PANELLISTS’ REFLECTIONS FOR SCHWARTZ ROUNDS

**MSK Physiotherapist**

I have reflected on my experience as a panellist on the multi professional Schwartz Round. This was a new experience for me but panellists were well prepared by the facilitators who provided background information and practical guidance. I was impressed by the professionalism, support and enthusiasm displayed by the facilitators from preparation through facilitating the session to a debrief after the session. The experience was stimulating and rewarding and the students fully engaged with the session. It was particularly interesting and valuable because of the multi-professional engagement. This provided differing scenarios and perspectives but the process emphasised the shared experiences and similarities in how we as humans react and feel in challenging situations. The empathy the panellists stimulated was validating and the emotions expressed felt very genuine. In an increasingly challenging healthcare system it is so important to acknowledge and value the humanity of healthcare practitioners. It is not only the clinical knowledge and skills of clinicians that help patients: it is the compassion and empathy that is valued highly by patients. Creating a culture which places a high value on the human elements of clinicians from the earliest stages in clinician’s careers whilst offering an outlet to share feelings is nurturing and supportive for all. Clinicians work in multi-professional communities of practice and have increasingly interdisciplinary roles. Shared experiences such as this can only enhance working relationships and patient experience. The Francis report and similar examples where care has lost its humanity illustrates the need for a culture change in the NHS which needs to be deeply embedded and treated as "the norm." I am grateful to the UoL for introducing me to Schwartz Rounds which seem an ideal vehicle to provide this support in a threat free structured manner. My colleague and I, both panellists, have been canvassing support to start a Schwartz Round within our own working environment having seen its power and potential.

**Nurse**

As a new (and probably, overly enthusiastic) member of academic staff, I was first introduced to the Schwartz concept during an inter-professional learning session by a fellow member of the Schwartz Rounds Steering Group (SRSG) here at the University. My 17 year post registration background in nursing immediately knew that this was a project that would benefit all. The last decade of my practice in the NHS saw me work as a critical care nurse, and although I loved my job (I really did) I often felt that I came home mentally exhausted and spent hours wondering “what if” and if I really had done enough. I knew that I worked in a good and efficient team, I knew that my directorate was ran well and that patients received good care, but sometimes, just sometimes, those odd patients would stick with you: the patient that was close to you in age and you tried to guide their family through the nightmare of watching their loved one so very poorly or the patient who reminded you of one of your grandparents and the devastation on the family’s faces when you had to break the most terrible news to them at stupid o’clock in the morning on Christmas Eve. And then there is that patient that makes your heart burst, the patient who you spent nearly 2 hours washing their hair, painting their toes, plucking their eyebrows, lathering them with the sweetest smelling (and non-clinical) body lotion you could find before spraying them with your own perfume because it was their birthday and their 3 children were coming in to visit them and they wanted to look “normal”
and who, to this day, when you see in your local Tesco describe you as an “angel”. All of these I carried with me, and I know my colleagues had similar stories but we never shared them. Yes we would discuss clinical matters: analgesia options, best ways to prevent skin breakdown, weaning techniques and just how you stop a stoma bag leaking but we never discussed those “softer” moments - the moments that no doubt shape you as a professional. The moments that would always make you question sometimes a small thing, some things, everything! The Schwartz experience helped this.

I sat in two before I was a panellist and took something from each one, even if it was just that feeling of “we are all in this together”. As a panellist I spoke about a situation that was some years before: I was the nurse in charge of a shift, a good team that day, but we lost a patient - a patient who wanted to die at home and didn’t make it. I felt that I let him down, I felt like I didn’t fix the one task that I set out to accomplish for patient under my care. I still do in some ways. I shared the story and went onto explain how my team initially broke down, it hit us hard and we all felt the sense of losing such a young patient so quickly in the end. Thankfully we had a good leader who saw the impact, they brought us together (the lure of jaffa cakes and tea can do wonders) and we talked. We all felt the same, we were all shocked that we felt the same and no one felt that anybody was to blame but all carried blame ourselves. The relief was immense: yes, I still feel like I let that patient down in many respects, mostly that I couldn’t grant his wish to die at home but what I finally realised is that my burden is carried with 4 other people that witnessed what I did that day and that coming together helped. Talking helped, time out and perspective helped. The chance to share my experience with others in the Schwartz round helped and if it makes just one person who was in the audience that day realise that its ok to feel like you can’t always fix everything then maybe, just maybe, I have done what I always set out to do……make a difference.

**Orthoptist**

Since participating in a Schwartz Round as a panellist, I have recommended to my colleagues that they should take any opportunity they get to participate in or attend a Schwartz Round. I think that these sessions are of benefit to healthcare professionals especially when multi-disciplinary. I found it extremely beneficial to reflect on a clinical case which had impacted on me emotionally so much that even though it was many years ago it still very much in my mind. It was interesting to listen to the discussion which resulted from the case I presented. I would be very keen to attend future Schwartz Rounds.

