

Most Powerful Schwartz Round

We began Rounds in February 2015 with a powerful mix of stories about 'a patient I'll never forget' – the time was right within the organisation to make the leap into the unknown world of Schwartz – we had been through an emotional yet bonding journey together as #teamipswich to achieve our 'Good' rating from the CQC. This process had created connections and relationships across the organisation and with its leadership that set the stage for a space to 'come together'. The stories that day were emotional and audience members shared experiences and tears – gaining support and compassion from each other.

Since then we have experienced Rounds with varying degrees of emotional content and audience sharing and noted how people were becoming more willing to connect their personal experiences to their professional and the boundaries between 'them' (the patients) and 'us' (the professionals) was allowed space with the Round to blur before separating again.

This became clearest and most magnified at our Round in July this year: **"Coming back to work after bereavement" – July 2016**

We identified this as a topic in response to feedback from previous attendees and identified four panel members with relative ease. Unfortunately one withdrew quite soon and then another the day before, leaving us with just two. This depletion of panel members caused us as facilitators some anxiety as we worried about how the time and space would be filled!

However, we need not have worried as the two remaining panellists had such compelling and well-presented stories that provided the basis for a truly interactive and engaged / engaging Round with 57 attendees.

In preparing the panellists we had already been struck by the powerful emotions at play in the content or their experiences but also how they arrived at the overlap and interface between personal and professional with little or no prompting with phrases such as 'now I understand more deeply how my patients/their relatives might be feeling' and 'I can (and have) used my own experience to really empathise with my patients'.

Our first panellist, an experienced and senior nurse, talked of multiple losses in a short space of time and the difficult inter-family relationships she had which exacerbated her grief leading to a long period off work and something akin to a 'breakdown' where she hid from the world. She worked on Critical Care and drew connections between the intensity of her feelings with those of the patients and families she encounters at work – making the return challenging as not only did she have to face colleagues but also return to that intense world of CCU.

Our second panellist, a ward clerk, had experienced the death of her father, a long journey away and a shock to her system. From a close family with strong cultural connections she provided a context subtly different to the white, British, Christian bias of a Suffolk town and carrying its own set of expectations and beliefs.

Both talked of the deepening of their understanding of their work and relationships with patients/families and talked in detail and with honesty about the challenge to come back to a

workplace full of death and dying. And yet, their gratitude and appreciation for the support shown to them by colleagues was immense and uplifting. And this was a feeling they wanted to enable others to have – colleagues and their patients/families.

Our nurse also talked about her ‘corridor friends’ – many of whom had no idea what she had been through or indeed that she had been off for months. She valued these snippets on the corridors as opportunities for normality – to not be defined by her losses and how she planned translate this to her work on CCU.

Their stories held the room and in turning to open out the discussion we were struck by the feeling of warmth emanating towards the panel – there was a brief period of silence where it was clear people were digesting the stories and gathering thoughts; there were some tears.

We then experienced something we had not to date at such a level – a student nurse shared that she was just returning to work having lost her mum and her colleague (with her) had seen the title of the Round and suggested she come. Her sister was also in the room (also a nurse). They then shared their stories which on reflection afterwards, we as facilitators admitted to some trepidation, as we worried for their vulnerability and ‘safety’ – however, again, we need not have worried as their experiences were respected and ‘held’ by those in the room. Connections were made back and forth between further personal stories of others and the experiences of our patients/families and how every day we choose to come to work in a place where ‘all this is going on’ for our staff as well as patients.

This Round seemed to really encapsulate that movement to a deeper understanding and development of community that Barbara Wren describes in her book “True Tales of Organisational Life” in which she describes how, over time, confidence grows for facilitators, panel members, audience and organisation to allow vulnerability to be held safely and to feel manageable within the Round and beyond the confines of that room.

Barbara talks about how for staff ‘it is only in acknowledging at some level their own experience of vulnerability, with all the risks that this will involve, that staff can connect to patient vulnerability’ and our ward clerk Panel member describes her experience of this particular Round thus:

“It was a privilege to attend and talk about my experience and it has made me stronger person and helped me to get some closure - you guys are amazing and do such a great job. Truly find it a great honour to work for Ipswich and I feel so proud to be part of this fantastic organization. I find I can now fully appreciate and understand the difficult emotions our patients go through in this difficult time and not just to show compassion but to really listen with empathy and assist them in the best way possible”

Comment from evaluation forms: ‘Very emotional but so important to have time to care for one another - staff, patients and their families’

This Round is still being talked about in corridors and offices and may be a topic for revisiting in time; panellists and audience arranged coffees and colleagues reached out to show solidarity and support beyond the Round.