



QI Boxset: Schwartz Rounds in practice.

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RCVS Knowledge:

Welcome to the Quality Improvement Boxset by RCVS Knowledge, a series of webinars, podcasts, and video interviews for practices and practitioners.

Pam Mosedale:

Hi everyone. Today I'm going to talk to Amy Martin. Amy is an RVN and also Practice Director at Holly House Vets in Leeds, and she's also a facilitator for the Point of Care Foundation. Hi Amy.

Amy Martin:

Hi Pam. It's nice to see you.

Pam Mosedale:

Yeah, very nice to talk to you as well. So I wanted to talk to you about Schwartz Rounds, Amy, because I've heard about them at various times that it's a way of discussing things, but I don't really know a lot about them and I think you do. So could you tell us what Schwartz Rounds are, please?

Amy Martin:

Of course. Thank you for inviting me to do so. Schwartz Rounds are multidisciplinary reflective meetings, so everyone in the practice is invited to attend but they're not mandatory. The aim of the meeting is not to problem solve or think about what we could have done differently, but simply to sit with the emotions and reflect on what our work means to us. We think about the emotional and social impact of the work that we do, rather than how we, you know, could have made that case better or the clinical case. They were first started in the USA by Kenneth Schwartz, who was a medical attorney who had terminal lung cancer. And what he realised was that the moments of compassion that he was shown by healthcare staff were the thing that mattered the most to his care. But he realised that in order to deliver compassionate care, the staff needed care and compassion as well. And so these meetings were set up to kind of make sure that staff were cared for in order to deliver compassionate care to patients.

Pam Mosedale:

Gosh, that's really interesting and really something that's really needed, isn't it, especially at the moment with everything that's going on in the profession. So how did you get involved in Schwartz Rounds?

Amy Martin:

So, it was quite some time ago actually, back in 2017, it was my Clinical Director that said, 'Oh, have you heard of Schwartz Rounds?' and she'd heard about them from a medical colleague, and I hadn't. And so I did a little bit of investigation and contacted the Point of Care Foundation and at that point, they hadn't trained any vets, they were just mainly in healthcare. But they said, 'Well, let's have a go, come on board, we'll train you as a facilitator and see if it works for vets'. So yeah, we got started and we started delivering monthly meetings to our staff and it took a little bit of time for us to really get into it, but now we've been running them for a good while and managed to do so through Covid as well, which I think was really supportive for people. And now I would say they're even more popular post-Covid than they were before <laugh>.

Pam Mosedale:

It's important, isn't it? The person who's running them is trained. You said you were trained by Point of Care Foundation?

Amy Martin:

Yeah, so because we are talking about the emotional and social impact of the work that we do, it's obviously important that we are able to facilitate the meeting tightly. We have a couple of panelists who need to be properly prepared because sometimes the stories are very emotive and people get upset during Rounds and we need to be able to take care of people during that process and also signpost them and look after them afterward if it's caused anyone distress.

Pam Mosedale:

What sort of things do you actually discuss in your meetings?

Amy Martin:

So it's interesting really because you were, we, we have a title for the Rounds usually, but they go off in all sorts of directions, Pam, and you just as a facilitator, you just have to be quite skilled at going with that and going where the energy is and where people... What people want to talk about. O sometimes we'll have a case-based Round where we'll have maybe a receptionist, a vet and a nurse all talking about a particular case that really meant something to them. R we would have a title such as a 'Patient I'll Never Forget' or 'Working At Night' or a 'Colleague I'll Never Forget'. And usually, we have two or three panelists who bring a story about their working lives and kick off the discussion. So as I said before, the facilitator's responsible for preparing those panel stories. Nd then we use that story as a springboard for a wider reflective discussion. So it's not about kind of questioning the panelists and like I say, saying, 'Oh, well you could have done that differently'. It's about saying, 'Oh, that resonates with me, and I had a story similar to that and I'd like to share my experience of a euthanasia or a difficult case or a case that got better unexpectedly'. O it's really interesting and you just, like I say, go where the energy goes.

Pam Mosedale:

I bet sometimes it could be tricky to stop people going especially vets going, 'Oh, why didn't you do that?' Or 'you could have treated that differently'. Are they very clear that, that they're not getting into clinical?

Amy Martin:

Yes. So it's very... It's countercultural so it's, it's strange to start off with and people do start to stray into problem-solving territory and thinking about what we could have done differently. But as a

facilitator, that's the skill of moving the discussion on. 'So How did you feel about that?' <laugh> rather than what you would've done

Pam Mosedale:

<Laugh>? Yeah, no, absolutely. And how long do they take, how long do these discussions go on generally?

Amy Martin:

So we have an hour and it's really important that we start on time and finish on time because I think in the busy veterinary life, if you drag it on, people don't attend because they think, 'Oh, I'm going to be in there for ages'. So, you know, we make sure that we stick to time and we always provide food.

