

What is shared in Schwartz Centre Rounds in an acute trust setting?

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Introduction

Schwartz Centre Rounds (SCR) give staff an opportunity to discuss the experience of delivering care with a focus on the 'human dimension' of medicine.¹ This facilitated educational format, which originated in the US, helps staff deliver compassionate care, and was introduced to hospices and trusts in the UK in 2009. The uptake of SCR rose after they were mentioned in the 2013 *Francis Inquiry*.² Motivation for starting rounds in the UK differs from the US, focusing on staff wellbeing, rather than the promotion of compassionate care,³ although the two are linked.⁴

Feedback from rounds suggests benefit from attendance⁵ with increasing efficacy with repeated attendance.⁴ The suggested benefit is hearing staff disclosures and recognising the locus of dysfunction lies in the organisation, not in the individual. This decreases self-criticism and may maintain engagement.⁶ Reduced isolation, increased teamwork, communication, empathy, and compassion towards colleagues and patients, have been reported.⁶ This is important to the current staff and patient wellbeing agenda, with ramifications for recruitment and retention, as well as addressing the stress, burnout and suicide rates of clinicians.

While attendee feedback, focus groups and staff surveys have been investigated, to date there is no report of the content of SCR which is clearly pertinent to the evaluation of their mode of efficacy. We therefore undertook a mixed methods evaluation of the Schwartz rounds within our acute trust. Consent to share content without attribution is taken.

Materials and methods

Quantitative analysis of 20 rounds of feedback was analysed using Chi-squared statistic and interpretative phenomenological analysis of 23 rounds' facilitator notes. Consent to share the learning but not to attribute the content is taken at every round.

Results and discussion

55% attendees were doctors; 8% nurses; 8% professions allied to medicine; 4% other 25% undeclared. 71% of attendees gave feedback. 70% rated rounds excellent or exceptional, with no difference between doctors and other staff. Staff rated 'developing insight into how others think and feel in delivering care', higher than 'knowledge to deliver patient care'.

The seven superordinate themes were: alone and fearful; chaos and tumult; psychological defences; failure and loss; recognising humanity; responsibility and courage; and encouragement. Thus, SCR content covers the difficulties of working in healthcare, personal psychological coping mechanisms, empathy in recognising patients and families as 'people like us', as well as the burden of responsibility and the encouragement between clinicians in recognition of the stories heard from colleagues.

Conclusion

Rounds were highly rated, but nurses rarely attend. Rounds are successfully addressing clinician experience of care, rather than process. The content demonstrated staff sharing trauma, challenge, and coping, telling of courage, advising and encouraging others in teamwork.

This novel report of contemporaneously recorded SCR content gives support to George⁶ in suggesting attendance helps shift clinicians from a dispositional attribution of work experience with withdrawal and isolation, to a situational attribution of events with the likely outcome of preventing internalisation and burnout and promoting teamwork. ■

Conflicts of interest

None declared.

References

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