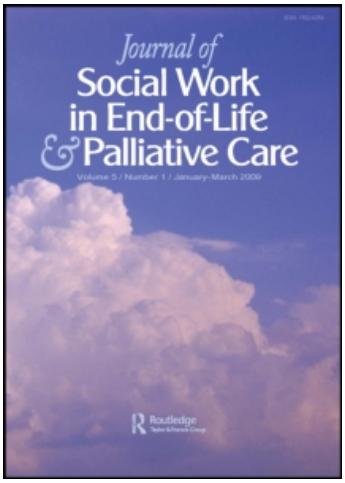

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In These Rounds, Health-Care Professionals Heal Themselves

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INVITED ARTICLES

In These Rounds, Health-Care Professionals Heal Themselves

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In 1995, Kenneth B. Schwartz founded the Kenneth B. Schwartz Center Foundation whose mission is to promote compassion in health care. One of the Center's most popular initiatives is the Schwartz Center Rounds, a multidisciplinary forum where medical professionals come together to discuss and process the difficult emotional issues that can arise in patient care. This article briefly describes implementation of Schwartz Center Rounds at a VA hospital, summarizes findings from a study that examines Rounds' outcomes, discusses their utility in providing support for palliative care professionals, and provides lessons learned for others who may want to consider Rounds' implementation.

KEYWORDS communication, Schwartz Rounds

In 1994, Mr. Kenneth B. Schwartz was diagnosed with lung cancer. A successful attorney beloved by his family, Mr. Schwartz died in 1995. In his own words:

> I had spent a considerable part of my career as a health-care lawyer, first in state government and then in the private sector. I came to know a lot about health-care policy and management, government regulations and

The authors would like to thank the Kenneth B. Schwartz Center for making the Schwartz Center Rounds a possibility at our hospital and Marjorie Stanzler from the Schwartz Center for her feedback on this article.

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> contracts. But I knew little about the delivery of care. All that changed on November 7, 1994, when, at age 40 I was diagnosed with advanced lung cancer. In the months that followed, I was subjected to chemotherapy, radiation, surgery, and news of all kinds, most of it bad. It has been a harrowing experience for me and for my family. And yet, the ordeal has been punctuated by moments of exquisite compassion. I have been the recipient of an extraordinary array of human and humane responses to my plight. These acts of kindness—the simple human touch from my caregivers—have made the unbearable bearable. ("A Patient's Story," 1995)

With these experiences as the context, Mr. Schwartz founded the Kenneth B. Schwartz Center prior to his death. The Center's mission is "to support and advance compassionate health care in which caregivers, patients, and their families relate to one another in a way that provides hope to the patient, support to caregivers, and sustenance to the healing process" (The Kenneth B. Schwartz Center, 2008). The Center sponsors a variety of programs to educate, train, and support health-care professionals. One of its most popular programs is the Schwartz Center Rounds. This is a multidisciplinary forum where medical professionals come together to discuss and process the difficult emotional issues that can arise in the context of modern health care.

Given the emotionally charged concerns that are inherent in the delivery of palliative care, the Rounds are an ideal environment for medical professionals from diverse disciplines to share their thoughts and feelings about engaging in such important yet stressful work. Written from the perspective of a social worker (CDM) and hospice/palliative medicine physician (JMP) who are involved in Schwartz Center Rounds' implementation at a Veteran's Affairs Hospital (VA), this article briefly describes the Rounds, summarizes findings from an independent study commissioned by the Schwartz Center that examined Rounds' outcomes, discusses their utility in providing support for palliative care professionals, and provides information and lessons learned for professionals who may want to consider Rounds' implementation at their facilities.

