General Health Questionnaire
NFER Nelson; 1978.

Staff survey:
500 participants
in **10 case study sites**

Data from **two time points**,
eight months apart

Mapping survey:
41 organisations and 48 interviews
(facilitators and clinical leads)

9 in-depth case study sites

177 interviews, 42 Rounds,
29 panel preparation meetings and
28 steering group meetings observed

- In individual organisations it would rarely be possible to undertake a robust evaluation that includes sufficient 'control' data and, as our research demonstrates, survey measures do not capture the full effects of Rounds – reported experience of Rounds attendance and reported changes in practice are also important to collect.
- Organisational support is needed to sustain Rounds; senior management involvement is required to implement initiatives that enable all staff groups to attend.
- Some staff decided Rounds were not for them or had practical difficulties attending: thus Rounds should be offered in addition to other forms of psychological support for staff such as clinical supervision and not instead of these interventions.
- There are challenges to the sustainability of Rounds, and organisations may need to consider how Rounds are resourced, making sure they are adequately supported, given the time and workload required to support them running regularly.
- Running Rounds places considerable strain and burden on facilitators and clinical leads; the long-term sustainability of Rounds depends upon shared ownership of Rounds.
- Senior managers in organisations (rather than the facilitators) might consider taking responsibility for ensuring the sustainability of Rounds.

3

DETAILED IMPLICATIONS AND RECOMMENDATIONS

They are hard to describe.
You need to go witness [...] be there and feel the hairs rise on the back of your neck when you hear the stories.

EXAMPLES OF COMMUNICATION METHODS

Rounds titles could be written so as to explicitly demonstrate the relevance to everyone.

For example: *'Have you ever struggled with a patient's death?' 'Have you recently managed a conflict situation which left you feeling upset'?* If so Rounds are a safe space to discuss such issues with colleagues...

Provide information in advance about topics/themes of Rounds to help people decide if they wish to attend specific Rounds.

Review Rounds titles – our findings suggest that the best Rounds titles were those which tell people what the Round is going to be about without breaking confidentiality (so that they can be displayed in a public space) and without being too specific/clinical or mentioning a medical speciality (and so potentially alienating large groups of staff). For example: *'Blinded by certainty: A team share their experience of secondary trauma'* or *'Being in the dark, withstanding complaints and managing risks posed by challenging patients'*.

Consider developing a website where staff could post questions and add feedback from participants, which illustrate what they and their colleagues have learnt, how they've changed perspectives or views of a situation, and what they might have done differently as a result of attending a Round.

Care would be needed to ensure that the usual guidance given to participants (ground rules and instructions provided by facilitators at the start of Rounds) which include instructions on

confidentiality and maintaining anonymity if continuing Rounds discussions outside of a Round is adhered to. This ensures that the focus is upon Rounds themes rather than individual contributions and ensures confidentiality is maintained.

Our findings and conclusions highlight a number of implications for practice for those running or contributing to Rounds (e.g. facilitators, clinical leads, panellists, audience members, senior managers and steering group members), as well as the Point of Care Foundation.

3.1 THE NEED TO IMPROVE AWARENESS AND UNDERSTANDING OF ROUNDS

Our data suggests that many people in the organisations we studied did not know that Rounds were running, were not aware of what they were, and/or did not appreciate the value/relevance to them. Interviews with non-attenders and irregular attenders revealed staff were unsure or had misunderstood what Rounds were and who they were for. Staff were not always aware that Rounds were open to all and that invitations were not required. Staff need to be better informed/have better understanding that Rounds are relevant to everyone working within the NHS/healthcare organisations and that they might personally benefit from attending. In order to increase the numbers and range of staff attending Rounds, we suggest a more personalised, targeted approach to publicising Rounds.

