Supplementary material 11: Realist Evaluation nine CMOs supporting data

Trust, emotional safety and containment: supporting data

Safety checks:

Undertaking safety check before the Rounds was deemed crucial by all facilitators we spoke to.

Timing was important and some stories were deemed 'too soon' or 'too raw' ('too hot'- see *Chapter 3*) to tell by facilitators and so were held for later Rounds.

> *It was quite a traumatic case [pregnant girl diagnosed with cancer] (…) at the time it was just too raw to be done, when I had my meeting with [facilitator] I found it quite upsetting and said 'actually I don't think it's appropriate, a lot of people who come are actually still looking after her and it's not as anonymous as it should be' [patient was a medical professional] (…) I think in a way that worked very well having the interviews before the Schwartz Round because I think if we hadn't had those, although she was a very good case to present in terms of breaking bad news, the timing of it just wouldn't have been correct. (Cedar-26-Panellist).*

Rounds stories often meant staff needed support to reveal their vulnerability and manage their potential shame. These were all explored where possible in panel preparation prior to the Round, for example:

> *The other thing is [panellists say is] 'I'd really like to tell this but I'm quite embarrassed about that and I'm not sure I could tell', so that might be about making a mistake or doing something beyond the boundaries of your role and then they come back to something, so I always check about safety, about whether they feel safe enough to tell it. (Cherry-1-Facilitator).*

> *There's only so much you can control (..) I think you feel this massive sense of responsibility when you're standing there and (..) I think there's something about informed consent (..) I remember ringing [clinical lead] saying 'are you sure we should do this? Do you think [panellist] knows what he's getting into?', people sometimes do have this urge to confess and you think how can we make this safe for [panellist], (…) you're always trying to check in – I'm doing a Round tomorrow and I've got a surgeon on the panel who was in tears with me*

last week. I'm just trying to check in with him, so whatever he does it's informed consent for
him. It's up to him what he does, I've made it as safe as I can, it's up to him, and sometimes
people retreat, and then they've made their choice, some retreat and won't do it at all or
retreat into safer parts of the story. Focus group-1-22.11.16)

Trusting facilitators:

Trained, trustworthy facilitators give confidence to panellists:

> *'cause I suppose I know [name], the facilitator. I've known her for many years. We worked*
> *together very closely, so I completely trusted her judgement, and I've met with [Clinical*
> *lead]. So the fact that I knew these guys; I knew they were trained; I felt I could trust them; I*
> *felt safe in their hands. (Willow-3-Panellist)*

Facilitating Rounds to provide safety and containment:

In order for Rounds to be effective groups they needed to be considered safe, meaning it was
necessary to develop a culture of respect and openness. Facilitators recognised the importance of trust,
making sure people in the Round were dealt with respectfully and in confidence, with no reprimands
or consequences:

> *More and more I'm convinced it's trust and so what I mean by that is people who come in to*
> *those sessions and tell their stories, they trust that what they say is going to be dealt with*
> *respectfully by the facilitators particularly, but the audience more generally and dealt with in*
> *confidence. And there won't be reprimands or there won't be some case to answer or*
> *something. (Ash-13-Clinical Lead).*

Another facilitator spoke of not over-reacting to emotions, an important aspect of containment:

> *I think mostly it's implicit around communicating and being in a way that is respectful, that*
> *you trust that people are grown-ups here, that they can express emotions and they will be*
> *fine. So not over reacting to emotional expression. Being with it and accepting it and you*
> *know sometimes saying look around, you know, people too are feeling that way here in the*
> *room so its universal (…) I think mostly it's how you set it up at the beginning, providing,*
> *setting the ground rules. (Willow-1-Facilitator)*

Rounds confidentiality was a key requirement for safety:

> *When you looking and you've got the director of the whole organisation and the CEO there*
> *and everyone and you think 'oh my God, what have I done?' I hope this is going to be….,*
> *because I want to speak about stretching the boundaries a bit, I'm thinking it had all been*

said to me that this was all in confidence, so I was quite confident that there would be no repercussions from it,… and everything you sign and everyone had to sign when they came in to the round, I suppose there's exoneration in that. (Cherry-64-Panellist).