SCHWARTZ CENTER ROUNDS' DESCRIPTION

The purpose of the Schwartz Center Rounds is to "provide a forum and 'level playing field' where caregivers from diverse disciplines discuss difficult emotional and social issues that arise in caring for patients and to explore the human/emotional side of clinical medicine—but with the focus on the patient-caregiver relationship rather than the patient" (The Kenneth B. Schwartz Center, 2008). At this writing, the Rounds have been implemented in 170 facilities, primarily hospitals, in 30 states. Institutions work with the

Schwartz Center to start the Rounds under the guidance of a physician leader and with buy-in from hospital administration. Sites must identify a facilitator for the Rounds (usually someone from outside the institution) and a planning committee to guide the ongoing implementation of the program. During the first year, the Schwartz Center provides 100% of the direct costs associated with the Rounds (food and facilitator fee) and after the first year, the Center provides 60% of the direct costs. The forum can take place at any time during the workday, but many facilities hold the meeting during the lunch hour and serve light fare.

During the hour-long meeting, the first few minutes are spent welcoming attendees, providing an introduction to the mission of the Schwartz Center and the purpose of the Rounds, and laying ground rules for participation (e.g., confidentiality, non-judgmental attitude, beepers on vibrate, etc.). Subsequently, two-to-four interdisciplinary panelists present a patient case with an identifiable topic for discussion for approximately 15 minutes. The panelists explore the topic through presentation of their reactions to the specific case, a composite situation, or individual examples that exemplify the theme. The remainder of the hour is spent in an interactive-facilitated exchange of experiences, thoughts, and feelings that are elicited by the panel presentation. The goal is not to trouble-shoot or problem-solve the issues or presented case but to reflect on and discuss how the focal theme is present in one's own work with patients, families, and other providers. Readers are referred to a series of articles in *The Oncologist* detailing the content of various Rounds offered at Massachusetts General Hospital over the past decade for examples of topics and dialogue (e.g., Penson, Dignan, Canellos, Picard, & Lynch, 2000; Penson, Schapira, Daniels, Chabner, & Lynch, 2004; Penson et al., 2007).

Facilities work with the Schwartz Center to initiate the Rounds. The first steps include identification of a physician leader, planning committee, and facilitator. The facilitator is generally a social worker and from outside the facility. Before the Rounds officially begin, the planning committee members are asked to travel to a facility that has already established the Rounds to observe the forum. The Schwartz Center provides ongoing consultation and assistance, and Center representatives try to visit the facility's first Rounds to provide feedback and support. The forum is usually held monthly with a minimum of six meetings per year as required by the Schwartz Center. Evaluation data suggest that the Rounds are an effective way to promote compassion and teamwork among health-care professional attendees.

SCHWARTZ CENTER ROUNDS: OUTCOMES AND EVALUATION

The Schwartz Center commissioned the Goodman Research Group—an independent evaluation, research, and consulting firm—to conduct an

evaluation of the Rounds. Three questions were investigated: Does Rounds' attendance increase health-care professional insight into non-clinical aspects of care? Do professional caregivers report increased teamwork after Rounds' attendance? Do professional caregivers report increased support after Rounds' participation? In 2008, a report was issued summarizing the findings of the evaluation that included a retrospective quantitative web-based survey of 256 medical professionals at sites where the Rounds had been held for over 3 years ("experienced sites") and 44 interviews with medical professionals, Rounds' leaders and facilitators, and hospital administrators. In addition, another web-based survey was administered to 222 professional caregivers pre-post Rounds' implementation at 10 hospitals that had just begun holding Rounds ("new sites"; Manning, Acker, Houseman, Pressman, & Goodman, 2008).

Manning et al. (2008) indicated that the Rounds were very well received by health-care professionals. Attendance at Rounds resulted in increased insight of these professional caregivers into psychosocial aspects of patient care, enhanced teamwork, and decreased feelings of isolation in the context of clinical work. Specific examples of findings include:

- 88% at new sites reported greater feelings of adequacy responding to patients' social and emotional issues;
- 86% at experienced sites are more focused on the effects of illness on patients' lives;
- 84% at experienced sites believe they were more compassionate toward patients and their families;
- 93% at experienced sites reported Rounds give them a better appreciation for the roles and contributions of their colleagues; and
- 76% at experienced sites reported that Rounds decreased their feelings of being alone in their work (Manning et al., p. 2).