With support from the Point of Care Foundation, we recommend Rounds providers:



Understanding Schwartz Rounds®:
<https://youtu.be/C34ygCldj6o>

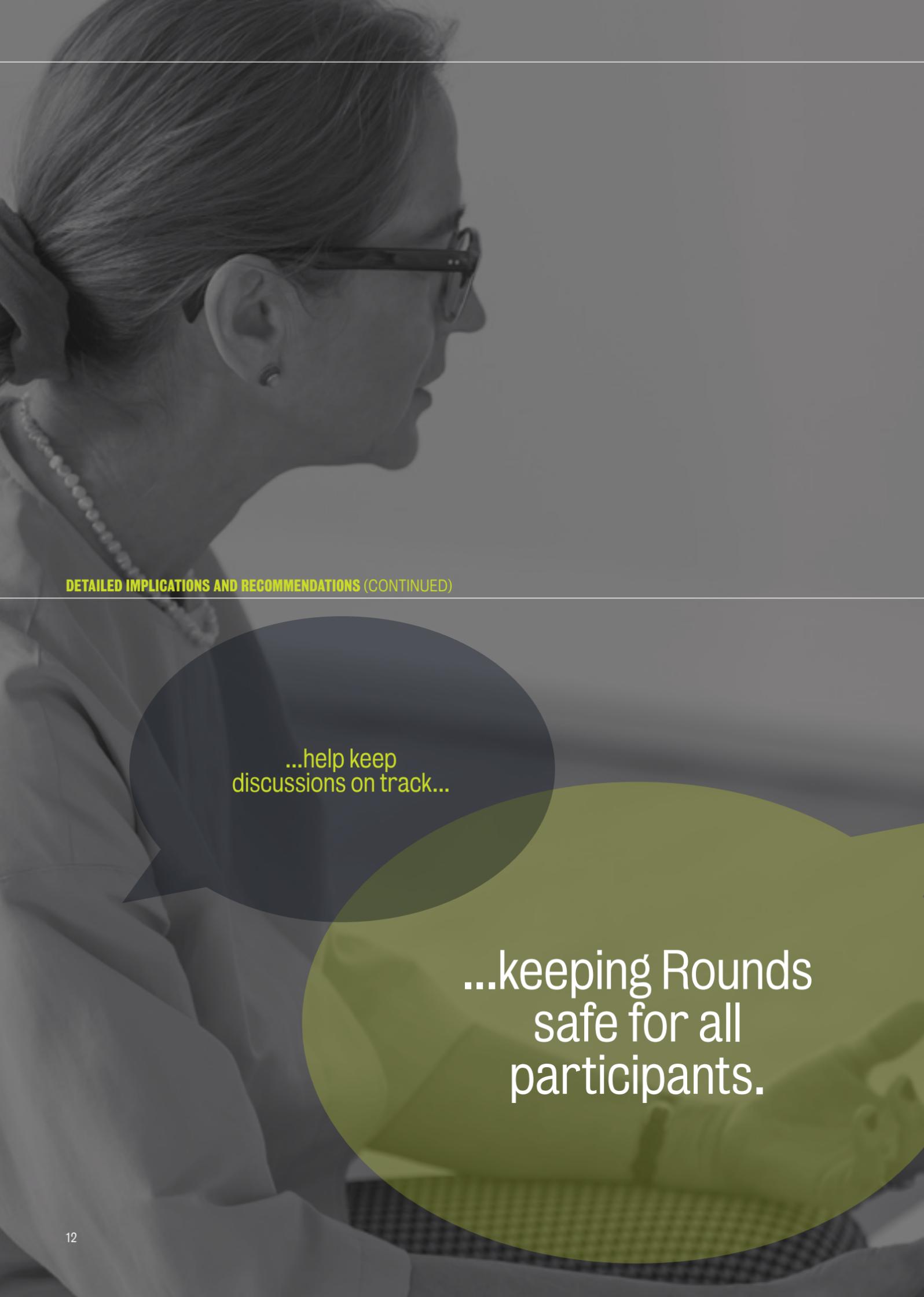
- Increase awareness of Rounds by widespread use of stickers/badges/lanyard pins with a printed promotional message – *'I've been to a Schwartz Round®'* and *'Ask me about Schwartz Rounds®'*, which are already in use in some sites and help to stimulate curiosity and invite people to find out more about Schwartz Rounds®.
- Consider using research study film (see left). The film aims to improve understanding of Rounds by explaining the four 'Stages of a Schwartz Round®', which provides a more comprehensive picture of what happens behind the scenes, particularly in relation to sourcing stories and panellists, and preparing panellists for the Round, which are often hidden. It also reports Rounds outcomes and study findings.
- Consider holding an information session: One site ran an information session instead of their December Round, and invited people to meet the facilitators/clinical lead informally to find out more about Rounds.
- Provide more specific information in publicity posters, emails, posts on staff intranets and newsletters to raise awareness and increase understanding in staff about Rounds. See examples below.

