

Schwartz Rounds: the story of our 1st year



Derriford Hospital



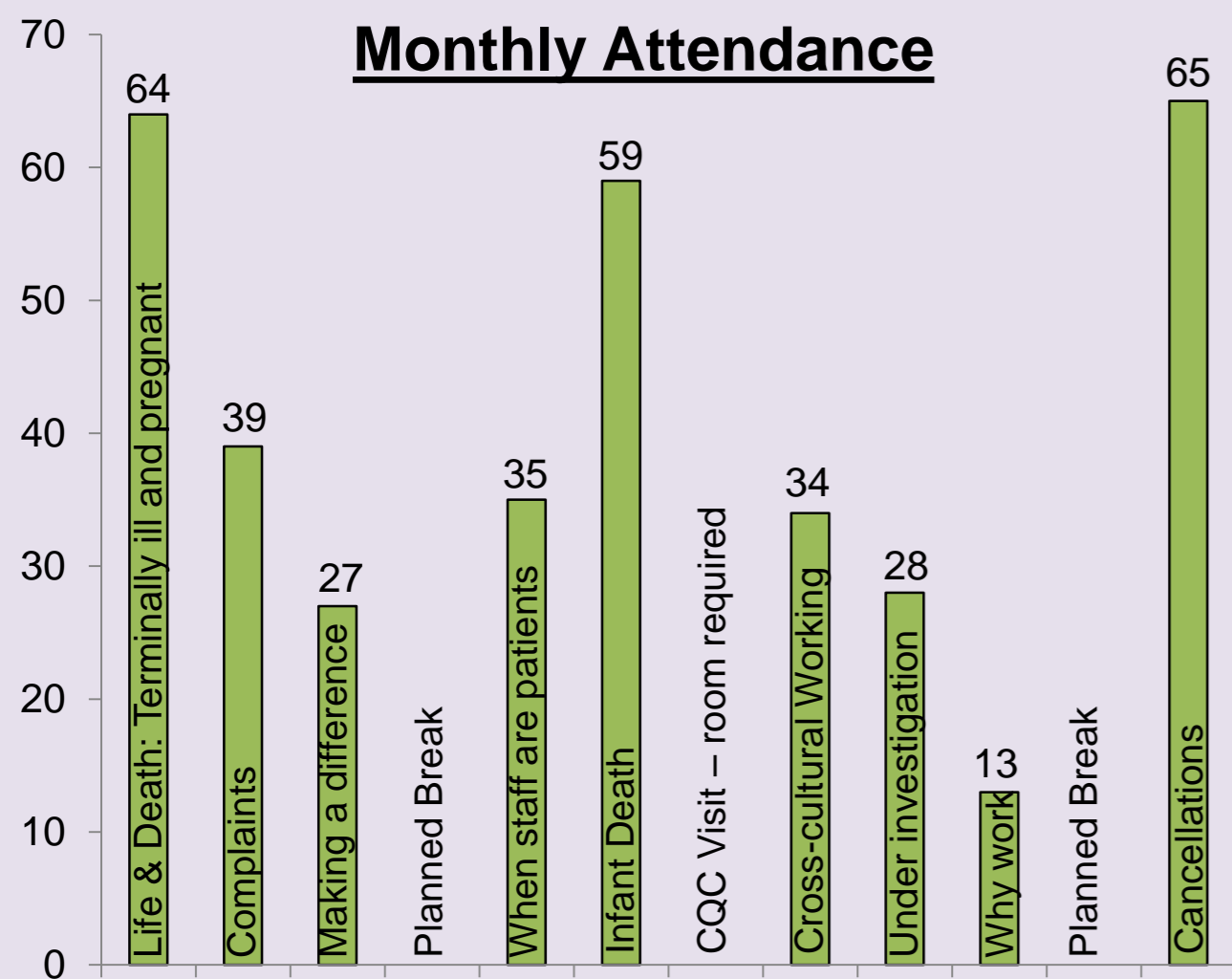
How our story started...

A Clinical Psychologist, new in post, interested in Schwartz Rounds, group work and systemic practice. A Consultant in Emergency Medicine innovatively involved in emerging 'medical humanities' education. A Head of Nursing actively seeking supervision and support for oncology staff, and a Professor of Nursing and Research, also new in post. We were brought together by a shared interest in the possibility of bringing Schwartz Rounds to life in our Trust. Between us we had some key ingredients for the task: understanding the 'inside' story and culture of the hospital, respected and linked both to people of influence and wider staff groups and with time to dedicate to the project. Fortuitously, between us we also had a 'natural' Clinical Lead and Facilitator in the Consultant and Clinical Psychologist.

What did we do?