Safety and trust are cumulative

Safety and trust develop over time, and can influence whether stories are offered:

Participant 1: "I think the cyclical thing that you mentioned is important because one of the after-effects is then people thinking that their stories start at stage 1 again.…because it's a cumulative development of safety and trust isn't it?

Facilitator: And so in a context where perhaps you don't have so much safety and trust as a contextual element, that is not well boundaried and managed.…?

Participant 1

.…You might have trouble sourcing stories maybe.

Participant 2: Yes, exactly.

Participant 1: And you may also get inappropriate stories for reasons which are to do with it not being a counter-cultural space. (Focus group 14.11.16)

Group Interaction supporting data

Giving voice to all staff in an organisation:

Interviewees identified the importance of the multi-disciplinarity of the group, the flattened hierarchy and the opportunity for everyone to have a voice and for a range of professionals to be heard and empowered (see also counter-cultural / third space CMO) and tell and share stories with each other (See also CMO storytelling), which was resource offered by this group intervention, with learning from each other the response:

But the best thing about it, (…) the most exciting thing for me is that it's multidisciplinary (…). I've never facilitated a forum that was multidisciplinary in this way (… and it's) a very exciting opportunity for the staff to reflect but also to grow I think and to learn from each other. (Mulberry-367-Facilitator)

Shared experiences and supporting each other:

Reactions to the resource offered by Rounds being a group interventions included recognition of shared experiences and feelings (reaction) with other responses including the giving and receiving

help, encouragement and inspiration to each other with participants gaining a sense of belonging, acceptance, growing confidence and validation through group membership a response / outcome.

> *We used to get feedback in ours that kind of 'I never really thought how human doctors' or 'I never really appreciated how human doctors were' or 'nice to see the human side of' or 'never really got what it was like for the bed managers'. So those kinds of things I think they increase the connections and that sense of belonging together. (Ash-400-Facilitator)*

> *She didn't think that was a worthy story or that that would have made a difference and there's something about people not being seen or acknowledged in the organisation, so sometimes just seeing the story and acknowledging that and going 'of course it made a difference' and (…) encouraging the story to grow and the person's confidence in it to grow. (Cherry-1-Facilitator)*

Counter-cultural / third space supporting data

Interviewees also spoke of other counter-cultural elements in Rounds such as silence; the flattened hierarchy; talking about emotions versus stoicism, the ability to be less guarded than in other meetings because it feels safe and the encouragement to resist producing outcomes:

Silence

> *I think it's [silence] a whole new concept for most people in the audience and sometimes you can literally see people sort of relax into that, 'oh it's ok then, she's given us permission' you know […] so to be sort of told the silence is ok just go with it may be a wonderful release. (Mulberry-367-Facilitator)*

Flattened hierarchy / levelling

> *I think there's also something about flattening hierarchies, so we've had the most senior manager in our locality on a panel with a receptionist and with, I think, a nurse. And seeing them all side by side and saying very similar things and clearly struggling with similar dilemmas brings everybody down to the same human level, which is helpful. (Taff-138-Clinical lead)*

Stoicism in medicine but emotions affect view of world and important to express emotion in Rounds:

> *And so I, in terms of, you know managing emotion I suspect in my day to day professional life it's more about managing the emotion of others rather than my own emotion, so I'd perhaps start with that. Very regularly in clinical practice we have to deal, in our speciality, with breaking bad news. We diagnose a lot of cancer in our day to day work, sometimes in patients*

