A PIONEERING US-based programme to improve the experience of patients and staff in hospitals by encouraging organisation-wide discussion of emotional and social challenges is to be introduced across England this year following a pilot in two acute trusts.

Schwartz Center Rounds®, which provide forums for staff to discuss social and emotional issues surrounding patient care, and lead to changes in the workplace.

**Key points**
- The Schwartz Center Rounds® were piloted in 2009 and other hospital trusts have now taken up the concept. The rounds provide a forum for staff to discuss social and emotional issues surrounding patient care, and lead to changes in the workplace.

**Keywords**
- Schwartz Center rounds, ward rounds, staff support

A Point of Care review paper, entitled Seeing the Person in the Patient, published in 2008, looked at the problems patients experience with their care, and suggested initiatives to create sustainable change in care provision.

The following year, Point of Care programme staff entered into an agreement with the Schwartz Center for Compassionate Care, Boston MA, to pilot Schwartz Center Rounds® in England. During a 12-month pilot, starting in October 2009, the rounds were introduced at the Royal Free Hospital, London, and Cheltenham Hospital.

‘Results show that the rounds have successfully transferred to England, are firmly established with support from the top of the organisations. They have demonstrated a need, and are greatly valued, by staff who take part,’ says Ms Goodrich.

‘Rounds are now firmly established in both pilot trusts. With this evidence, we are confident that we are now able to support the spread of Schwartz Center Rounds® in other hospitals in England,’ she adds.

The Schwartz Center was set up at Massachusetts General Hospital with the aim of strengthening relationships between the patient and caregiver. The scheme was founded by a patient who died of lung cancer in 1995. Following his diagnosis in 1994, Ken Schwartz wrote about his experiences of care and treatment, and about the small acts of humanity and compassion by healthcare professionals that transformed his care.

The rounds now take place at 215 healthcare facilities across 32 US states, and give the healthcare provider a forum for honest discussion of social and emotional issues raised by patient care, with a focus on the human dimension of medicine.
‘Schwartz rounds offer an opportunity to talk in a safe environment about emotional aspects of care and support you to remain compassionate’

Geraldine McVeigh, Royal Brompton and Harefield NHS Foundation Trust, London
The concept matched the aims of the King’s Fund Point of Care programme, established to improve patient-centred care. ‘We realised that to do that we would have to support staff, because there is an important relationship between staff wellbeing and patient wellbeing,’ says Ms Goodrich. ‘Compassionate care is something that is hard to do if staff are feeling stressed.’

A Point of Care workshop found that barriers to compassionate care include: staff stress and burnout, conflict between perceptions of professionalism and compassion, a lack of systematic role modelling or mentoring, training that encourages professional detachment, as well as ways that staff naturally develop to cope with continuous exposure to patients in pain and distress.

‘There are high levels of stress in the NHS compared with other occupations,’ says Ms Goodrich. ‘Stress and related burnout affect the ability of staff to provide high quality care.’

Working lives
The Schwartz model reinvents the familiar concept of grand rounds to offer regularly scheduled space for interdisciplinary dialogue, across an entire hospital rather than a clinical team, using real patient cases to enable participants to explore their own responses and feelings.

The round typically lasts one hour, usually takes place once a month and is mostly scheduled for lunchtime. It typically begins with a 15-minute presentation of an anonymised case, followed by discussion of individual staff members’ concerns related to the stresses of their working lives.

At each session, participants sign to say they understand that the session is confidential. Rounds vary in size, from 90 to 110 participants per session at the Royal Free to about 30 in Cheltenham, and operate on the premise of there being no right or wrong answer to each issue raised.

There are stringent criteria, however. The programme must have the support of the chief executive and the board, there must be a clinical lead, usually a senior consultant, and there must be a multidisciplinary committee, administrative support and a facilitator. Trusts fulfilling the criteria can contact the King’s Fund to set up their own rounds.

Ms Goodrich says that at one round a senior nurse talked about how she had felt about a case early in her career. The feeling afterwards ‘was that it was good for junior staff to see that senior staff have the same dilemmas and difficulties’.

Having a multidisciplinary session that includes staff from across the hospital also invokes surprising insights and anomalies. An aggressive patient might have been extremely courteous to a consultant, for example, or a porter may highlight how a patient has not understood anything the doctors have said.

Feedback
Feedback has been enthusiastic, despite initial scepticism. ‘I really appreciated the language,’ said one King’s Fund assessment participant. ‘You hear words discussed you don’t normally hear, such as anger, guilt, shame and frustration. They are obviously there, but there is no outlet for them.’

The rounds will mean better patient care, participants thought. One said: ‘There is good evidence that, if staff are very stressed and cannot process things, that affects them cognitively and they make mistakes. With the increasing workload, that also makes it a patient safety issue.’