Unanticipated findings included patient-centered changes in policy or practice at their institutions reported by 51% of health-care professionals at experienced sites. Some of the changes reported were greater use of palliative care teams or enhanced palliative care services. At our VA hospital, the Rounds have helped health-care professionals improve linkages among various hospital services to better meet the needs of veterans with mental health co-morbidities and substance use disorders. The Rounds have also promoted discussion among staff about advanced illness and palliative care issues that are prominent, given the demographic of veterans who receive services at the VA.

ROUNDS' UTILITY IN END-OF-LIFE AND PALLIATIVE CARE

Clear and sensitive communication is paramount in all encounters with patients and their loved ones. This is especially important in the setting

of advanced illness. Providers need to skillfully run family meetings; that is, communicate information in an understandable and thoughtful way, identifying and responding to emotions. During all encounters with patients, especially those facing life-threatening illness, providers must be able to deftly detect and sensitively elicit feelings of suffering. Further skill then lies in knowing how to wisely address the distress.

The end of life, for many patients and families, can be a time of crisis, and most are not prepared to make the difficult medical decisions that accompany advanced illness. Physicians and other providers, concerned about diminishing hope and inflicting psychological harm, may avoid frank discussions with patients and family about diagnosis, prognosis, dying, and death (Morrison, 1998; Steinhauser, et al., 2001; The, Hak, Koëter, & van der Wal, 2000). In addition, the health-care system in which palliative care is practiced can be fragmented and difficult to navigate for the patient and family, adding to the obstacles that promote good communication. Without doubt, the demands, stressors, and time constraints of modern health care truly threaten the delivery of compassionate care.

To further complicate matters, health-care professionals bring their own issues to clinical encounters that can color interactions (Lee, Back, Block, & Stewart, 2002). Their attitudes and perspectives on family relationships, illness, death, and dying can provoke intense psychological reactions to certain patient-care situations. Moreover, many are trained in settings that hold "cures" and "fixing" in high esteem, hence potentially producing conflict or dissonance in providers when this is not possible. Providers need to acknowledge and validate their reactions to such situations, living with the imperfections, and realizing it is acceptable to not know the answer or how to solve every problem.

There are, unfortunately, few outlets for health-care professionals to express and process the emotional content of the above-mentioned challenges. We have found that the Schwartz Center Rounds provide a much-needed opportunity to do just this. For instance, exploring the theme of breaking bad news or of prognostication and hope can catalyze reflection on one's own practices. The comments of others can offer ideas for future such encounters. Frank discussion about identification with patients, boundary regulation, and self-disclosure can shed light on some of our own unrecognized or unexplored emotional reactions to the intense work in which we are engaged. It is indeed the hope of the Schwartz Center that greater awareness of and insight into our own responses and feelings better enable us to make a personal connection with the people for whom we give care. Additionally, hearing colleagues speak openly and honestly about their reactions can help us know we are not alone in our feelings and connect with them. This can have a humanizing effect on an increasingly "technologized" field that can diminish us all.

During the Rounds, the inherent status hierarchy that exists among the ranks of health-care professionals can be temporarily suspended. The insights provided by a Certified Nursing Assistant are attended to and given the same consideration as those contributed by a surgeon. At our Rounds, we have found this to promote empathy for and better understanding of the challenges faced by various types of medical professionals, thereby enhancing the quality of communication among disciplines. In addition, Rounds' participants have an opportunity to learn about various services and programs offered at the hospital which can promote coordinated care. We have found that medical professionals across disciplines respond positively to the Rounds as evidenced by our participant evaluations and observation of the group process during the hour-long forum.

Strong communication skills and the ability to recognize the importance of listening is key for an empathic health-care professional. Such skills have not been commonly taught in traditional training programs for physicians. The Schwartz Center Rounds, in fact, help satisfy the Accreditation Council for Graduate Medical Education (ACGME) core competency requirements on communication for residents and fellows. Sessions can focus on the query of who defines futility or situations when goals of care conflict. Other examples of topics presented at Rounds may include delivering bad news, pain management with addicted patients, and cultural issues in the delivery of care. Reflecting on the emotional aspect of care, including our own reactions, can enhance our ability to deal with a similar situation the next time it comes up. Discussion can also take place in Rounds about how various professionals feel when medical errors occur or when it is time to stop a therapy that is not working for a patient. We can explore our frustrations together, as a multidisciplinary team, when patients or families do not want to follow our advice or share what we do when a patient we care about dies.