who we've never met before and who we will not meet again for example in the setting of endoscopy diagnosis and so on. Breaking bad news to patients I've never met before in the Outpatients Clinic as a result of MDT discussions (…) So there's obviously emotion, overt emotion that one has to deal with in that circumstance coming from patients and relatives. And also one has to deal with one's own emotions inasmuch as you know, one is, it's human and it's not easy to have those conversations. My colleague was reflecting to me, he's dealing with an inpatient at the moment who's twenty nine. He has six children and has metastatic colon cancer. And he's had to deal with that patient this week (...) that is a very difficult thing and I don't think to be honest we get much opportunity to debrief from those things (..) we don't really have a system for debriefing. (..) traditionally physicians have never had that and we've always been encultured to be robust in dealing with what we see (…) I'd like to think that I'm quite hard-nosed and I've seen it all, been there, done that and got the t-shirt, and I've been working in the NHS for coming up for thirty years, as a trainee and as a doctor and you know I've seen a lot of things, I've seen a lot of changes and one might think that that doesn't impact on the face that one shows outside, it is still quite robust, but actually I think it does have an effect on the way that you view the world. And I think the Schwartz Round is probably quite a good innovation to allow colleagues to at least express some, give permission for colleagues to express some of what they feel. (Juniper-11-Panellist)

Building bridges between mistrust between employee and employer

Yeah, millions, I think there's an appreciation, one of the largest things I hear is appreciation from the staff that it's good that the organisation gives us time and space and a bit of food, there's a real need to have these conversations from all sorts of perspectives, but I guess an acknowledgement of how good it is that a space is given where people can talk honestly and openly from the heart and say exactly what they feel and, to a certain extent as well, that the organisation's taking a bit of a risk by giving people that kind of space to do that really because I guess it is a risk for the organisation to a certain extent. I think people kind of value that, I think there's often a gap between employer and employee and a mistrust between ground floor clinicians and senior managers, especially in the NHS and the culture that we're in at the moment as a whole really. I think Schwartz Rounds do go a large way to building some bridges between that kind of mistrust and I think they have a positive effect on the culture in terms of empowering people at lower levels in the organisation. I think they are quite empowering for people who are working in clinical services to have a voice actually. (Horse-chestnut-1-Clinical lead)

Resisting outcomes:

At the end of the day I think you have to invest that time accepting that it's not, there isn't to be an outcome from that, there's supposed to be an outcome from that. People are going to try like a colleague at the back row to draw an outcome from it and that's not the nature of the beast and it's there for us to allow people to express concerns and to share and support and that has to be its primary function. I think to expect it to change the world is not fair. (Juniper-11 –Panellist).

Not forced to act or take a position can just listen:

Because the good thing about the Round, particularly the fact that you can attend and not speak (..) is that you could have a moment of stillness where you just observe complexity but you don't have to do anything with it, because clinicians are working with complexity all the time and are forced to take a position. (Focus group-01)

Rounds counter-cultural so not appropriate to be outcome driven:

At the end of the day I think you have to invest that time accepting that (..) there isn't to be an outcome from that, (…). People are going to try like a colleague at the back row to draw an outcome from it and that's not the nature of the beast and it's there for us to allow people to express concerns and to share and support and that has to be its primary function. I think to expect it to change the world is not fair. (Juniper-11–Panellist).

Self –disclosure supporting data

Disclosure in panel preparation:

Disclosure is an important aspect of storytelling in Rounds which triggers reflection in the audience. It is facilitated by adherence to the Schwartz model – particularly trust, safety and containment Disclosure starts in panel preparation, and continues in the Round itself.

The panel preparation which is very key in terms of disclosure to each other (..) the opportunity to sit down with their colleagues and talk about how difficult it's been for them, was a huge part of it as well and I think there's probably disclosure that happens, even then some of the things that they say then don't come out in the Round. (Focus group-02)

Audience response/acceptance is validating:

Yeah, I've been validated I think, not just sharing in the panel, but also if I share things in the audience I've just thought felt that nobody, it's just been validated as by the acceptance of it being put out there. (Elderberry-10-Panellist-and-frequent attender).

Supportive audience helping panellist reframe experience:

We started talking about how the patient must have felt, how frightened he must have been... and I've never really had that kind of thoughts about what it would have been like for him. ...and [now] that anger has largely gone actually and I felt much more connected to his distress and I was able to get through that anger and, to a certain extent, that hatred for him... hate is a very, very strong word but if you are insulted or hit or assaulted by a patient sometimes hate is an emotion that it can instil within. (Horse-chestnut-1-Clinical lead-speaking-as-panellist).

