

# Schwartz Center Rounds®

## Evaluation of the UK pilots

### The Point of Care

Are you seeing the person in the patient?

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The Point of Care programme at The King's Fund aims to improve experiences of health care for patients and staff in hospitals.

In 2009 The Point of Care entered into an agreement with the Schwartz Center for Compassionate Healthcare (in Boston, United States) to pilot Schwartz Center Rounds® in the UK. The Rounds have been held in hospitals in the United States for 14 years and have expanded to more than 225 sites. Rounds provide a forum for staff from a range of disciplines to meet once a month (or every other month) to explore together some of the challenging psychosocial and emotional issues that arise in caring for patients.

The pilot period for the Rounds in the UK was one year - between October 2009 and October 2010 - and Rounds were implemented in two hospitals (the Royal Free Hospital and Cheltenham Hospital). In the United States, staff have benefited from attending Rounds and the meetings have had a positive impact on teamwork and on the hospital culture. The Point of Care evaluated the pilot Rounds to see whether Rounds could transfer to this country and whether they could have a similar impact.

This paper draws together three types of evaluation: the feedback from participants after each Round; a pre- and post-pilot survey (first year of Rounds) completed by Rounds participants; and qualitative interviews with key members of staff in both trusts.

- Results show that it is clear that the Rounds:
- have successfully transferred to England
- are firmly established and ongoing, with support from the top of the organisations
- have demonstrated a need
- are greatly valued by the staff who participate (Rounds were given a mean rating of excellent/exceptional by 70 per cent of all participants).

With this evidence The Point of Care has started to replicate Schwartz Center Rounds® in other hospitals in England.

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## Background

The Point of Care programme at The King's Fund aims to improve the experience of care for patients in hospital and to support staff to provide consistently good care. These two aims are inter-related.

We know from The Point of Care's own qualitative research that although staff want to provide the sort of kind, compassionate care that they would want for themselves or their own families it is difficult, for all sorts of reasons (including individuals' reasons and the nature of team and hospital cultures), to do this consistently.<sup>1</sup>

There are high levels of stress among NHS staff compared with other occupations. Stress and related burnout affect the ability of staff to provide high quality care.<sup>2</sup> There is a clear relationship between the well-being of staff and patients' well-being.<sup>3</sup>

Individuals suffering from burnout may find it more difficult to feel compassion. And yet staff with higher levels of empathy are less likely to suffer from burnout. The problem that lack of compassion creates for patients is obvious, but there is also a cost for staff, who cut themselves off from the feelings from which empathy and compassion could flow—especially important as, with support, higher empathy is related to lower stress.<sup>4</sup>

This suggests that staff need support to manage their feelings and strategies for coping with stress. Hospitals that are rated highly for patient-centred care have certain characteristics in common, one of which is 'care for the caregivers through a supportive work environment that... treats them with the same dignity and respect that they are expected to show patients and families'.<sup>5</sup>

In 2009 The Point of Care entered into an agreement with the Schwartz Center for Compassionate Care (in Boston USA)<sup>6</sup> to pilot Schwartz Center Rounds® in the UK. The Rounds have been running in hospitals in the United States for 14 years and have spread to more than 225 sites. They provide a forum for staff across the hospital to come together once a month (or every other month) to explore together the challenging psychosocial and emotional aspects of caring for patients.

With help from a skilled facilitator, discussion focuses on a particular case that is introduced by a mixed panel of staff, led by a doctor, who were involved in the patient's care. The panel gives a brief summary of the patient's case story and panellists take it in turns to describe their involvement in the case and, in particular, how it made them feel and what sort of challenges it may have raised for them. The discussion then opens up – participants ask questions, share experiences and reflect on the challenges of care. The Rounds are designed to be a safe and confidential environment: patient names are

1 Goodrich J and Cornwell J (2008). *Seeing the Person in the Patient: The Point of Care review paper*. London: The King's Fund.

2 Maben J (2008). 'The sustainability of ideals, values and the nursing mandate: evidence from a longitudinal qualitative study'. *Nursing Inquiry*, 14(2).