For example, one of our Rounds addressed the case of a young veteran who was dying of advanced cancer. The death of this young woman had a great emotional impact on many who cared for her. The panel consisted of the hospice physician, a nurse, and a chaplain who spoke of their feelings regarding the prolonged hospital stay which was the final chapter of this patient's life. The hospice physician struggled with identification issues with the patient; both were mothers with small children. The nurse was challenged in her ability to set boundaries in her interactions with the patient. The patient's mother, approximately the same age as the nurse, was not involved in the patient's care. This nurse took the patient "under her wing," spending significant time with her. The chaplain discussed baptizing the patient's 8-year-old daughter in the hospital's chapel at her mother's request and how this experience greatly impacted him.

During this particular forum, the participants in the audience reflected on other patients they cared for which evoked similar emotional reactions. They talked about the challenges inherent in being able to compartmentalize

their professional role, stay objective, provide the appropriate medical care, and treat the patient compassionately. People spoke of the need to protect themselves personally and professionally so a boundary was not crossed that would make it difficult to rebound from the effects of grief prompted by losing a patient. We talked about how regulating the degree of emotional involvement between oneself and the person for whom we provide care is a fundamental professional task that some people are better able to handle than others. This session of the Rounds gave voice to what emerges for health-care professionals when a patient reminds them of someone—yourself, your child, your sister, your parent. For the responsible and empathic practice of medicine, health-care providers have to engage in the routine process of reflecting, self-monitoring, processing emotion, and coping with its effects; tasks that are quite challenging without support. We have found the Rounds help to provide that support.

LESSONS LEARNED IN ROUNDS' IMPLEMENTATION

Currently, our Rounds have been successfully held for almost 2 years at this VA hospital. Consistently well-attended (attendance ranges from approximately 40–70 participants), the Rounds have covered a variety of topics (see Table 1). This success was the result of much work on the behalf of many individuals at our facility. Institutions interested in implementing the Rounds should understand that doing so is no small feat. All facilities must begin by working with the helpful staff at the Schwartz Center and endeavor to obtain buy-in from their institution's administration. An identified physician leader is required. A strong and well-respected physician can help create excitement about and interest in the Rounds from the staff and expedite the buy-in from administration. Our physician leader has a specialty

TABLE 1 Schwartz Center Rounds' Topics at One Hospital

The Power of Small Gestures
When Goals of Care Conflict
What's a Son to Do? Futility—Who Defines It?
Thanks but no Thanks, Doc: When Patients Don't Want Our Advice
Our Fallibility and Truth-Telling: The Challenges of Our Modern Complex Medical System
When the Patient Feels Our Best Isn't Good Enough
Making Meaning: The Connection Between the Spirit and The Physical
Delivering Emergency/Urgent Care: It Takes a Village
The Gifts We Receive: The Intangible Rewards That Keep Us Going
Laughter: The Best Medicine and Other Ways to Cope
Living with Uncertainty: The Gray Areas of Health Care
Morbid Obesity: The Special Challenges
Reflections of a Daughter on Her Father's Care: An Interview
Operation Enduring Freedom/Operation Iraqi Freedom: Caring for Those Returning Home
Balancing Truth and Hope: Dealing With Unfinished Business

in hospice and palliative medicine and was the force behind bringing the Rounds to the hospital. The facility at which she trained had the Rounds and thus she realized the value that the forum would bring to this facility. A strong physician leader helps to legitimize the importance of the function of the forum; namely, providing a place for the processing of the emotional aspects of clinical work. At our facility, house staff (residents-in-training) are mandated to attend and can witness experienced physicians validating the importance of such dialogue.

