



**LONDON
CALLING
CHARING X
FRIDAY 21 12:30
EDUCATION CENTRE
SCHWARTZ
ROUND**

London Calling

Learning from Schwartz Rounds focusing on recent Major Incidents

Background

Our organisation, Imperial College Healthcare NHS Trust, declared major incidents three times in 2017: the Borough and Westminster attacks, and the Grenfell fire in June. Some of the impact of earlier incidents was caught on camera on the 'Hospital' TV program; the relentlessness and magnitude of Grenfell amplified these multifold. All through our hospitals, people were talking, wondering, sharing questions and stories, concern and determination.

Planning

In the immediate aftermath, we considered as a Schwartz team if and how we should engage, respond and contribute.

We took into consideration that much was already taking place, such as debriefing, counselling and other supportive options for directly involved frontline staff. We looked at the learning and evidence from the US Boston bombing¹, where the Schwartz Centre responded and brought people together across organisations, to positive effect. We sought advice from peers, mentors at Point of Care, and not least, our staff audience at two Rounds: a strong majority preferred a topical Round 'sooner' (73%) rather than 'later' (23%), and very few advised 'not' (4%).

Our final consensus was that, as long as we were clear about Rounds being a form of community meeting with a focus on connection and resilience, not a 'quasi-therapeutic' intervention or an 'operational debriefing', there was unique added value to Rounds. We felt that topical Rounds could provide a safe space at a turbulent time, and take advantage of a teachable moment to shape an open and compassionate culture within our hospitals.

Round 1 – Schwartz Round within a Theatres & Anaesthetics Audit Day, St Mary's - 'London Calling' (13th July)

We were delighted to have an opportunity to promptly move our plans into action. We worked with a panel of four theatres & anaesthetic staff, presenting to a large multidisciplinary audience of nearly 100 staff at St Mary's. These teams had been directly involved, and decided to protect this time within a pre-planned event.

Some of the anonymous written feedback we received:

- "Never had an opportunity to reflect upon and discuss with my colleagues in a safe protected space before!"
- "Great opportunity to listen to reflective stories from colleagues – makes me proud to work as an Imperial staff in day surgery theatres, brilliant team."
- "Everyone has been given a chance to speak about the way they felt.. sometimes we think we are going through a situation and nobody can understand us but this meeting made me realise how vulnerable we all are and it's good to see we are not the only one."

1. White Paper: *Using Schwartz Center Rounds to Help a Community Recover After Tragedy - A Case Study: The Boston Marathon Bombings*. The Schwartz Center for Compassionate Healthcare, Boston USA, July 2014.

We saw this first Round as an important learning opportunity, carefully reviewed feedback and reflected on the process. It was evident that this Round differed from 'standard' Rounds. Although some of the audience were heavily involved and did share first-hand accounts, the majority was only indirectly so; more staff were there to 'witness' in support of their colleagues, and participate in a community occasion, than to share first-hand accounts. As a result we adapted our event facilitation accordingly, to accommodate for more active listening 'silence' at similar topical Rounds.

Round 2 – Schwartz Round at Charing Cross – 'London Calling' (21st July)

Our second topical Round was held on July at Charing Cross. One of our facilitators was a GP that had been working those affected by Grenfell, and this meant she was able to use her own experience to guide her facilitation on the day. In lieu of a panel, we read out written reflections by a local GP volunteer and a St Mary's consultant, and led a discussion with nearly 100 staff who attended that event – including staff from LAS, primary and community care, A&E, labs and nonclinical roles. We were particularly aware of our previous learning, encouraging and facilitating additional silences and reflection.

Written feedback included:

- "Very sensitive and safe environment to share openly; made the tragedies real."
- "It's unusual for nurses/doctors to share speak openly of their feelings as we tend to spend most of our time hiding/denying ourselves in our clinical areas for fear of looking unprofessional."
- "1st Schwartz Round I have ever attended – helped me to see and hear how others were affected."

Round 3 – Schwartz Round at St Mary's - 'London Calling' (14th August)

The third and final Round in the series featured a full panel of an A&E consultant, the St Mary's Site Director and a local GP, attended by 89 staff.

One of our panellists commented:

'Just what I needed - a chance to reset and refocus... possibly the most valuable use of my time I've had in weeks!'

Written feedback included:

- "I am grateful for members of the panel sharing their experiences of Grenfell Tower so openly. It helped me to process my own feelings about the fire."
- "Very insightful, emotive and reassuring."
- "Valuable time - connectivity with others. Appreciative of others efforts and human-ness, courage and determination."
- "Complete, open, honest discussion, the element of trust in the room is staggering. Very heartfelt session."
- "Having such an in depth insight in to such an extraordinary experience and how our fellow humans managed through it was amazing. Sometimes you forget that the people with these things are humans just like ourselves."

A senior mentor from Point of Care Foundation was also in attendance as an observer, and provided feedback:

"Candidly, I found the Round as a whole, from opening remarks to the closing words, the presentations and the remarks made by audience members, profound and very moving."

Outcomes

Overall, 277 staff attended these Rounds: 48% nursing, 27% allied health, 17% medical and 8% management and clerical.

A majority of attendees (75%) returned detailed written, anonymous feedback:

- 71% rated overall excellent or exceptional, 26.5% good, 2.5% fair or poor
- 89% felt the Round improved their insight and self-awareness
- 80% felt more connected to their colleagues
- 91% said the Round was relevant to their daily work
- 90% said it gave them a better understanding of how their colleagues felt

We specifically analysed low ratings and explored ambivalent feedback from all three Rounds. A total of 5 (2.5%) of attendees rated their experience as fair or poor; 3 did not provide any further explanation, while 1 person commented that they were too far removed from the events to feel any relevance.

One comment indicated that one person felt the panel stories did not speak to the sheer visceral, traumatic impact on the sharp end of the frontline, and thus provoked a sense of anger at feeling unrepresented; as the person had given permission, we promptly reached out and discussed their perspective. As a result of this feedback we have changed our practice, ensuring that we look for all levels of a story and actively listen for what's not represented, ensure our audience feels connected.

Our Learning

There is a deep well of caring and compassion amongst healthcare professionals for their colleagues and neighbours. How vividly staff engaged with these Rounds is a clear indication of the value of a safe space to connect and share, especially during turbulence. Direct and informal feedback indicates that these Rounds have added to the overall matrix of support within our organisation, without unhelpful overlap with other initiatives.

Our capacity to respond to the occasion was predicated on our ongoing Schwartz project, which gave us the confidence, skills and capacity. Through this initiative, our team of facilitators have now accrued invaluable experience on how to approach similar situations in the future, to best effect. We have learned valuable lessons about how to facilitate such Rounds to ensure maximum opportunity for audience 'witnessing' and reflection. We also now more carefully select our panel members ensuring to seek all levels of the story for maximum audience connection.

Last but not most significantly, we recognise and value our colleagues who stood up and shared proud, painful and poignant stories so bravely, and those who witnessed respectfully and compassionately; we hope to have done them justice.

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