3 The Boorman Review [Department of Health (2009). *NHS Health and Well-being Review: Interim Report* and Department of Health (2009) *NHS Health and Well-being: Final Report*] also pointed out the economic costs of staff stress and urged trusts to be exemplar employers and to implement staff well-being strategies.

4 Firth-Cozens J and Cornwell J (2009). *Enabling Compassionate Care in Acute Hospital Settings*. London: The King's Fund

Latif E, Peisah C, Wilhelm K (2008). 'Empathy and doctor health: a study of the relationship between empathy, burnout and psychological distress in doctors'. *Doctors' Health Matters*,

BMA-AMA-CMA conference, London, 17-19 November.

Thomas MR *et al*. How do distress and well-being relate to medical student empathy? A multi-center study. *J Gen Intern Med*. 2007;22:177-183.

5 Shaller D (2007). *Patient-Centered Care: What does it take?* The Commonwealth Fund.

6 [www.theschwartzcenter.org](http://www.theschwartzcenter.org)

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changed to protect confidentiality and all participants are asked to agree that no names or information shared by colleagues are mentioned outside the one-hour Round.

An independent evaluation of the Rounds in the United States<sup>7</sup> showed that they have benefited both individuals and teams, and have influenced hospital culture. Rounds participants reported that their ability to provide compassionate care improved and they felt better supported in caring for patients. They reported a better appreciation for the roles and contribution of their colleagues from different disciplines and their levels of stress and isolation declined. The more Rounds staff attended the greater the benefit on teamwork and on insights into compassionate patient care.<sup>8</sup> Changes have occurred in practices or policies within departments or hospitals as a result of specific Rounds discussions.

### *Schwartz Center Rounds<sup>®</sup> in the UK*

The pilot period for the Rounds was one year (October 2009 to October 2010) and pilots took place at the Royal Free Hospital and Cheltenham Hospital.

The Point of Care undertook an evaluation of the pilot Rounds in England to see whether Rounds could transfer to this country, and whether they could achieve a similar impact to that in the United States.

The evaluation had three parts: feedback collected from participants after each Round; a pre- and post-pilot (first year of Rounds) survey of Rounds participants; and qualitative interviews with key members of staff in both trusts.

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7 Lown B and Manning C (2010). 'The Schwartz Center Rounds: Evaluation of an interdisciplinary approach to enhancing patient-centered communication, teamwork and provider support'. *Academic Medicine*, 85(6)

8 Sanghavi DM (2006). 'What makes for a compassionate patient-caregiver relationship?'. *Joint Commission Journal on Quality and Patient Safety*, 32(5)

## Evaluation results

### 1) 'On-the-day' feedback

In the pilot period each site held 10 Rounds with a total of 301 attendees at Cheltenham and 949 at the Royal Free. Cheltenham had an average of 30 people at each Round and the Royal Free had an average of 95 people at each Round. Session evaluation completion rate at Cheltenham was 74 per cent and 69 per cent at Royal Free.

An analysis of the completed evaluation sheets and attendance sheets at both sites was carried out (see Appendix 1 for the evaluation sheet).

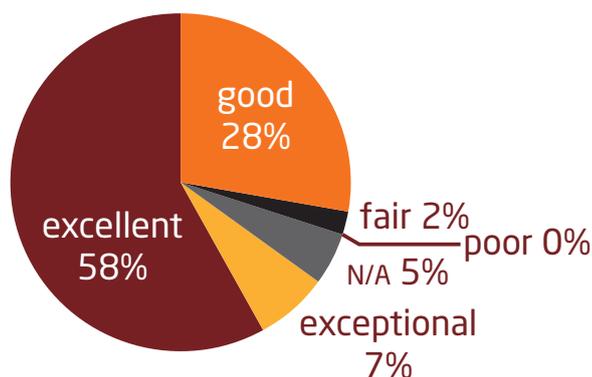
Respondents were asked to say whether they agreed or disagreed with each survey statement. Overall, the majority of respondents agreed (somewhat or completely) that they planned to attend again. They agreed that both the facilitator and the discussion were helpful and that the presentation was a useful overview of the case. The majority agreed that the Round would help them work better with colleagues, that they gained knowledge to help them care for patients and that the case was relevant to clinical work.