In addition, we found that having a well-staffed volunteer planning committee which allows for delegation of the many small tasks necessary (e.g., printing, collecting, and summarizing evaluation forms for the Schwartz Center; staffing the sign-in table during the Rounds; assuring proper room set up; arranging the catered meal; making and distributing the publicity flyer each month; overseeing CMEs and CEUs, etc.) helps ensure that the work associated with implementation gets done with a minimum of burden on any one person. (Some facilities have an administrative assistant do many of these aforementioned tasks.) Our planning committee consists of health-care professionals from across the facility who have an interest in promoting compassion in health care. They volunteered because they understood the potential of the Rounds for our facility. Finally, choosing a facilitator who is familiar with the institution but not an employee provides a positive context for group discussion promoting the perception of neutrality and an "even playing field."

Broadly relying on the planning committee and other hospital staff in developing ideas for Rounds' cases has been instrumental in identifying topics that are relevant and interesting to our constituency. We have attempted to include as many different professionals from various hospital departments as possible on panels and seek to include diverse disciplines on each monthly panel. For example, one of our Rounds addressed the complexities associated with working with patients with advanced illness who are also suffering from mental illness. This panel was composed of a nurse practitioner, social worker, and oncologist. Other Rounds have included surgeons, chaplains, CNAs, registered nurses, psychologists, and even a family member. In upcoming Rounds, we plan to invite representatives from occupational, physical, and speech therapy to discuss the challenges of caring for someone with Amotrophic Lateral Sclerosis (Lou Gehrig's disease). After a few times Rounds were conducted, we developed a set of panelist guidelines (single sheet handout) to assist the speakers in understanding what type of presentation we are expecting and how to prepare. We ask that panelists keep their initial presentations short (about 3–5 minutes) and focus on the emotional as opposed to clinical aspects of the case or theme to allow for as much fruitful discussion as possible.

The facilitator and physician leader meet with the panelists for a "dress rehearsal" a week or so before the actual Rounds so that feedback on the

presentation can be provided and discussion objectives for the session formulated. Formulation of three or four objectives for the session help the facilitator gently guide the discussion in the agreed-upon direction and can help avoid too many tangents. During our first two Rounds, we found that the participants wanted to trouble-shoot or problem-solve the presented case. The subsequently developed set of objectives to help the facilitator keep the discussion on track has decreased this tendency among our Rounds' attendees. In addition, the facilitator reminds participants at the beginning of the forum that problem solving is not the goal but rather the processing of thoughts and feelings about emotionally charged topics.

As with any group, there are elements of group dynamics that should be considered including interaction patterns, cohesion, and group culture (Toseland & Rivas, 2008) in order to maximize the experience for participants. The facilitator and physician leader worked diligently to provide a safe forum in which participants could voice their feelings without fear of being judged or criticized. It was important to lay ground rules that addressed confidentiality, respect, and the open invitation for attendees to speak. Over the course of offering the Rounds, we have observed more cohesion and the development of a group culture that values input from professionals from diverse professional backgrounds. However, this did not happen immediately. During some of our early rounds we found the group as whole reticent to speak, so we arranged to have "plants" in the audience from the planning committee that would model open communication behavior. Even at this point, it takes participants some time to "warm up" in order to feel comfortable sharing. This means that our participants become more active as the hour wears on, so we found it important to start on time to ensure that people who want to contribute during the second half of Rounds have an opportunity to do so. To accommodate this, we have the food available 15 minutes beforehand so we can begin the presentation and discussion on time to allow for a full hour. Each site should be cognizant of and respond to the group dynamics that uniquely present during their Rounds.

CONCLUSION

There is much opportunity for personal and professional growth through the exploration of the emotional content of our chosen professions. The intimacy and intensity specifically of hospice and palliative care work require regular reflection of one's feelings to help sustain the ability to optimally engage in the work. Challenges inevitably arise in patient care. We need to cultivate insight into our own feelings, the feelings of our colleagues, and the people to whom we give care so that we can be better connected and more compassionate. We have found the Schwartz Center Rounds to be an ideal vehicle to promote reflection about clinical practice and the development

of empathy for our fellow professionals, patients, and their families. Indeed, it is in these Rounds that health-care professionals can heal themselves.

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