

# **Schwartz Rounds**

# When your best doesn't feel good enough as an Anaesthetist.

A. Dhadda<sup>1</sup>, A. Rimmer<sup>1</sup>, J. Serrell<sup>2</sup>, M. Bidgood<sup>2</sup> J. Lloyd-Evans<sup>2</sup> & E. Duff<sup>1,2</sup>.

1. Welsh School of Anaesthesia, 2. Aneurin Bevan University Health Board

"

"I have learned that medicine is not merely about performing tests or surgeries, or administering drugs ... what matters most is that [caregivers] have empathized with me in a way that gives me hope and makes me feel like a human being, not just an illness."

Ken Schwartz, 2012



#### Introduction

Schwartz Rounds were developed in the USA by Ken Schwartz following his experiences within healthcare. Sessions currently run in Australia, New-Zealand and the UK, over 280 sites are registered across the UK.

Schwartz rounds provide a reflective forum focusing on emotional and social impacts of caregiving, rather than clinical aspects. Storytelling supports healthcare staff reconnect their values through peer-reflection. This promotes compassionate patient care and develops non-clinical skills.<sup>1</sup>

Data suggest Schwartz rounds reduce stress and isolation, increase openness to giving/receiving support and promote compassion.<sup>2</sup> Many doctors are unaware of the concepts 'moral injury' and 'distress' but find relief when the terms are explained.

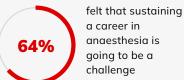
## **Background**

We explored the value of a Schwartz Round during a post-fellowship study day for anaesthesia and ICM trainees in March 2024.

Fifty, Stage 2-3 trainees attended the study day. The focus was on non-clinical aspects and demands of working as an anaesthetist, areas we often receive no formal training for.

#### Our pre-course survey showed that:







National GMC data suggests 58.4% are at moderate or high-risk or burnout.<sup>3</sup>



#### **Schwartz Round**

The Schwartz round was included in the study day as a valuable tool in exploring burnout, moral injury and distress. The focus was then placed on developing strategies to manage these challenges.

The session was facilitated by a clinical psychologist and senior operational development practitioner. Four participants volunteered to prepare a poignant story focussed on an experience relating to the theme.

The facilitators led a sixty-minute interactive discussion. The discussion focussed on sharing thoughts, emotions and feelings.

Facilitator expertise ensured themes were identified, making a clear impact on the whole room with widespread interaction.

#### Steps staff can take themselves:

(these are highly dependent on their work environment)

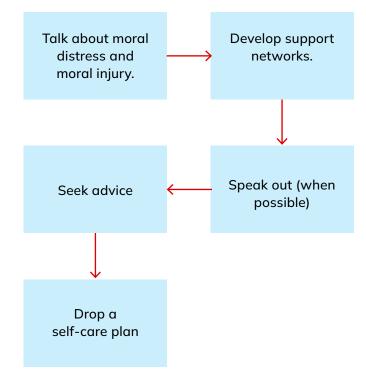


Fig 2. Benefits of the Schwartz Round

#### **Feedback**

Unanimous positive feedback for the study day was received, recommending inclusion in training for all.

97% felt that Schwartz rounds should be incorporated into training. The round was perceived as valuable in developing both reflection and openness and reducing feelings of isolation.

4

"One of the best sessions I've attended in my career. Informative and harrowing in equal measure."



W C

"... probably one of the most useful non-clinical 1.5 hours of my training so far. Fascinating to see that everyone's inner dialogue is broadly similar, and we all go through the same challenges."



"

"I've realised we all have similar experiences going through training so struggling isn't unusual and I can most definitely find someone to relate to"

#### **Conclusions**

Burnout, moral-distress and injury are becoming well recognised terms in healthcare. Sharing experiences allows professionals to relieve some of their burden and realise their feelings are often not unique.

Implementation of Schwartz rounds develops support networks and makes these concepts more accessible. Enabling healthcare providers to reach out without fear of judgement is crucial in tackling moral-injury and burnout.

The Welsh School of Anaesthesia plans to implement Schwartz rounds in study days to ensure this opportunity is accessible for all. This will help develop a future workforce which is more open to considering values and intentions, celebrating efforts, fostering self-care and learning how to switch-off.



"we cannot address problems that we do not acknowledge exist. By talking about moral distress and moral injury, we recognise these issues and can look to tackle them.

This becomes easier as the concepts become more mainstream"

**BMA, 2021** 

"

#### References

- 01. The Point of Care Foundation. 2024. About Schwartz Rounds. [Online] Available at:
  - https://www.pointofcarefoundation.org.uk/our-programmes/staff-experience/about-schwartz-rounds/ [Accessed: 29th May 2024]
- **02.** Maben, J., Taylor, C., Reynolds, E. et al. 2021. Realist evaluation of Schwartz rounds® for enhancing the delivery of compassionate healthcare. BMC Health Serv Res 21, 709.
- 03. General Medical Council. 2024. Burnout Education Data Tool. [Online] Available at:

https://edt.gmc-uk.org/other-nts-reports/burnout [Accessed: 25th March 2024]



### **Acknowledgements**

Storytellers and trainees for contributions to the Schwartz round.

The Welsh School of Anaesthesia for funding the study day.