Advertise Rounds in a variety of ways, including using social media – for example Twitter or a dedicated Facebook page. Some staff do not sit at a computer regularly, so consider non-electronic forms of communication such as posters, hard copies of newsletters, and perhaps including with payslips/ other staff-wide communication.

Increase awareness amongst Schwartz Rounds® provider sites that it is possible to get continuing professional development recognition for attendance (CPD points – for example one point for attending a Round, accredited by CPD-UK) to incentivise staff. The accreditation applies to all staff disciplines. Some Rounds providers are already doing this whilst others have decided not to do this as they feel extrinsic incentives risk destroying the spirit of Rounds.

Time for Rounds attendance can be part of in-house training programmes, for example junior doctor teaching, leadership programmes and undergraduate education. It is, however, important that staff choose to attend and attendance does not become compulsory.

Extend the list of frequently asked questions on the Point of Care Foundation website to inform and debunk some myths and misunderstandings about Rounds (forum for staff only [patients do not attend]; open to all [invitation/prior sign up not required]; not about outcomes/problem solving). Organisations could consider submitting questions/providing answers.



DETAILED IMPLICATIONS AND RECOMMENDATIONS (CONTINUED)

...help keep
discussions on track...

...keeping Rounds
safe for all
participants.

...valuable
contributions of
regular attenders.

Avoiding
'problem-solving'
scenarios...

3.2 DEVELOPING A SCHWARTZ SAVVY AUDIENCE

Our findings have revealed that having a 'Schwartz savvy' audience (or a cadre of regular attenders who understand the purpose of Rounds and therefore contribute appropriately) is an important resource for facilitators, and has a particular role in helping keep discussions on track (away from problem-solving and towards reflection) and helps keep Rounds safe for all participants.

Rounds offer a unique space for staff in which professionals can talk about their human responses to what they experience and where they can *"hang the confusion and chaos of the workplace for a time while they think through their practice"*², though our findings indicate that it is not until attending Rounds that this unique feature of Rounds is understood.

2. Britzman D.
*Practice makes practice:
A critical study of learning
to teach.*
New York: State University
of New York Press; 2003.

RECOMMENDATIONS FOR ROUNDS PROVIDERS



Be explicit about **how and why Rounds offer a unique space for staff** to discuss and/or reflect upon the human responses to their experiences at work. Having greater insight into their own feelings and responses support them to make personal connections with patients and colleagues. This could be included in Rounds publicity, in initial introductions to Rounds and by using the research study film (<https://youtu.be/C34ygCldjCo>).



This study has highlighted the valuable contribution regular attenders make during a Round. We therefore recommend that Rounds sites encourage and increase the use of role models showing how to effectively and appropriately contribute to Rounds:

- **Develop a network of Rounds ambassadors:** outside of Rounds, explore the potential for a network of Rounds ambassadors who can champion, publicise and contribute to finding potential stories/topics for Rounds within their wider social and professional networks, in a similar way to clinical leads/steering group members.



- **In established Rounds sites,** by attending regularly and contributing at Rounds, clinical leads, steering group members and 'Schwartz savvy' audience members provide excellent role models for new attenders. They can help ensure that Rounds are run as intended (safe; confidential; focussed on staff experience not clinical case and not explicitly problem-solving) – as explained by clinical leads/facilitators at the start of Rounds. This is particularly important in the initial months of Rounds implementation.



- **In new Rounds sites,** in order to support new sites and accelerate the development of a 'Schwartz savvy' audience, facilitators and clinical leads may want to consider inviting experienced Schwartz Rounds® mentors or steering group members from other sites (using them as audience 'plants') to act as role models – contributing to Rounds in a way that avoids dwelling on the particulars of the case and avoids problem solving.

3.3 REINFORCE THE IMPORTANCE OF EMOTIONAL SAFETY

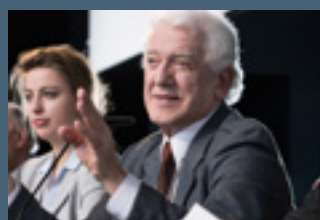
In some organisations, panellists often did not have time to meet with the facilitator before presenting at a Round – and some had not even attended a Round before they were a panellist.

