

Most Powerful Round – ‘My First Day’, UCL Medical School

About the Authors:

Dr Faye Gishen is a Consultant Physician and Associate Head of the MBBS at UCL Medical School. Faye introduced Schwartz Rounds initially to her clinical workplace and then to UCL Medical School in 2014, making UCL the first medical school internationally to run dedicated SRs for students. The impetus for this was that very few students attended hospital Rounds and when they did, rarely felt empowered to contribute. Several medical schools, as well as other healthcare learning institutions, have followed by introducing SRs into their curricula, with the support of PoCF.

Dr Michael Zervos is an Academic Foundation Doctor working in Devon. Michael was the first ever student to train as a Schwartz Round facilitator and writes here about his first experience leading a Schwartz Round for his peers;

Most Powerful Round

The first Schwartz Round that I led was entitled “My First Day”. As a medical school Schwartz Round, we had chosen this theme for the audience: final year medical students two months away from their first day of work as a foundation (or F1) doctor. Although I was at the front facilitating, I was also one of those students and I found it an odd position; being between the panel and the audience, and more broadly between being a layperson and a doctor. It was a turning point in both my career, and my personal development as a clinician and it has informed my practice to this day.

I had been through six years of university with my peers and wondered what would especially resonate from the panellists’ stories that we had helped prepare. The first was all too real, the second gruesome, the third demoralising, and the final sad yet uplifting. I worried that peers would be alienated and afraid of starting F1 as a result, but I also hoped that we’d be empowered by our role models, and able to start work with a firmer grasp on the realities of “My First Day”.

The first story was told by a clinical fellow that many of us knew and respected. He told of his first day on the wards when he was asked to attend a patient in resus with a cardiac arrhythmia. He told us how he was out of his depth from the word go, about how the patient was sicker than he initially realised, and quickly needed senior support. This is every new F1s worst nightmare, and this was reflected in the anxious faces of the audience. Our panellist told how he escalated appropriately to a senior, who knew that the patient needed cardiac pacing to stabilise his heart rhythm but didn’t exactly know how to do this either. The panellist had been told that he had to “do something” otherwise the patient could die. He administered what he thought was a low-energy shock to the patient. It wasn’t, and our panellist had inadvertently delivered his first high-energy defibrillation as seen on TV. The patient screamed, jolted awake, and luckily suffered no lasting harm from this. Our panellist told of the overwhelming fear he had for the patient due to his

mistake, and his gratitude when the senior colleagues focussed on his learning points, rather than berating him. He looked around and told us that it was OK not to know things, and OK to be out of your depth. He told us how that event changed how he now treats junior colleagues, and implored us to hold on to that as we progressed through our clinical careers.

Our second story revolved around a patient who had a cardiac arrest. The panellist, another very junior doctor at the time and new to the ward, was first on the scene and started performing CPR. The patient had been unwell, and the team had thought she might not survive the admission, but no resuscitation decision had been made or documented. As a result, our panellist found himself quickly covered in blood, gushing out of the patient's mouth with every chest compression. He described the exact motion of a droplet of blood as he saw it fly up and land in his fringe. He described the indignity and cruelty of performing CPR on a patient so clearly unsuitable for resuscitation. He didn't have the power to change the outcome for that patient, and was left with a strong sense of guilt and regret. His story left us with a profound example of why we should fight for what's best for our patient, whether that's resuscitation or DNACPR.

Our third story also revolved around a DNACPR patient with a violent and traumatic death. In this case, the discussion had been had, and the DNAR form signed. This didn't mitigate the unpleasantness of the the patient's death, and our panellist focussed on how he felt disempowered and afraid in the face of this patient's suffering. He echoed a similar theme as the previous panellist, but teased out how in particular he was left to deal with this death alone. No one debriefed him, no one spoke about how his work had helped the patient, or whether it had been hard for him to be there. His closing words left us considering how important it is to not struggle on alone – he wishes he had more firmly asked for a debrief with the other members of the team.

The final story was told by one of our clinical skills tutors, much beloved by the student cohort. She told us of her first day as a nurse after moving to a new emergency department. As a black woman, she had experienced minor episodes of racism before, but in this new setting was so demeaned by a patient that she didn't know how to react. Luckily, her matron had no patience for this kind of behaviour – she took our panellist back to the patient, and told the patient in no uncertain terms that if she didn't want to be treated by a black nurse, then she should leave the department. Our panellist was surprised by this huge show of support and solidarity, and remained touched by it to this day. It was a foil to the preceding stories of feeling helpless and alone – she was supported and lifted up by her colleague, she was avowed to be a key member of the team despite her junior status and made to feel valued and respected.

People found much to identify with the final story from their experiences of racism, sexism and homophobia during our recent periods of working abroad on “elective”. Across the world, people had seen instances of casual prejudice and we were very grateful that they felt able to share. During the discussion, people expressed their shock that something like this can happen ‘at home’

as well as abroad, but it seemed to give the audience hope that issues like this are not insurmountable.

The power of the Round came from the context. A room full of nervous soon-to-be F1s, listening to what happened to our well-liked and respected educators on their first days. I was personally struck by the bravery and vulnerability that our educators demonstrated, not only in telling their stories, but allowing us insight into their own fallibility. The fact that the stories were gruesome, real and arresting, meant that everyone left that day with something to mull over.

The feedback from the Round corroborated this, and we attach some examples at the end. The overarching message was that of gratitude for a safe space like a Schwartz Round, and hope for our future careers.

The stories didn't sugar coat the reality of what my first day might look like. Since that round, I have had my first day, and it wasn't actually that bad. Without this Round though, I would have felt nowhere near as prepared, and nowhere near as empowered or willing to seek support from my colleagues. The discussion and themes that came out reinforced that as a doctor, we do belong in a team, a far cry from the position we occupy as "extra" as medical students. This Round told me that in the NHS our colleagues look after us, and I can think of no more powerful or important message to take away from "My First Day".

Medical student feedback from the Round

- Wish we had more throughout medical school
- Hearing experiences from colleagues who had previously seemed infallible was an incredibly useful exercise in empathy
- I think this a very useful process and of great value to medical students
- I will def aim to attend more SRs in the future
- I appreciate how important it is to stand up for one's colleagues and encourage teamwork
- Was dubious about this initially, but this was great!
- Great topic choice