‘Happy staff create happy patients,’ emphasised another, with yet another suggesting: ‘The care has gone out of medicine and it is time to bring it back. We need to re-emphasise that we are here to care for patients, so we need to look after staff.’

Creating a culture where people can talk without fear of being judged or blamed is vital, says Barbara Wren, consultant lead psychologist in health and work at the Royal Free Hampstead NHS Trust. She is an accredited mediator, who also sees the rounds as an opportunity to do work at organisational level.

Setting ground rules from the start is crucial, she adds, which should make clear that the rounds are not about clinical decision making and that anything discussed in them will stay in the room. ‘They help to normalise individual experience,
especially in cases where people feel they are not coping but everyone else is,’ says Ms Wren. Despite early scepticism about how the programme would translate to the UK, staff responded warmly from the start, and Ms Wren thinks the rounds will drive forward excellence at organisational level.

At Cheltenham General Hospital, palliative care nurse specialist Liz Symes agrees. ‘The more we can communicate and the more honest we can be with our colleagues and open up discussion, the better the care for patients and their relatives,’ she says.

**Intrigued**

For many healthcare professionals, the rounds are an excellent way to improve patient experience and staff communication. ‘It came across the Schwartz rounds in an internet search,’ says Caroline Shuldham, director of nursing and clinical governance at Royal Brompton and Harefield NHS Foundation Trust, London.

Intrigued by the focus on patient and staff, she contacted the King’s Fund. ‘It looked like a great way to bring the patient experience to life and support staff to think about providing the best possible care and how caring affects them,’ says Dr Shuldham. ‘When I floated the idea, there was an immediate recognition of the value this approach might bring.’

Rounds started in January, with a steering group of consultants and multidisciplinary team members chaired by consultant cardiac surgeon John Pepper. Professor Pepper and Geraldine McVeigh, the hospital’s health and wellbeing manager and cardiothoracic nurse, facilitate the sessions, and ensure each round is evaluated and the next one planned.

‘This is an opportunity to talk in a safe environment about emotional aspects of delivering care,’ says Ms McVeigh, ‘a chance to hear a colleague’s perspective, which may resonate with your own experiences. It helps build relationships and supports you to remain compassionate despite the complexity and pace of work.’

At first, many staff were uncertain of how the Schwartz Center Rounds® would work in practice, and how well the American model would translate to the NHS.

‘When I first joined the committee, I was unsure how the rounds would be received,’ says transplant unit ward sister Alison Thompson. ‘Staff working in a busy cardiothoracic transplant unit that cares for patients with complex needs are often faced with situations that can be emotionally and physically demanding. I hoped the rounds would help me and other staff to explore our feelings about the care we deliver and to appreciate more the role of others.’

Ms Thompson was nominated to present at the first round at Royal Brompton and Harefield. ‘I chose to focus on a patient who had presented a challenge medically and from a nursing perspective,’ she says. ‘I found it difficult to share what were my private thoughts about looking after this patient. But writing them down to present at the round was cathartic and helped me to work through my emotions.’

Despite the unfamiliar format, the rounds and their content were embraced from the start. ‘The discussion following the panel presentation was very supportive,’ says Ms Thompson. ‘Back on the ward, the nurses began to open up to each other and speak freely for the first time about how they had coped caring for the same patient and their family. It was at this point that I began to appreciate the important role of the Schwartz rounds in helping people to discuss how they felt.’

She adds: ‘Staff are getting used to the format, and becoming more comfortable as they understand that this is a safe environment for them. What is striking is the recollection of staff when discussing a case that may have happened years ago, yet they continue to have strong emotions. It shows how important it is to have a platform to acknowledge and support each other, recognise the sad and difficult times but also the triumphs and celebrating things that we have done well.’

There is as much momentum now as when the rounds were introduced, says Ms McVeigh. ‘We try to make it as accessible as possible for staff. We want them to see the session as a priority. For me, they are brilliant and we know the nursing staff are going back and talking about it afterwards.’

That satisfaction with the rounds and their impact is shared by Dr Shuldham: ‘The Schwartz round is certainly a valuable forum for all staff and I am pleased with how things are going and the commitment and enthusiasm of staff.’

‘We would like to see every hospital in the country doing this,’ says Ms Goodrich, who adds however, that, despite the benefits, there are no plans to make them compulsory.

After the successful pilot by the King’s Fund, it is likely that the rounds will be seen increasingly as a means of supporting individual staff and achieving the organisational change to sustain better patient care.

**Find out more**

- Learn about the Schwartz Center and the Schwartz Center Rounds® at www.theschwartzcenter.org
- King’s Fund, www.kingsfund.org.uk/pointofcare

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