We also noticed huge variability in how facilitators and clinical leads approached the task of preparing panellists and in how they managed discussions in a Round. Facilitating Rounds is recognised as a highly complex skill, and is the foundation of ensuring Rounds' safety. The best Rounds are when facilitators can facilitate this complexity with confidence, particularly when large groups and/or sensitive topics are involved.

RECOMMENDATIONS FOR ROUNDS FACILITATORS



An important requirement for selection of new facilitators is their **prior group facilitation knowledge, experience and skills in identifying and managing distress**. Some potential facilitators may need to access further training in group work. Many organisations provide training in the kind of group facilitation that would be useful.



It is essential to **always have two people facilitating at each Round**. One can be the clinical/medical lead – and in acute trusts this is ideal (hence it is good to choose a medical lead who can facilitate). Facilitating a Round is a huge responsibility and even the most experienced facilitators find it challenging. If the Rounds topic is 'risky' (e.g. disclosing about a controversial or particularly sensitive event), we recommend considering having a senior respected clinician/medical lead to help manage the controversies/sensitive issues through co-facilitation; supporting the facilitator and ensuring organisational safety.



Creation of an online resource (on for example, Point of Care Foundation facilitator site) with a range of helpful phrases and strategies about the best ways to manage situations that facilitators may face, e.g. how to intervene if Rounds participants start problem solving, or if they ask too many direct case-based factual questions of panellists. This could be created with support from the Point of Care Foundation, mentors, facilitators and steering group members.

Point of Care Foundation mentors suggested that their mentorship of other sites provided them with many examples of well-chosen words, phrases and ideas for intervening well (without shutting audience members down) which they could use themselves in their own site. Although this is covered in Point of Care Foundation training, facilitators and clinical leads suggested they would benefit from an additional online resource to help them refresh this training and to create/share these with colleagues.

...group facilitation
knowledge, experience
and skills in identifying
and managing distress...

3.4 THE IMPORTANCE OF PANEL PREPARATION

Our interviews and observations highlighted the importance of panel preparation for helping to 'shape' panellist stories for Rounds.

For example, to decide on the critical moments or aspects of an experience, think through the implications of what they choose to reveal for individual panellists and for the audience, present information succinctly and within a timeframe and determine the 'order' of panellists.

Also to prepare panellists for the Round itself, and to help panellists feel 'safe' to tell their story. The importance of the facilitators' role in providing support and ensuring the experience felt safe was evident. Our findings suggest panel preparation meetings support the establishment of high quality, sustainable Rounds with organisational impact.

RECOMMENDATIONS FOR PANEL PREPARATION



We suggest that facilitators and clinical leads may benefit from more training and guidance on panel preparation. It is important to ensure that facilitators always use 'safety and relevance checks' when selecting stories for Rounds and in every panel preparation meeting. More support and guidance for facilitators with the story-telling process may be necessary, helping them more easily identify the aspects of panellists' experience which could be amplified to resonate most strongly with the audience. This *may* be an emotional aspect of the story – but not always – and can include amplifying an aspect of a story to resonate with different audience members e.g. community staff as well as highlighting ethical and social aspects of care delivery.

Facilitators may also need support to gain clarity about their aims for facilitating in advance of the Round, and about how those aims link to the themes that emerged from the stories in panel preparation.



Panel preparation meetings are seen as essential and should be undertaken where possible. Ideally the whole panel should meet together before the Round to hear each other's stories, so that facilitators can more easily judge the impact of the presentation and determine the order in which they present their stories. As well as helping panellists prepare for speaking in front of their colleagues and keeping to time, these meetings should include a detailed explanation of what panellists can expect from a Round, including how the facilitator will intervene to keep them safe. If it is not possible for all panellists to meet together, one-to-one preparation (even if over the phone) is desirable.

Panel preparation is needed even for confident speakers, as there is a need to support crafting of the story and to defuse the raw emotion, which panellists are sometimes surprised by, and to clarify how this space is different from most other fora they have presented in.



Rounds providers could consider inviting panellists to debrief after Rounds and/or feedback anonymously (via a newly created Point of Care Foundation form – see page 21).

This debrief/feedback could include their evaluation of panel preparation – how well they felt they were prepared; the extent to which they were (or not) able to be prepared with other panellists and the effects this had on their experience; and how supported and safe they felt to tell their story. The evaluation should take place after the Round, not just after panel preparation.