Pam Mosedale:

So do you tend to do these at lunchtime or after work or in the morning? I mean obviously, it'll vary for practices, but I just wondered what you do.

Amy Martin:

Yeah, so we... Our best time is sort of mid-afternoon when things have calmed down, but we try and move it around. So occasionally we've had a breakfast Round or a lunchtime Round, but we try not to do it over people's breaks because it's not instead of a break and so we, you know, we vary the times because we've got a lot of part-time staff and we want to kind of maximise attendance and it's difficult for people to attend if they're not on shift.

Pam Mosedale:

No, that's a good point, isn't it? And I suppose people will need a little bit of time, as you say afterward if it's been very emotional before they go straight into the next lot of consulting or whatever. So how would a practice who is interested in this, what would their next move be if they're interested, as we said, they've got to do it properly and professionally, so, what would they do?

Amy Martin:

So I think, I think it's important to gather a little team of supporters, it's a very hard thing to do on your own. And then as soon as you can contact the Point of Care Foundation for their support. So normally they would provide you with a mentor that can help you set the Rounds up and you can go and do an observation of a Round, at another site so that you can see what happens and then they support you through the process, train the facilitators, and then support the facilitators afterward. I think that's the thing that I've really benefited from, is the support from the Point of Care Foundation because actually, it's quite difficult holding all that emotional energy and difficult for the facilitators and you need to make sure as a facilitator that you are supported as well.

Pam Mosedale:

Yeah, I can imagine that, that would be difficult. So we'll put a link with this up to the website for the Point of Care Foundation, but so what kind of, I mean, have your team found it useful when you talk to your team about it? Do they have they found the Rounds useful?

Amy Martin:

Yeah, so they, they have found them useful. I'm not sure if anyone can articulate why <laugh>. It's very... So we, you know, we have an hour of reflective practice essentially. Maybe some people just come for the food, but that's okay. <Laugh> Because, you know, when else would we get an hour

where we just are able to sit and reflect? It's been really good from the point of view of the fact that we invite receptionists, administrative staff, vets, and nurses, and one of my favourite things to hear is when people say, 'I didn't know it was like that for you'. So, we get this much better kind of cross-discipline working because we are more thoughtful as we go out into the practice about how it might feel for a receptionist to book in a euthanasia, how it might feel for the vet. And so we kind of, you know, we are more understanding of one another and we we're able to kind of deliver better care, I think because we're a more cohesive team.

Pam Mosedale:

That's, that's...yeah, I think understanding what other people do in their job role is so important, isn't it? I mean, with Quality Improvement, I was saying it's a whole team activity, it's not just for any particular... And you don't get the whole holistic picture, do you, unless you involve the whole team in any of these things. Even when you are discussing more clinical things, you still need the whole team then, I think. So yeah. I presume it probably has quite a good impact on practice culture, the fact that you all discuss things together like that.

Amy Martin:

Yeah, because I think, like I said, I think we just think about one another more. So you know, we'll have people say, 'Oh, this situation was particularly stressful for me' and then other people will say, 'Oh gosh, if I'd known that I would've come to help, why didn't you ask me for help? I could have, you know, I could have been available for that'. But now maybe we would ask someone if they needed help rather than, you know waiting for them to ask. I think we definitely work better with each other because of that understanding. I think we talk about things like complaints at times as well and how that makes us feel, but then we do talk about how maybe the clients are feeling during that situation as well and it gives us a better understanding of, you know, the client's point of view. So yeah, I just, I just think it's not what happens in Schwartz Rounds, it's the ripple effect of going out into the practice afterward and treating one another differently. And I think one of the most exciting things that we see is when we get senior panel members, so senior vets or senior nurses talking about a difficult situation or a mistake that they've made, you can see the rest of the team take like a collective sigh. 'It's Okay, they're not perfect either. I don't have to be perfect, they've made mistakes and if I make a mistake, it will be okay.'

Pam Mosedale:

I think that is such a big message from all Quality Improvement activities that it's about you know, some of the stuff we do is about improving systems to try and reduce the likelihood of those mistakes happening again. Whereas what you are doing is talking about the emotions around the things, but it's all the same thing, isn't it? That we're all human basically.

Amy Martin:

Yeah. And I think talking about things like just culture, you know, people are more able to say if they've made a mistake, if they've heard someone else say that they also made a mistake in their career or, and that maybe, you know, they still make mistakes at times.

Pam Mosedale:

Oh gosh, yeah. Don't we all.

Amy Martin:

So it's easier for people to be honest about their feelings. It normalises those emotions by talking about them.

Pam Mosedale:

So is there any reason why practices wouldn't do this, do you think?

