

### **A Tale of Two Sites**

I have the unique and enviable (or some might say unenviable) position of being clinical lead for Schwartz Rounds in two different health care organisations. Not only does this give me twice the experience of leading/ facilitating and general organizational work /chaos / diary clashes but also leads to interesting personal insights into the differences but also the similarities of running Rounds in two different health settings. Here are personal reflections.

### **Setting the scene- the two sites**

One site is a large Integrated Acute and Community NHS Trust (with 2 hospital sites, community hospitals and community services) with approximately 706 beds, which employs around 6,942 whole time equivalent staff and covers a population of 525,000 with a wide variety of services to adults and children. The second site is a hospice offering specialist palliative care services to adults, which has 15 inpatient beds, a Wellbeing Centre, community services and a hospice at home service. It has 157 staff and 581 volunteers. The hospice has been part of the Schwartz Rounds for smaller organizations scheme where I co-lead.

We have just completed our 14<sup>th</sup> SR at the NHS Trust and our 7<sup>th</sup> SR at the hospice so a head start for the NHS trust but it is a continual learning process on both sites.

### **Differences**

- In the large organization, we have found we often do not know panelists- approaching / inviting blindly with an email introduction but this has turned out to be very positive in opening up areas of the trust and subsequently getting to know people- often I have found myself giving a greeting or a hug in the corridor for a previous panelist
- The hospice is a smaller site and we tend to know the work force and pool of people so it can feel more intimate- also as it is a charity the proportion of non-clinical attendees such as volunteers/ fundraisers can lead to a different insight /direction of conversation during Schwartz Rounds-
- We took a decision at the Trust to use the term “panelists” whilst at the hospice we decided to go with “story tellers” – this difference was there from the outset but perhaps relates to a more inviting and descriptive term especially to non-clinical participants at the hospice.
- Due to geography & size of acute trust often unable to bring panelists together for prep meetings and sometimes very last minute with phone calls prior to Round, individual meetings but actually all the panel only meeting face to face just before the round – not best practice but as best as can be done in terms of the setting. Whereas at the hospice, due to geography and a small site more achievable to get panelists together prior to the round
- Interestingly, the focus of hospice Round themes have not always centered on death and end of life stories with story tellers bringing different experiences to share

whereas at the trust anecdotally some of the themes that panelists have most wanted to talk about have been related to death and dying for example we have run Rounds on “A patient, a Donor” and an “Experience I will never forget at the end of life”

### **Similarities**

Despite the differences, there are real themes that resonate for running Schwartz Rounds in both sites:

- The importance of human experiences and the stories people tell
- The pride of attendees in the work that they do (both clinical and non-clinical)
- The need to recognize & value staff wellbeing and support compassion
- Teamwork- in the work we do and how we look after ourselves
- Feedback has shown that people appreciate the time in stopping and being rather than always doing...
- Hearing Voices from across the non-clinical divide and understanding of how others work... For example we have had members of facilities team as panelists on both sites which has been enlightening
- The ever present challenge of what is the next Round going to be (and the one after that!) and who are the panelists, will we have enough attendees and I hope the food was ordered for the right day at the right time is universal whether it be a organization of 6,000+ staff or one of a smaller size and often leads to a last minute panic ( we did once turn up and find the room double booked at one of the sites which led to some last minute alchemy in room finding)
- By doing the role, it has helped me learn and grow as a lead. The different sites SR themes have also helped inform synergistically & cross-fertilize planning on another site for example in titles of Rounds that have gone well and were then transferable. One example “I wouldn't want that day again “started in the hospice and was so successful as a universal theme, we used this in the acute trust as a Round. They both held resonance in the separate sites but echoed across work places...
- The fundamental importance of support to the facilitator and lead from the steering group & co-facilitators/ co-leads in bringing the show to the road, hearing the stories that resonate and keeping it on the organizational agenda is common to both sites.

### **After thoughts**

- I welcome the reflective environment of SR that is for me personally enriching (even to the extent of having two Schwartz Rounds in one week in different settings) and the organizational practice in running diaries of SR dates in 3 different sites and so far getting to the correct one each time.
- Proud to be supporting people's voices and to be witness to the common experiences of human connection in the care that we give and in looking after each other.

**Submitted by Farida Malik**