Rounds panellists should be prepared for the fact that the audience may or may not pick up/ comment on their individual story. This could be discussed in panel preparation and/or in a debrief post Round and panellists should be warned that the audience may focus on one story over another and not to take that personally.

We just had a quick run through about how what we were going to talk about affected us and the wider organisation.

4

SUPPORTING SUSTAINABILITY

...Rounds
are not one-off
events but ongoing...

Need to consider attendance
(especially ward staff), and workload/
resources required for running
Rounds as an organisational not
an individual responsibility.

4.1 DEVELOPING REACH AND ADAPTATIONS

Analysis of our data has identified certain elements of Rounds that are important to ensure optimal implementation. We have separated aspects of fidelity to Rounds implementation into those that should be considered ‘core’ (essential and should not be adapted), from those that are considered less essential and potentially modifiable (‘adaptable periphery’)³.



Core components include: senior clinician leadership (clinical lead); having two facilitators with group facilitation and managing emotion skills; that Rounds are not one-off events but are ongoing; that they are not combined with other interventions; that food is available; that it is a group intervention with group participation; that Rounds are staff-only events (not patients); that stories are told to trigger audience discussion; that trust, safety and containment are maintained; that staff stories are pre-prepared and that Rounds focus on the emotional impact of work on staff, rather than problem solving or clinical detail.



Potentially modifiable components include: diversity of audience (open to all versus targeted groups); duration; live or filmed stories (see below for existing examples); number of panellists. We tested these core and modifiable components with our Rounds mentors and key stakeholders at Point of Care Foundation to produce our recommendations below. We recognise the intense pressures to sustain Rounds in some sites, and the difficulties of sustainability, and would encourage creative adaptations of the Rounds model’s ‘adaptable periphery’ intervention components, in order to adapt to local individual conditions and/or thrive.

However, all of these possible adaptations have the potential to dilute the likely benefits of the ideal format for Rounds (i.e. the core components) through impacting upon Rounds outcomes (for individuals and the organisation).

We recommend considering the following as occasional alternatives or additions to Rounds, rather than instead of Rounds.

3. Damschroder L, Aron D, Keith R, Kirsh S, Alexander J, and Lowery J. *Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science*. Implementation Science 2009, 4:50 doi:10.1186/1748-5908-4-50

OCCASIONAL ALTERNATIVES OR ADDITIONS TO SCHWARTZ ROUNDS®

‘POP-UP’ ROUNDS

Increasing the reach of Rounds by taking Rounds to audiences that would benefit but who cannot usually attend (e.g. ward-based staff).

‘Pop-up Rounds’ have been used successfully in some sites often with reduced number of panellists, reduced time for discussion, smaller in size; sometimes uni-professional.

Pop-up Rounds may have the disadvantage of reduced audience diversity which we suggest is important for multi-disciplinary teamwork and allows hidden stories and roles to be revealed.

SHOWING A FILM IN ROUNDS

Whilst the Point of Care Foundation handbook has a list of suggestions to avoid cancelling Rounds (e.g. Point of Care films: www.pointofcarefoundation.org.uk/our-work/schwartz-rounds) we also suggest that organisations might wish to consider occasionally showing a film (e.g. Point of Care films: www.pointofcarefoundation.org.uk/our-work/schwartz-rounds) which can be used to trigger audience discussion and reflections rather than cancelling Rounds (e.g. when panellists drop out at short notice).

An online resource of suitable films supporting digital Rounds is provided on Point of Care Foundation website.

VIDEO-CONFERENCING IN ROUNDS

We have heard that video-conferencing in Rounds (e.g. panellists and audiences may be based at different Rounds venues within a site) has been conducted successfully.

It involves having facilitators located at both sites to ensure safety and confidentiality and to help coordinate and facilitate the audience discussion.

FEWER PANELLISTS

Many Rounds sites work with four panellists per Round as the norm.

Our findings suggest that successful ‘trigger’ stories stimulating audience discussion can occur with three panellists, and some sites would suggest this is possible even with two panellists.

Fewer panellists reduces preparation time and the time taken to source panellists.

...steering group members and clinical leads commit for a fixed period of time...

...roles are formally acknowledged in workload planning...