Being heard is enough – no action needed:

> *It just changes the emotional [experience] for the individual I think because they feel they're being heard, even if nothing's happening off the back of it, you know, in some ways that's counter-intuitive, because quite often we're told you know people have got to see what the action is and I think very often that is true, but sometimes just being heard is enough. (Ash-13-Clinical-lead)*

Storytelling: supporting data

<u>Holding attention and stories that resonate:</u>

Experienced facilitators told us that the part of the skill in helping prepare stories for Rounds was recognizing where the tension is being held and recognizing what will resonate with audiences:

> *Then I think you're coming back to what the purpose of the Round is, conceptualising it, the idea about how you hold attention, you can craft that in a way to pay attention differently. I think when I used to work with panellists a lot and say tell the patient story at the beginning so the tension isn't held in the patient story. Because usually we're waiting – did they die? did they live? – and if you reduce that tension instantly, then the idea is that the tension stays with the storyteller's story. So you're trying to reverse the direction of travel so that the experience of the healthcare professional is important. (…) you do get offered the most compelling patient stories. They're really compelling stories, always, and (…). For me, it's about the importance of the healthcare professional's experience. So I think it's always very helpful to think what are you making the audience wait for? Because that's what that's saying, what are you making them wait for in the story? So it's the tension that makes you (…) keep reading. It's the frustration that makes you keep reading. (Focus group-01-14.11.16)*

> *I think by having Schwartz experience, knowing what I call 'Schwartz gold', it's stuff that I know will really resonate with other people, (..) stuff that I think is really the nub of what makes us tick as healthcare professionals. So sometimes it's just a little anecdote, I'll quickly highlight it and I think that's just exactly what's going to resonate with people in the*

room…. (..) I know what my trigger patient [within a Schwartz story] looks like and I know what resonates for most people in the room from having sat through many Rounds, (..) it's something about having a strong emotion towards a patient, whether you really like them, whether they are one of your favourites, whether you really dislike them, whether they precipitate feelings of guilt, anger, frustration. (Cedar-24-Facilitator).

Stories are vehicles for learning:

We had many examples of staff learning from stories and applying the learning to change their behaviours such as this example, which:

I suppose what's had the biggest impact on the way I provide compassionate care […] what's changed my behaviour the most […] would be the Round where we had the vulnerable adults team presenting. And so they presented a story about a patient, who was medically fit for discharge and therefore perceived by the trust as a bed-blocker, but actually they were very vulnerable and they couldn't be safely discharged. They presented the story in great detail […] what had happened when they'd been discharged inappropriately in the past. And for me that's the situation in which I am most commonly at risk of not providing compassionate care. […] On an evening take, like last night when the trust has no beds, I try to send people home if they're medically fit – it was remembering those stories about the risks of sending home vulnerable adults. So for me that will be the best Round because that's the one that's changed my behaviour to the greatest extent. (Otter-190-Clinical lead)

Stories are the vehicles for reflection:

I think it was very powerful hearing other people's stories. And that for me makes you think about your own practice and how you deliver the care that you deliver. It also makes you think about the bigger picture as well somewhat, so yeah I found it very useful actually attending. (Juniper-27-panellist)

Stories are vehicles for behaviour change:

Changes in practice; recognition of challenging work and long term benefits for staff wellbeing:

Well, I think individual panellists have by and large found, especially clinical staff have found it very, very beneficial. In our first one we had a Staff Nurse who is newly qualified and on her third day she was confronted with one of the most traumatic clinical situations that could be faced by anybody and she never felt that it was recognised what happened within the environment that she worked in and she actually left that environment and [a year later during] the Schwartz Round (..) she got a round of applause at the end of her talk which no

other panellist on any other Schwartz Round has had because of her bravery and it had a massive, massive impact on her, that she's finally a year later managed to get over an incident. (Fal-356-Facilitator)