Participants were asked to rate the Round overall: they were overwhelmingly positive:

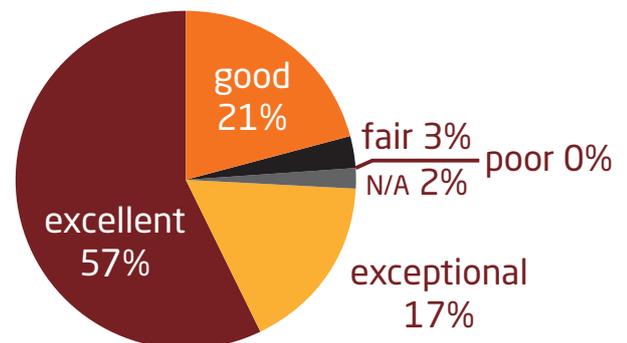
Respondents were asked to include comments in their feedback<sup>1</sup>, and these showed appreciation of the purpose of the Rounds in terms of:

- supporting staff to improve patient care
- improving organisational culture
- reducing isolation
- the value of a multidisciplinary approach to problem solving, especially one involving senior staff.

**Schwartz Center Rounds Ratings:  
Cheltenham Hospital**



**Schwartz Center Rounds Ratings:  
Royal Free Hospital**



<sup>1</sup> See appendix 2 for some examples

## 2) Pre- and post-pilot surveys

When the Rounds began, surveys were administered by hand or participants were invited to complete the survey online. Once the pilot phase of the Rounds was completed (after one year/10 Rounds) respondents who had provided their email address when they completed the first survey were emailed and invited to complete a post-pilot survey online.<sup>1</sup> The same questionnaires that were used in the United States (Lown 2010), were used, slightly adapted, for the UK.

The purpose was to investigate whether the Rounds participants reported a similar effect on their relationships with patients and colleagues to that reported in the United States. However, while UK and US participants in the prospective part of the study were surveyed after attending a similar number of Rounds, in the retrospective part of the study US participants were surveyed after the hospital had been holding Rounds for three years or more (compared to the one-year pilot in the UK).

At both the outset and close of the pilot, respondents were given a number of statements about their interactions with patients and asked to rate how strongly they agreed or disagreed with each.<sup>2</sup>

Comparing pre- and post-pilot responses, participants' agreement with statements regarding the following areas increased:

- staff confidence in handling sensitive issues
- their beliefs in the importance of empathy
- their actual empathy with patients as people
- their confidence in handling non-clinical aspects of care
- their openness to expressing thoughts, questions and feelings about patient care with colleagues.

Participants also reported they felt less nervous or stressed about working with patients and less isolated in their work.

## 3) Qualitative research

The King's Fund Point of Care programme commissioned independent qualitative research to explore the nature and impact of the Rounds within each hospital. Interviews were held with key staff involved with the establishment and running of the Schwartz Center Rounds® at the Royal Free Hampstead NHS Trust and the Gloucestershire Hospitals NHS Foundation Trust (referred to in this report as The Royal Free and Gloucestershire Hospitals trusts, respectively).

Interviews were carried out twice - in the autumn of 2009 when the Rounds were first getting off the ground (there were 18 interviewees, 9 from each trust) and then again in late autumn 2010 when at least ten Rounds had been held at each trust (there were 23 interviewees, 14 from the Royal Free Hampstead NHS Foundation Trust and 9 from the Gloucestershire Hospitals NHS Foundation Trust.)

Many of the issues about the importance of Rounds for the organisation that were raised by interviewees in the second phase of the evaluation echo issues raised in the first phase. The issues raised by those interviews are described by the following themes:

<sup>1</sup> There were 199 respondents to pre-pilot survey, 69 respondents to post-pilot survey

<sup>2</sup> Respondents were also given the chance to write free text comments post-pilot - see Appendix 2 for some examples

### *Personal benefit of attending the rounds*

Interviewees felt that the Rounds had benefit for individuals in terms of:

- Encouraging compassion
- Increasing empathy and understanding
- Hearing and validating the concerns of staff

Interviewees at both trusts valued the opportunity the Rounds provided to hear and validate the concerns of staff and the stresses they encountered in their working lives:

*People are taking the concerns of staff seriously - opening ourselves to hear what people are struggling with.*

*Everyone else has benefited from doctors talking about the emotional impact on them. It is not part of the culture of medicine to talk about the emotional content, and these are senior consultants talking too. It is important for staff to hear it. Having the Rounds made it happen.*

The fact that the Rounds were predicated on there not being a right or wrong answer was seen as helpful in validating staff feelings.