4.2 AVOID RESPONSIBILITY FOR ROUNDS FALLING ON ONE PERSON

Our findings suggest that one of the most significant risks to sustainability of Rounds within organisations is that over time, the burden of organising and facilitating Rounds often falls on only one person's shoulders.

We found that steering group support for facilitators and clinical leads varies between sites (with some being largely absent/quite minimal), and clinical lead support for facilitators also varies and over time support can wane.

We also noted that where sites had a medical director or similar senior clinician as clinical lead, this more easily facilitated the sourcing of Rounds stories and panellists from across the organisation.

RECOMMENDATIONS

- Training more facilitators per site, and having a team of trained facilitators to allow for sickness/people leaving and to share burden.
- Rotation of facilitators to reduce burden.
- Succession planning for facilitators and steering group members.
- Facilitator, clinical lead and administrator roles are formally acknowledged in workload planning to make the work visible.
- Sites should always have an administrator, to avoid facilitators taking on this additional work.
- That the Point of Care Foundation handbook is made available to everyone on the steering group (not just available to facilitators/clinical leads), as this clearly describes the role and expectations of steering group members.
- That steering group members and clinical leads commit for a fixed period of time, e.g. one site asked their senior staff to take turns and drew up a six month rotation.
- Encourage virtual support (via email/WhatsApp groups) from steering group members in identifying and sourcing stories and panellists.
- That steering group members attend Rounds regularly and refresh/renew their membership on a rolling basis e.g. six to twelve months. This we anticipate will reduce burden on individual members and better support facilitators and clinical leads by finding stories and panellists, reviewing what worked and what could be improved, and where necessary help support facilitators to maintain and improve psychological safety in Rounds.

...recognising
Schwartz Rounds®
'work' is emotionally
demanding
and intense...

4.3 SUPPORT FOR FACILITATORS AND CLINICAL LEADS TO KEEP THEM HEALTHY AND REDUCE BURNOUT

Our data suggests that one challenge for Rounds sites is the prevention of facilitator and clinical lead overload/burnout. Building on the earlier sections, we strongly believe there is a need to put in place more robust forms of support for facilitators and clinical leads, acknowledging that organising and facilitating Rounds is emotionally demanding and intense.

They must make skilled decisions about how to:

- sensitively respond to the stories when they are initially told;
- decide whether the stories are appropriate for a Round and how to proceed sensitively if not, for example, referring staff elsewhere for support and
- decide how best to facilitate the telling of a story for individual and organisational benefit.

The emotional wellbeing of senior clinicians in particular may need further consideration (e.g. medical doctors, nursing and allied health professionals in managerial roles). We found a misconception that senior clinicians have found coping mechanisms which work, and that their role in Rounds is primarily as role models for junior staff (which is important but should not take precedence over their own wellbeing).

It is highly desirable to have such clinicians attend Rounds, but because they are often expected to model emotional vulnerability, it should be noted that this does not take account of the fact that their coping mechanism may be to *not* demonstrate emotional vulnerability at work.

RECOMMENDATIONS



- Organisations/Rounds clinical leads and facilitators need to be particularly aware of the impact of Rounds participation on all staff, in particular senior clinicians, and that they may need specific support where they have revealed emotional vulnerability (debrief after Rounds may be needed).
- Psychological (as well as practical) support is needed for facilitators and clinical leads due to their exposure (through hearing others' stories) to experiences of trauma, loss, disappointment, anger, bullying and aggression, risk and error, including errors that may have fatal outcomes.
- Clinical supervision/reflective space may be required for facilitators and clinical leads to process these experiences and continue to develop their skills.
- More opportunities for support for facilitators and clinical leads pre-Rounds (e.g. 'sounding board' discussions) and post-Round (e.g. debriefing and supervision with their peers and mentors).
- Point of Care Foundation should continue, and where possible, expand their initiatives to provide a formal network of facilitators/clinical leads nationally so there are more opportunities for debriefing, supervision and sharing about challenges, successes, and provision of support.
- Established sites should consider the benefit of organising and providing peer observation (e.g. by clinical leads/facilitators in other sites) to supplement mentor observation offered in the initial two years of setting up Rounds.

It's quite a big thing to get organised month after month after month, it takes more time than we thought it was going to.

4.4 FUNDING AND COSTS

Our data on the organisational costs associated with delivering Rounds revealed that some administrative tasks were being undertaken by facilitators/clinical leads. Finding resources for food (as per Point of Care Foundation contract) was reported by some sites to be challenging.

