

Editorial



If there is a common theme this time (and it is rarely planned by the editorial team), the theme is a need to understand the experiences and beliefs of patients. This time we publish the second of a pair of articles on the subject of debriefing after Caesarean section. Our author discovered that new mothers and staff attended debriefing with different priorities – staff wanted to advise on future pregnancies, but such advice was the last thing on mothers' minds. Patients' perceptions of health and illness makes for a substantial article on temporomandibular disorders: the biopsychosocial model of illness describing a disease in terms that reflect the patient's understanding, beliefs and concerns. It is good to draw on the opinions of local experts Alison Sambrook and Tim Norton to understand the significance of these articles in their local context. David Telford and Monika Pasztor provide background to a third article on an obscure infectious condition. The three articles are, as often the case these days, the original creations of our local medical students. I am grateful to my consultant and academic colleagues for their editorial support. While the purpose of audit, feedback and reflection is usually

described as being important for promoting a culture of safety, there is a growing realisation that it serves a bigger role. The well-being of the organisation and the staff who constitute it are also dependent on such a process. Associate Medical Director Sue Harding has a local vision for a 'Schwartz Round', (see below), a well-established idea that is changing hospital culture. The idea of a meeting in which food is served as part of the expected routine is refreshing. It reminds the editor of days past when it was normal for staff to eat together and in so doing to be able to share thoughts quietly and in confidence: is there an intention to resuscitate an area of the dining room for this purpose?

On the subject of reflection, Bryan Rhodes's poster display on Lancaster's doctors of World War One (in the reception area of the Education Centre at Royal Lancaster Infirmary) and the Richard Owen lecture on battlefield medicine are sober reminders of the significance of the year 2014.

We welcome Ed Fearnley, a fifth-year medical student, to the editorial team as the student editor.

Andrew Severn, Editor

Schwartz Rounds

The hospital Grand Round Programme is a well-established part of University Hospitals of Morecambe Bay culture and occupies an important time in the middle of the week at both our main hospital sites. The focus is biomedical and the structure is designed to showcase work in progress or professional expertise.

Sue Harding, Associate Medical Director, has plans for a different type of Grand Round. Known as Schwartz Rounds, these rounds are designed to explore the human and psychological aspects of the experience of delivering care and the demands that staff face from day to day. It is recognised that when staff are unable to share the emotional or psychological aspects of their work or they feel unsupported by their colleagues and managers, then stress and anxiety builds up and this can impede their ability to deliver compassionate care. Evidence suggests that when staff feel positive about the care they are offering and feel that they are supported in providing that care, this has benefits for them, their patients and the organisation as a whole. Evaluation of UK pilot sites has shown that the staff who have participated in Schwartz Rounds greatly value the opportunity to do so.

Schwartz Rounds were introduced in the USA in memory of the patient whose experience of care provided a legacy to provide them, and are now a feature of life in some 200 institutions. The standard format (and there is a licensing requirement to follow the format) is that they last an hour and attendees are provided lunch. They are led by a senior doctor, with other health professionals, and there is a requirement for formal administrative support, as evidenced by the Chief

Executive signing up to the idea. The identity of patients is not disclosed and the Round may indeed not even be a specific hospital case: the topic may be chosen to illustrate a principle of care that has meant something to the presenters. Typically, however, a single topical case is presented by a number of people, each presenting for about three or four minutes before the issues are opened to wider discussion for up to 45 minutes. Experience in UK hospitals that have tried the Schwarz Round has been that up to 100 people may attend and contribute: healthcare professionals, managers, scientists, porters and cleaners all need the opportunity to reflect on working in a hospital environment and how a patient's experience of care has influenced them.

Today's health professional is increasingly required to reflect on practice in order to improve clinical performance and reduce the risk of error. The Schwartz method may be offering more: reflection as an activity undertaken with others may actually improve team well-being.

Schwartz Rounds may arrive around the Bay as early as Spring 2015. Watch out for them.

Further reading

Cornwell J. See the person in the health professional: how looking after staff benefits patients. *Nursing Times* 2009; 8 December. Available at: www.nursingtimes.net

Schwartz KB. A patient's story. *The Boston Globe Magazine* 1995; 16 July. Available at: www.theschwartzcenter.org