- Acknowledging feelings and reducing stress:

*I really appreciated the language. You hear words used you don't normally hear such as anger, guilt, shame and frustration. They are obviously there but there is no outlet for them.*

*There is also good evidence that if staff are very stressed and can't process things, that affects them cognitively and they make mistakes. With the increasing workload, that also makes it a patient safety issue.*

### *Benefit for team working*

Interviewees talked about the Rounds strengthening team working

- Encouraging networking
- Strengthening multi-disciplinary working

Interviewees felt that the staff from different professional backgrounds understood each other better after listening to each other at Rounds - for example:

*Anecdotally, nursing staff, physios, all staff really, say they have a greater sympathy for doctors, who seem less cold and hard. And doctors have greater respect for the rest of the team as you appreciate what they do and what they are having to take home with them.*

- Working with colleagues

*The bravery and honesty of staff is a big thing for me. It is a privilege to see the other care workers in this building.*

*It restores faith that you are working with colleagues who can share. There is a lot of angst and low morale in the health service, but this shows there is heart here and we want to do the best for patients. It is quite uplifting.*

### *Benefit for hospital culture*

Interviewees felt that the Rounds were making a positive contribution to hospital culture, and supporting their trust's strategic vision in a number of ways:

- A less hierarchical environment

*Knowing that whatever grade you are you can contribute. All share the same values. I can always contribute if I want. There is always hierarchy in a hospital but in a room like that you are all carers in a caring environment. Your opinion is listened to.*

- A culture of openness

Interviewees valued the openness and honesty of panellists and participants, and felt the rounds were contributing to a 'no-blame' culture:

*...in the context of mid-Staffs, staff are expressing things and the Rounds are a sign that it is safe to speak. It is all very well to say we have an open culture, but this demonstrates that value.*

Schwartz Center Rounds® could underpin and support an organisation's strategic vision and could do so in a way that was not about meeting targets. The Rounds could support the organisation in its quest for improving the experience of both staff and patients by offering support rather than by punishments or rewards:

- Underpinning the strategic vision

*Over-use of targets results in people feeling beaten rather than inspired... a benefit of Schwartz is that it is not linked to targets. It counter balances some of the targets stuff and humanises the mix.*

*Schwartz Rounds were new to me, but from what I understand about the philosophy, it is reconnecting people with what we are here to do. It is a reminder of how bloody tough it is.*

More specifically Rounds were seen as part of the staff wellbeing strategy, and for improving patients' experience:

- Links to the patient and staff experience agenda

*The Rounds are consciously linked to work on culture change and ...also linked to how we look after our staff, who then give better care; there is good evidence for this.*

*Happy staff create happy patients. We haven't done well with our staff or patient survey, so Schwartz is part of creating happy staff.*

The Rounds were seen as instrumental in building and supporting shared values on which the strategic vision was based. This was most important in relation to building a caring organisation, and one in which it was permissible to speak openly:

- Symbolic value of the rounds as a sign that management cares about staff well-being

*It generates pride in our identity. The hospital has lost its way in its identity. This is about grounding us in what it is about. The care has gone out of medicine and it is time to bring us back to there. We need to re-emphasise that we are here to care for patients so we need to look after staff.*

*It shows we are trying something. And learning from others. And it shows we are trying to improve the experience of patients and staff and that those things are related.*

*There is little going on at an organisational level that is more important. And I expect there to be a cumulative benefit.*

Corporate support was also at a high level and was thought to be very important for the continuing success of the Rounds.