RECOMMENDATIONS



Dedicated administrative support should be provided rather than the organisation paying for more expensive facilitators/clinical leads to do these administrative tasks.



Food should always be provided in Rounds. Food is a core component of Rounds, and contributes towards an environment where staff feel cared for by their organisation.



Organisations should continue to invest in Schwartz Rounds® beyond their initial start-up – to improve staff psychological wellbeing, change cultures, improve staff-patient relationships, and compassion and empathy for patients and other staff.



Organisations should provide sufficient resources to sustain Schwartz Rounds®:

- Providing funding to train sufficient number of facilitators.
- Providing funding for administrative support.
- Providing CPD and supervision for facilitators and clinical leads.

You can't save a hundred people from emotional woe all in one go. I think it's baby steps.

5

EVALUATING ROUNDS

5.1 PARTICIPANT EVALUATION FORM PROVIDED BY THE POINT OF CARE FOUNDATION

The key findings from our evaluation could be used to underpin new/further evaluation.

RECOMMENDATIONS

The **Point of Care Foundation may wish to work with the research team** to develop questions to add to their evaluation form based upon our research key findings.

That if the Point of Care Foundation wishes to continue to collect evaluation data nationally, it is **a priority to ensure learning across organisations that all sites use the same questions.**

That **questions are added to the Point of Care Foundation evaluation form** to enable exploration of differences (if any) between case-based and theme-based Rounds.

That – as suggested earlier – Rounds providers **consider inviting panellists to feedback anonymously** (via a newly created form) their evaluation of panel preparation and their evaluation of the experience of participating in Rounds.

Our interviews with facilitators and clinical leads suggested that some felt pressure to produce quantitative (numerical e.g. percentage improvements or change) evidence of effectiveness to justify their organisation continuing to fund Rounds.

RECOMMENDATIONS

Organisations should use evidence from this study to demonstrate impact of Rounds attendance on psychological staff wellbeing, as individual organisations will not be able to find a large enough, longitudinal and controlled sample for use of the GHQ-12 or other such survey measures.

We do not recommend measuring outcomes quantitatively (e.g. in surveys) without having cross-case (more than one site) and control group comparisons and large enough samples to ‘power’ the evaluation.

5.2 ANNUAL SURVEYS OF RIPPLE EFFECTS (AFTER-ROUNDS EFFECTS E.G. CHANGES BACK IN CLINICAL PRACTICE)

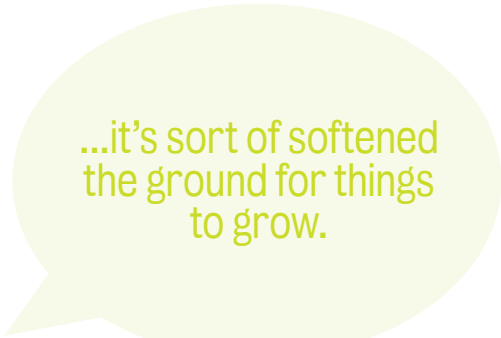
We found it difficult to identify examples of ripple effects of changes that staff had made as a result of attending Rounds, but with persistence we were able to source some of these, although they appeared not to be readily available/collected by sites.

Examples we identified included changes in clinical protocols, in conversations between staff, and between staff and patients and new staff support groups being set up. Our participants noted a number of changes to self (greater self-compassion; more reflective; more open to emotional aspects of their work and to learning from others) and to their own and others' behaviours (changing how they work with patients; trying something new; being open to challenge from others and being prepared to challenge colleagues).

RECOMMENDATIONS

That providers **introduce an annual survey of Rounds participants** asking them to identify examples of changes made in practice as a result of attending Schwartz Rounds® (ripple effects).

These could be further delineated to include impact on self (e.g. behaviour, attitudes, knowledge), others (e.g. relationships with colleagues and with patients, quality of care), and organisation-wide impacts and ripple effects (e.g. changes to culture; procedures, protocols).



...it's sort of softened the ground for things to grow.

5.3 GREATER ORGANISATIONAL LEADERSHIP

We found facilitators were often anxious or concerned about attendance numbers and how this might impact on the future of Rounds in their organisation. They often tried to second-guess the Board/management's thoughts about Rounds, rather than having open conversations regarding these issues.