**Physiotherapist**

I have 23 years’ experience as a physiotherapist in the NHS, none of which has ever dedicated any formal time to reflection on the personal impact of caring, particularly in a public forum (albeit invited forum and confidential). At most, feelings have been shared (or buried) over an ‘on the job’ coffee, released on a sports field or spilled out on to a detached but attentive friend.

My first experience of the Schwartz Round was through invitation via a professional network which the Clinical Psychology directors have established. It was unfamiliar beforehand, but immediately
the fundamental premise made sense and I could evaluate significant relevance from the theory of Rounds to my field of practice and healthcare overall. I attended the very first Round as an observer. The experience of observing was totally stunning and one I will never forget. Why had this not been established in my organisation, and how could we put it in place? I attended as panellist in March 2017, presenting under the guidance of the topic “Speaking out or Keeping Quiet.”

What first struck me as a panellist was the immediate sense of acceptance between disciplines in the room prior to the Round, with flowing conversation and laughter, but through a respectful and calm environment. It felt as though the traditionally condensed and branded professional groups were already blending together. Something was already changing in healthcare education.

I was a little nervous, especially as I was about to reveal details of an extremely serious incident. It felt somewhat exposing of an ex-colleague and acquaintance, a patient, peers, and me. How could I package the details to ensure confidentiality and discretion whilst expressing a very personal experience fully, openly and honestly? Would my story provide enough stimuli for discussion, especially as it was one so far from a pre-regISTRANT’S inexPERIENCED view on patient protection? What emotional pressures were embroiled in speaking out, and later, keeping quiet? What am I left with? My story related to serious professional misconduct, HCPC standards of proficiency, patient safety, unconcealed public scrutiny and ultimately, removal from the professional register.

The process itself, including the briefing with the Clinical Psychology team and my own preparation, helped me order my own thoughts on the situation, which I had not previously arranged in my own mind with any convincing sense or logic. The storytelling experience, for me, was very powerful. It was, in a sense, cathartic, but without any outwards emotional release (fortunately). Once in the moment, I was not nervous; the audience was fully attentive, their facial expressions varied in shock, tension, sadness, even embarrassment, but overall, empathy. The time flew by. Each discipline was absorbed in the narrative. The room was in absolute silence. I could hear my own voice and listen at the same time.

There was no interruption between panellists’ accounts; the three stories flowed. I listened to my co-panellists, who had two different backgrounds to me, with the same respect and attention that they had given me. Their own experiences were compelling and mesmeric. Each story was related with total honesty, embracing the approach of exploring issues, revealing error, questioning failing systems and human factors, without the feeling of judgement or recrimination. It was purely reflection on the humanistic side of caring, the shared emotions and the personal impact. It felt as though this was removing the hierarchy, levelling us out, finding common ground.

The audience (mainly pre-regISTRANT students) were impressively engaged in the whole event. The depth of reflection and evaluation in terms of their own early life and workplace experiences was in some ways, to me, precocious. My own preconceptions had been challenged. These young adults were totally open and accepting to all the underlying emotions, and not only were they speaking in this way, they were able to openly relate this to their own level of experience and knowledge, the self.

I came away from the Round feeling that the NHS will be in safe hands in the future, with a workforce that is focussed on the relational aspects of caring, whether that be immersed in a fully collaborative team, or immersed in a patient’s perspective and needs. For this reason, the Schwartz Round experience will hopefully become a regular feature in Liverpool healthcare practice, and not contained within the classroom. Referring back to the aforementioned network, we are working to disseminate the approach, because fundamentally, if we role model teamwork, care and humanity to the future workforce, we need to look back at ourselves first.

**Orthoptist**
As a panellist for a Schwartz Round entitled ‘what have I learned from a patient’ I found it both interesting and thought provoking. The structure of the round encouraged an open and non-judgemental atmosphere. The patient story I described was highly emotive and the students engaged very well with the discussion, offering examples of similar situations describing how they responded and how they felt about it. Common themes were identified which linked the professionals, this promoted a feeling of togetherness which is hard to reach during every day clinical practice. For this reason I think it would hugely benefit professionals and have therefore shared my experience with my colleagues in and outside of the university.

Clinical Psychologist

As a panellist on a Schwartz Round exploring the topic of ‘speaking up or keeping quiet’, I was somewhat nervous prior to the event. It is a difficult thing speaking to a large group of people about issues which are personally challenging. However I had heard of the good work being done by the Liverpool Schwartz Round leads and felt confident that the space would be one of safety, care and openness. This event in particular, with its emphasis on multi-disciplinary connection, was a great thing to be part of. One could feel the engagement from all involved, which is of course in no small part due to the facilitators. People attend Schwartz Rounds in the hope of gaining insight into other people’s experiences in order to help shape their own identity. It felt like this was most certainly happening during the event, and I have been enthusiastic in sharing the experience with others. I would hope other universities, departments, and agencies are able to adopt this model, as it was a great way to connect with other professionals, emphasising our shared hopes and experiences, as well as learning from our differences.