Amy Martin:

No, because I think there's...I think there's lots of reasons for, and very few against. It's hard work, Pam. It's not something that you should take on lightly. You know, I've been doing it for a really long time and every single month I think, 'gosh, I've got to start now preparing for the next one and I've got to find panelists' and but I can't stop now because the staff like it so much that I can't stop doing it. But it is hard work and you do need to get your senior team bought in because there's no point saying, 'Oh, come to a reflective meeting', but then none of the bosses do. And so then we, you know, the other staff are looking around thinking, 'Well, will I get in trouble if I go to this Schwartz Round if the bosses aren't going?' So you have to make sure that everybody's bought into it as a team and you need to kind of have a little team of people around you that are helping you. But now everyone believes in it and everyone helps, everyone helps to get panelists and somebody goes out to buy the food and it, you know, it's a real sort of team effort and we, we look forward to it. I think it would be difficult if you never get a lunch break and the vet meeting is always cancelled to find time for Schwartz Rounds, but actually, if you do nothing else but Schwartz Rounds, maybe if you see the impact of Schwartz Rounds, those other things will come. So I wouldn't like to say either way <laugh>.

Pam Mosedale:

No, no, that's it. It is finding time, but there's little bits of, as you say, short bits of time that can have such a powerful impact, can't they? I mean it sounds amazing, but as you say, it sounds like hard work. Do you ever do them online? Or are they always face-to-face?

Amy Martin:

They are always face-to-face. We did take them online during Covid because we were supported by the Point of Care Foundation to do a forum called Team Time. So with Schwartz Rounds usually we are talking about stories from the past. So, you know, sometimes people bring a story that's 20 years old to Schwartz Rounds and they still remember it because it was that emotive. But during Covid, we sort of recognised that people wanted to talk about the here and now. So we did talk more about the Covid impact and how it was for us. I think because we'd spent sort of three years already doing Schwartz Rounds, it was very easy for us to move it online because we understood what the process was and how to behave with each other in a Schwartz Round.

I think it'd be difficult just to start them off online. But I do know places that have done and also places that have only ever done digital Schwartz Rounds and also places that are doing hybrids. So that you'd have an in-person Schwartz Round and then you'd have a facilitator helping the online people to come into the room. I prefer the face-to-face ones, I have to be honest but if digital's all you've got, I think it's better than not having them at all. So yeah, I think everything's possible. <Laugh>.

Pam Mosedale:

<Laugh>, but you don't get any cake with the digital ones.

Amy Martin:

<Laugh>, you can bring your own cake <laugh>.

Pam Mosedale:

But, and yours is a big practice, isn't it, with quite a few branches. So do you have separate ones like for the branches or do you just involve everybody in the main one?

Amy Martin:

No, I think the logistics is probably one of the most difficult things to do actually. So, what we do is we close one of the practices and the biggest room we've got is the waiting room. So we run the rounds in the waiting room. Because we are in emergency practice, we always have to leave a skeleton staff at the other practice. There are some people that don't want to come and as I say, the time's blocked off for them, but it's not mandatory. So sometimes they will stay behind and look after the ECC work but if everyone wants to come, we sort of pick a, you know, pick a rotor and we always have to leave somebody answering the phone for that reason. But we try and make it as fair as we can to rotate people in. And then we have people that just come from the other branches, they close their branches down and they come over so we're all in one place. But yes, I would say logistics is one of the major challenges of holding Schwartz Rounds.

Pam Mosedale:

Well, that's great that everything stops for everybody, except for your emergency crew even if they don't want to come and there's no pressure on anybody to come, who doesn't want to.

Amy Martin:

No one thing I did do was I sent out a message to say 'If you don't want to come, it's okay, but please use the hour for personal reflection and time by yourself. Ideally, we would prefer it if you didn't work during that hour'.

Pam Mosedale:

Oh, that's nice. So nobody feels that they're coming to work while other people discuss things, apart from obviously the emergency cover, which they'd always have to provide. So what would be your sort of rallying cry then to encourage some of our listeners to think about getting involved in this?

Amy Martin:

Maybe don't think about the challenges, just get on with it <laugh>, because I think once you do it, you see the huge, huge benefits of doing it that it almost doesn't matter how much work it is to put it on <laugh>.

Pam Mosedale:

And that's so true. It's so true of Quality Improvement too. Just...I mean, like Clinical Audit, one of my things, you know, just do something small and just do it rather than worrying about some massive project. So it's the same thing, isn't it, just taking the time to do these things?

Amy Martin:

Yes. I mean, we hold them once a month and we've gone for the regularity so that people know what to expect, but you don't have to, some people do them four times a year, you know, it doesn't matter how often you do them. Just do something <laugh>.

Pam Mosedale:

No. That was amazing Amy. Thank you. And I'm sure that we all now know a lot more about Schwartz Rounds and I'm sure I shall talk to you again about this in the future. But thank you so much for your time today.

Amy Martin:

Thank you for having me, Pam. I appreciate it.

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