RECOMMENDATIONS

Shared ownership of Rounds should be highlighted, together with the organisation's (rather than the facilitator's) responsibility in making them a sustainable success over time, with recognition of various predictable processes that will occur when getting them effectively established, and that a Board champion should be identified who shares responsibility for Rounds implementation and sustainability.

Need for greater transparency between senior management and Round organisers/facilitators, so that both parties are clear and are in agreement regarding their expectations for Rounds and what, if any, evidence (noting the counter-cultural nature of Rounds and the challenges of 'measurement') is required for continued support – especially for those whose employment depends on it.

Consider having Schwartz Rounds® steering groups reporting directly to the Board, or to a sub-committee or non-executive member of the Board, as this has been reported to be helpful in actively demonstrating organisational support and provides a conduit to prevent reporting responsibility falling to only the facilitator/clinical lead.

6

CONCLUSIONS

This is the first mixed methods, large scale, longitudinal evaluation of Rounds in the UK. Rounds offer unique support (group organisation-wide intervention, open to all) compared to other interventions.

In sites where Rounds were implemented as per guidance and training and where facilitators had requisite facilitation skills (group work and identifying and managing distress) Rounds were found to offer a safe, reflective space for staff make sense of the challenges of their work.

Rounds provide a unique counter-cultural space to usual healthcare culture, where staff, experiences are centre stage; and where emotional openness and honesty are privileged.

Our survey demonstrated an association between Rounds attendance and psychological wellbeing, with the number of staff with psychological ill health halving in those who regularly attended Rounds.

Other reported outcomes included improved teamwork and communication, increased empathy and compassion for patients and carers, for other staff and for self as well as positive changes in behaviour and practice.

PROJECT RESOURCES

An executive summary and the full NIHR research report (*A realist informed mixed methods evaluation of Schwartz Center Rounds® in England*) are available at www.journalslibrary.nihr.ac.uk/programmes/hsdr/130749/#/

A film, called *Understanding Schwartz Rounds®: findings from a national evaluation*, is available at <https://youtu.be/C34ygCldjCo>

Papers and other research outputs will be available as they are published at www.journalslibrary.nihr.ac.uk/programmes/hsdr/130749/#/

For example:
Robert G, Philippou J, Leamy M, Reynolds E, Ross S, Bennett L, Taylor C, Shuldham C, and Maben J. (2017) *Exploring the adoption of Schwartz Center Rounds as an organisational innovation to improve staff well-being in England, 2009-2015*. BMJ Open, <http://dx.doi.org/10.1136/bmjopen-2016-014326>

We welcome comment and feedback on this guide and would love to know if and how you have used it. Please get in touch to let us know: j.maben@surrey.ac.uk

AUTHORS

Professor Jill Maben
Dr Mary Leamy
Dr Cath Taylor
Dr Ellie Reynolds
Dr Caroline Shuldham
Professor Jeremy Dawson
Dr Imelda McCarthy
Shilpa Ross
Laura Bennett

CORRESPONDING AUTHOR

Professor Jill Maben
j.maben@surrey.ac.uk

Our thanks go to all the staff who participated in the research and particularly those who helped shape this guide with their thoughtful and honest feedback; in particular, UK Schwartz mentors and facilitators.

We are also grateful to colleagues at the Point of Care Foundation, the Schwartz Center for Compassionate Healthcare in Boston and members of the Project Advisory Group and Steering Group for their advice and support.

We are particularly indebted to our critical friends (Schwartz facilitators and mentors) who provided important insights into the recommendations made in this document.

Anyone interested in developing Schwartz Rounds in their organisation should contact The Point of Care Foundation: www.pointofcarefoundation.org.uk/our-work/schwartz-rounds

This document presents selected findings from independent research commissioned by the National Institute for Health Research (HS&DR – Project: 13/07/49); awarded to King's College London.

The views expressed in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, MRC, CCF, NETSCC, the HS&DR programme or the Department of Health.

Report to be cited as:

Maben J. Leamy M. Taylor C. Reynolds E.
Shuldham C. Dawson J. McCarthy I. Ross S.
Bennett L. (2018)

An Organisational guide: Understanding, implementing and sustaining Schwartz Rounds®

Copyright © 2018 King's College London

What keeps
me awake
at night...

Wow, getting
recognition
for doing a
great job...