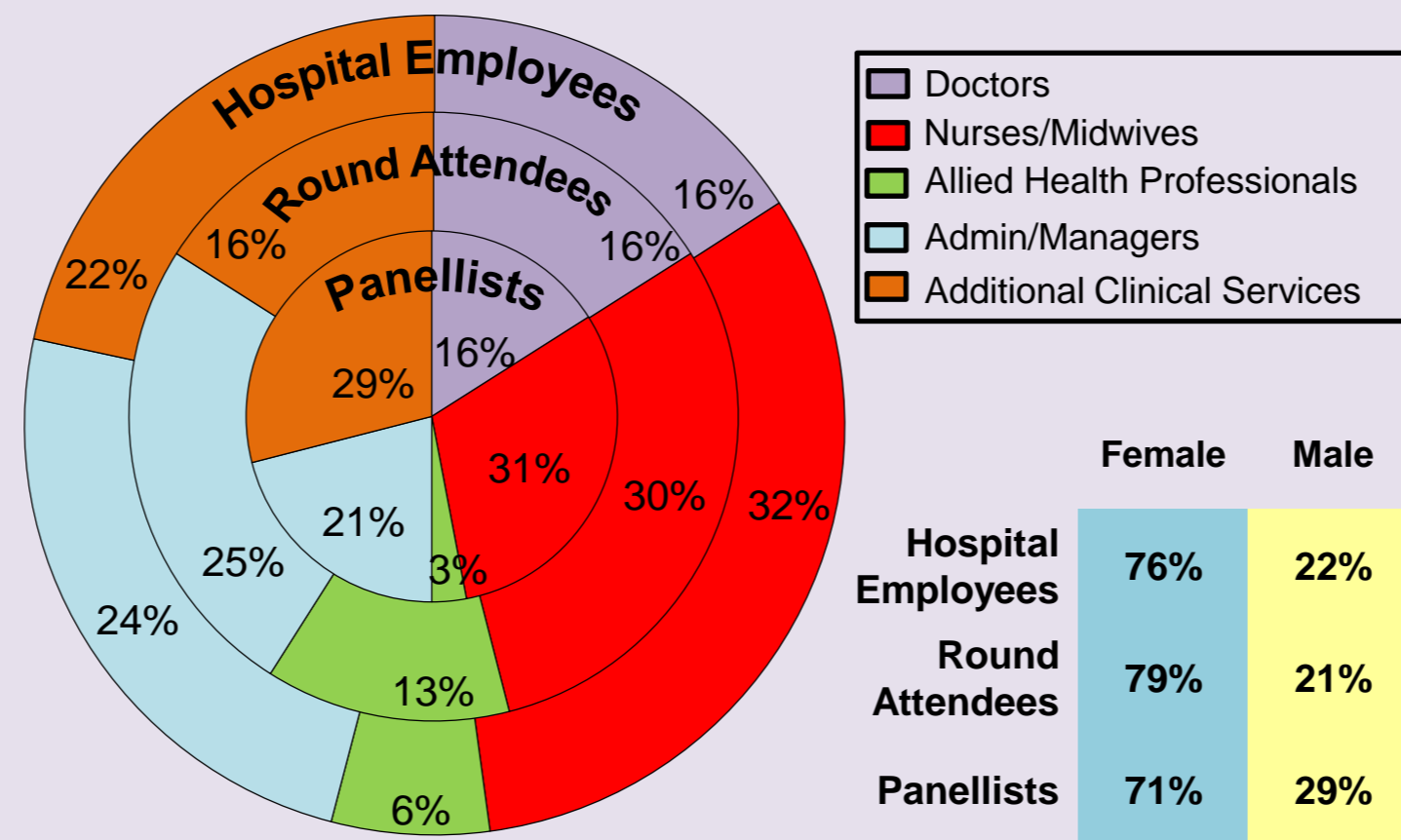
We sought support from our Management Team and Board and identified funding from Macmillan Cancer Support and our Hospital Charities Fund. We used different approaches to share the Schwartz story and gauge staff interest in the project: writing in newsletters, creating a 'Schwartz' page on our staff intranet, holding drop in sessions, approaching different departments and staff networks. We built our Steering Group, trying to ensure it was reflective of the wider hospital staff, including Serco*, DMG South West*, Chaplaincy, Junior Drs, Organisational Development and Admin.

What did we find?