*There has been considerable support at board level. Non-execs are committed to one or two of them attending each round. They want to understand the inhibitors to staff doing what they should.*

*It does help that the Chief Executive and Chair are fully behind it, and it helps if you show a physical presence.*

## Conclusions from all three evaluations

Although there are some limitations for the evaluation (in particular the small numbers involved in the pre- and post- pilot survey) it is clear that:

- The Rounds have transferred successfully from the United States to the United Kingdom.
- Similarities between the two pilot trusts and with the United States are more marked than any differences.
- They reveal a need and are valued by participants from many backgrounds.
- Individual participants report benefits for themselves.
- Participants report benefits for their day-to-day care of patients.
- Rounds are experienced as a source of support in day-to-day patient care.
- Participants report that team work is strengthened.
- There have been small but significant changes in hospital culture.
- There is strong support from boards and clinical leaders and this is seen as essential for the success of the Rounds.
- There is a commitment to sustain the Rounds long term.

This evidence provides a strong case for The Point of Care programme to support the spread of Schwartz Center Rounds® in other hospitals in England.

## Appendix 1

### Sample evaluation form completed by participants at each Round

#### Schwartz Center Rounds ®

#### Evaluation Form

Royal Free Hospital

12th October 2010

#### Resilience

Thank you for attending the Schwartz Centre Rounds today. The goal of the Schwartz Centre Rounds is to provide a multidisciplinary forum where staff discuss issues they face in providing compassionate care to patients. Please take a minute to answer these questions. The Steering Group will use your responses and comments to develop future Schwartz Centre Rounds. Please respond to the following statements by checking the box that most reflects your opinion of today's Schwartz Centre Round.

	Disagree completely	Disagree somewhat	Neither agree or disagree	Agree somewhat	Agree completely	
The case discussed today was relevant to my daily clinical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I gained knowledge that will help me in caring for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Today's round will help me work better with my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The overview and presentation of the case today was helpful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The facilitator helped the discussion today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have gained insight into how others think / feel in caring for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I plan to attend Schwartz Centre Rounds again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please rate today's Schwartz Centre Round	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	Exceptional <input type="checkbox"/>	
Please tick your professional affiliation	Dietitian <input type="checkbox"/>	A&C/Manager <input type="checkbox"/>	Chaplain <input type="checkbox"/>	Doctor <input type="checkbox"/>	HCA <input type="checkbox"/>	Nurse <input type="checkbox"/>
	Occ. therapist <input type="checkbox"/>	Psychologist <input type="checkbox"/>	Physiotherapist <input type="checkbox"/>	Pharmacist <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Other <input type="checkbox"/>

(Optional) Comments and feedback on today's Schwartz Centre Rounds:

If you would like to participate in Schwartz Centre Rounds by presenting a patient or you have a topic you would like to see discussed in the future, please write your name, how we may contact you, and the issue that the patient presents or the topic you would like discussed below.

Thank you!

## Appendix 2

### Examples of freetext comments from the 'on the day' evaluation sheets:

Many comments showed that the purpose of the Rounds had been appreciated:

- To explore issues rather than problem-solve:  
*It's nice to know there's not always a right answer.*
- To support staff in their care of patients:  
*Extremely helpful for personal practice.*

Occasionally comments reflect the challenging nature of the discussion:

*Not always that comfortable to participate.*

Organisational culture:

*Having meetings for the Hospital rather than a specific team is an entirely wonderful idea.  
At last! A sign of a working organisation.*

Comments show how Rounds help to reduce isolation:

*Good to hear that other areas struggle as we do with these dilemmas.*

The value of role modelling and leadership is clear (the panellists usually include senior staff):

*Excellent having a 'manager' present on the panel who was clearly able to describe situation, her/trust's dilemma and her own humanity. Thank you!*

*Fantastic to see doctors as humans and not just professional!*

*I am impressed by how candid the panel members were - not an easy thing to expose oneself in that arena. Well presented by the panel - brave.*

### Free text comments from the post-Rounds quantitative survey

- Respondents reiterated their enthusiasm for Rounds in free text:
- The best thing in the 40 years I have been here
- I have really enjoyed them as they have helped me realise I am not alone! We all do a difficult job as well as we can.
- Long may they continue.
- I've found them to be hugely interesting, thought-provoking and a great way to hear from other members of staff who we'd otherwise never hear thoughts and opinions from. Thank you.