

# Schwartz Center rounds: a different approach to the medical grand round

In 1995, a successful 40-year-old Boston lawyer, Kenneth B Schwartz, was diagnosed with terminal lung cancer. During his 10-month cancer journey, via the offices of various oncologists, radiology and chemotherapy departments, and on the end of multiple biopsy needles, he wrote eloquently about his experience, and remained resolutely curious about the impact of his self-evident suffering on those caring for him. Twenty years later, his observation that when and where he was treated with compassion ‘the unbearable was made more bearable’ remains the touchstone phrase for his legacy: the Schwartz Center for Compassionate Healthcare, based in the prestigious Massachusetts General Hospital.

## What is a Schwartz Center round?

The Schwartz Center’s trademark rounds, modelled on the traditional medical grand round, are now held in 350 US health-care facilities, and over 100 NHS provider organizations. Their value has been recognized in both the Francis and Keogh reports (Francis, 2013; Keogh, 2013). As the NHS faces significant stress in 2015 it is likely that a profound personal challenge will be felt by individuals across organizations, from the executive board to the front-line ward. Schwartz himself recognized the risk of this, and the need for some respite, however brief. As he wrote in an article for the *Boston Globe* just weeks before his death:

**‘The high-volume, high-pressure atmosphere [of a hospital] tends to stifle a care-giver’s inherent compassion and humanity. But the briefest pause in the frenetic pace can bring out the best in a care-giver and do much for the terrified patient.’ (Schwartz, 1995)**

Schwartz Center rounds are designed to do just that: a monthly pause in the endless activity of hospitals perpetually striv-

ing to achieve targets and deliver outcomes of mandated standard. The rounds are a protected space for reflection, a community conversation, something different, something essential, and something that seems to be missing from our modern NHS, where peer support is too often only given on the weary walk to the car park, at the end of a tiring, and at best, mildly disillusioning day. As Steve Hilton (2015) says in his new book, *More Human: Designing a World Where People Come First*:

**‘We need to bring the NHS back to a human scale, so the people who work in the NHS can emphasise care.’**

This is the clear intention of Schwartz Center rounds.

## How does a Schwartz Center round work?

Typically a small steering group comprising the clinical lead and a cross-sectional team manages the preparation and implementation of the rounds; they identify topics of interest for discussion. This is typically based around a particular case or patient story. Alternatively the topics can be generic, such as ‘the patient I will never forget’. Once the topic is decided, the facilitators will approach three or four members of staff to ask if they would like to participate in the round as a panel member. They are helped to prepare a short narrative or story to be recounted at the round.

The round then follows a formula: the gathering starts with food, the symbolic gesture of sharing a meal together, then a panel of three to five staff members offers a short pre-prepared talk on a topic, or on the shared experience of a patient or situation. Once they have shared their story, the audience is given the opportunity to reflect, comment and explore any themes that have emerged. Trained facilitators are on hand to guide the conversation, model a respectful attitude, hold a silence and

support the panel, who are often ambushed by their own, unexpected emotions during the hour.

Active listening, mindfulness, staying present to emotions and avoidance of the natural tendency of NHS staff to problem solve are all key to the unfolding of the unique experience that Schwartz Center rounds invariably deliver. Also crucial is the multidisciplinary make-up of the panel and audience.

## What does a Schwartz Center round add?

In the author’s experience, the rounds are levelling; senior managers need to hear the heartbreaks and successes of frontline staff; the hands-on, bare-below-the-elbows staff need to hear of the challenges experienced by the executive, who are still hopefully driven by a desire to provide compassionate care, and may well have roamed corridors in the pitch of night, or held the hand of a grieving relative in a complaint meeting, hearing how the system, for which they are accountable, dismally failed. All are the shared humanity of an NHS hospital, as are the porters, cleaners, secretaries, security staff, therapists, receptionists, caterers, educational centre administrators and chaplains; all are welcomed at a Schwartz Center round and all have wisdom to share. The author’s acute Trust has been running rounds for over 6 months. The feedback has been hugely positive and although the attendees are a self-selected group (no-one should be mandated to attend) a wide cross-section of the Trust has attended these.

As is the need in the NHS today, attempts will be made to measure or quantify the outputs and outcomes of Schwartz Center rounds, especially to justify the modest cost, and the staff-time away from other duties. Defining and assessing metrics will be challenging, although a team of researchers from Kings College and the University of Sheffield are observing the implementa-

tion of Schwartz Center rounds in a longitudinal study and will try to use quantitative and qualitative methodology to assess for tangible value created by the rounds.

### Personal benefits

As a consultant haematologist, with a doctorate in molecular biology, the author is bold enough to suggest that there is something magical about Schwartz Center rounds, something spiritual, something that touches a frontier. That frontier is, as

any reasonably self-aware carer knows, the intersection of the brutal reality of mortality, and compassionate tenderness which can reveal to our humanity a deeper truth.

**‘This frontier is different for each of us – after all, human wisdom is not measured by how far we have managed to push it or penetrate beyond it, but on the contrary, by the respect we show for the unattainable, the mysterious, or simply the different. This has nothing to do**

**with the kind of education one has had, but rather depends on how much thought, feeling and perhaps suffering has gone into one’s perception of one’s own place in life.’** (Vaculik, 1987) **BJHM**

### Jane Stevens

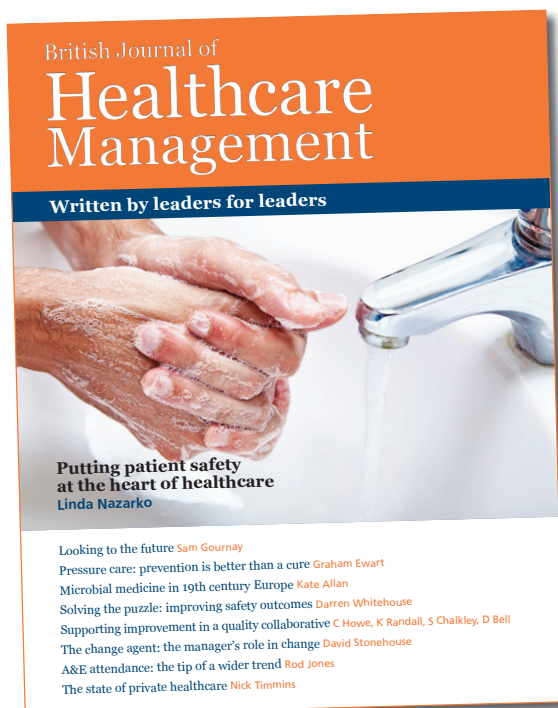
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### KEY POINTS

- Schwartz Center rounds are the legacy of a Boston lawyer who, before he died of lung cancer, established the Schwartz Center for Compassionate Healthcare.
- They occur in over 350 health-care facilities in the USA, and more than 100 NHS trusts.
- Although modelled on the medical grand round, they are more inclusive for the whole hospital community. Porters, administrative staff, laboratory and technical staff are all invited to participate, along with clinicians, nurses and managerial and executive staff.
- Unlike a medical grand round they are not primarily educational or problem solving, rather space for reflection and community conversation.

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 Keogh B (2013) *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report*. NHS, London  
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