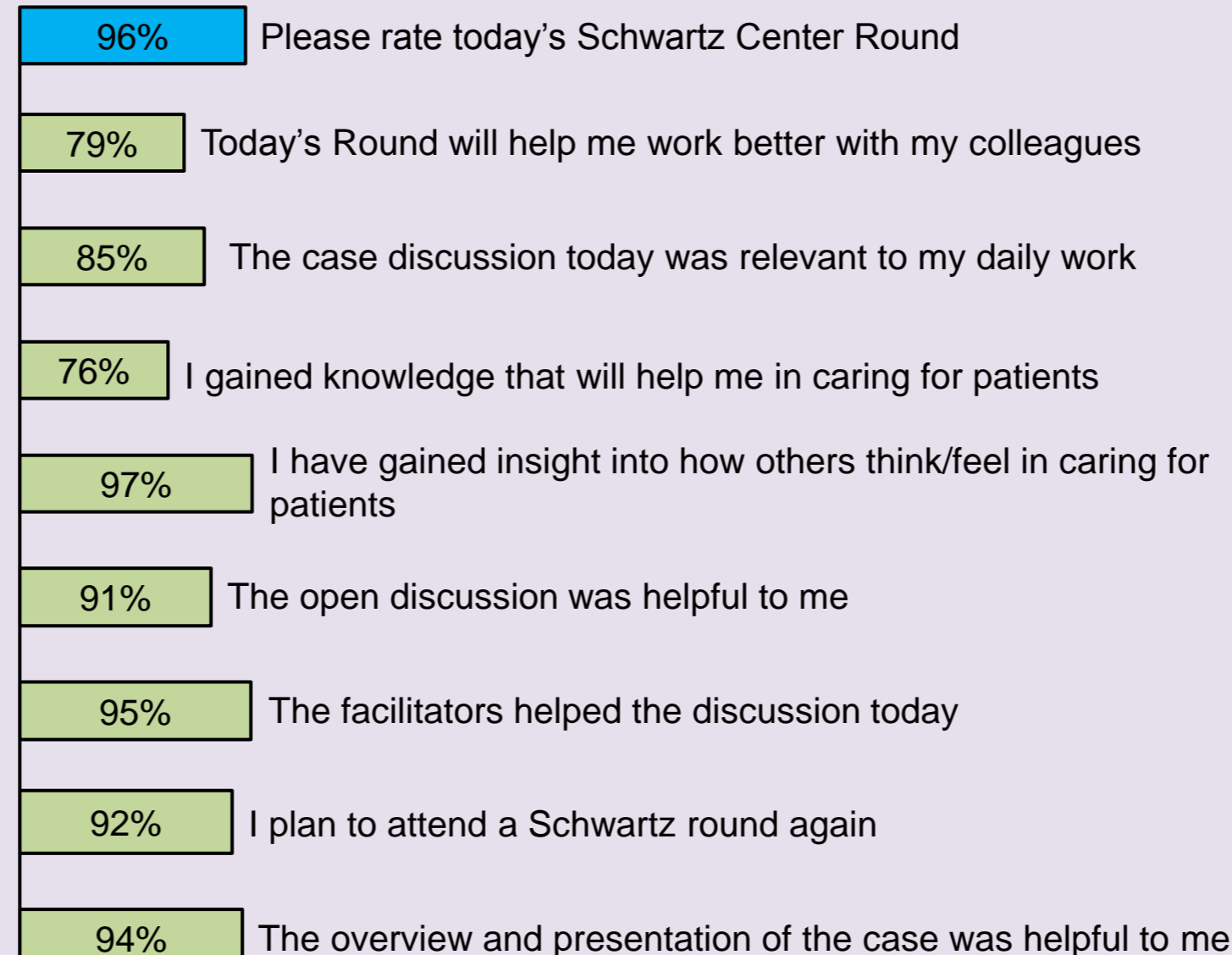
• Average attendance over the 9 rounds is 40 people

Attendance by Staff Breakdown



Quantitative Feedback for the Year

■ Attendees answering "Good", "Excellent", or "Exceptional"
 ■ Attendees answering "Agree Somewhat" or "Agree Completely"



Examples of Qualitative Feedback

- "It's helping me to recognise my assumptions and to develop more of an understanding of difference."
- "Was not previously aware of this meeting. Highlights the importance of discussion and raising areas of difficulty that others experience- as many will be shared."
- "Lovely to hear 360 degree views on care. [...] Helped me reflect on cohesion among departments. I think it is an excellent asset for the Trust to have and encourage these Rounds."
- "Really thought provoking regarding different professional roles emotional impact and managing workloads."
- "It was an insightful session. I'm not the best at sharing stories but it provokes a lot of reflection."
- "I felt this talk today was extremely powerful. Part of my job is to make sure cancer patients don't break targets. Sometimes I feel patients become just numbers and that the human element is lost. Today has been useful to remind me what I do is important and that in some small way I'm helping people."

What are we learning?

- It's (much) harder work than we anticipated
- It's (much) more rewarding and powerful than we anticipated
- It gets easier – staff started coming to us with ideas for Rounds based on current 'hot' topics in the Trust (i.e. cancellations)
- It's helpful to proactively target 'hard to reach' groups of staff (for us - consultants, administrators and male staff)
 - Quality not quantity – Rounds have ripple effects
 - Word of mouth is our biggest friend

Final thoughts

The impact of Rounds can't always be measured:

"I *felt* different when I walked into work today. I saw a member of Serco and felt like I wasn't coming into just my department, but I am part of a much bigger team."

Unsolicited feedback the day after a Round