The importance of panel preparation: Facilitator feedback to shape story

I did meet with the person who was the lead facilitator at the time and she briefed me on what I needed to do and I got it completely wrong being a person of education, I went down the planning route, writing it all down like a script like some people do, but I went in to a very narrative dialogue, so I prepared it. She told me what I needed to prepare, so off I went, prepared it and I came back and met her a couple of days later ad I read out what I felt was a really detailed narrative of what had happened, but she immediately said 'oh do you know what [name of panellist]?' she said 'it feels so dry and academic when you read it out like that' she said, 'but when you talk about it it's so different and it becomes alive'. So that was a big learning for me. So I had to tear up the script, think ok I'll just tell her, just tell the audience as it happened and it felt much more comfortable within me, but also the lead that was going through at the time she could see her connecting with what I was saying. She said 'if you can do it like that on the day' she said 'that's exactly what they want'. I did it from the heart, I thought as an education person oh I'd better do it with objectives and a head stance on it and maybe a bit of reflection and critical analysis, but that's not what a Schwartz Round is. So I went in thinking I'd prepared really well. I even put policy in to it, thinking maybe how does that align with, you know, the policy, the clinical guidelines – and she just looked at me then, knew she was switching off. And she went 'that's so much better when you talk about it than you know... Oh yeah and it felt so liberating and she gave me permission or told me that's the better way to do it". (Elderberry-11-Panellist-frequent-attender-steering-group-member).

Hone in and co-create stories in panel preparation:

It's the difference between crafting a story and crafting a polished performance. You're not trying to get a polished five minutes but you are trying to hone in and I think you co-create it. So you might say 'this is what I think, am I on the right track?' and sometimes they'll say 'yes' and then you deepen that theme and sometimes they say 'no' and you think well that's my story, that's not their story". (Focus group-01-14.11.16)

Role-modelling vulnerability supporting data

Being vulnerable requires courage and bravery and reveals humanity:

Interviewee's spoke of witnessing their peers' role modelling courage and bravery as they share examples of vulnerability and reveal their humanity which connects the audience and panellists as human beings on a level of humanity:

And there was a comment from somebody in the audience really directed to one of my colleagues about, 'Wow, I didn't know consultants felt like that!' And that felt really good – that junior members of staff got to see the humanity of people who are a bit more senior in our respective professions, really. (Willow-03-Panellist)

Senior staff showing their vulnerability and that they are 'human helps all staff feel equal (Rounds are a leveller):

It is better because that was my first opportunity to say something about it publicly, even my team on the ward, I never showed that how upset I was, they knew that I was upset, but that was the first time I was able to say I was upset. They say don't take your work home but it's very difficult for me not to take my job home because you know I'm a parent, I'm a nurse, I see children come in unwell, I compare them what if, and I said it there. …I know that publicly it's like it's OK to show that you are human, it doesn't matter because you're senior. (Cedar-06-Panellist)

It was acknowledged that this takes courage and is a privilege to witness:

> *And I think there's something about the genuineness or the authenticity of real people telling real stories about how they really felt that I guess touches lots of different parts of my personality (..) the power of sharing stories and how brave it is and what a privilege it is to hear somebody talk about being vulnerable and that being seen as a strength and not a weakness (…) when they realise that's OK and (like with clients) that can help them then to recover and build a better, stronger sense of self. (Cherry-01-Facilitator)*

Courage to be vulnerable inspires other to do the same (contagious):

Their courage is contagious so audience members feel able to do the same:

> *[There were] two people who I really respect and admire, who hadn't been with us long, in quite powerful positions. One shared something, a time in their life, in their working life that was really, really distressing for them. And it showed a vulnerability about that person which I just felt really, really drawn to, because I'd been through a similar situation myself. And then somebody else in the audience shared something very similar as well ... and it was just, the vulnerability and the disclosure from two very powerful people now who work with us, who had gone through similar experiences that felt so comfortable to share that and how they recovered and what it meant to them as practitioners and how we treat each other sometimes*

on teams. And that was like a massive thing because I just thought these two people seem so strong and you just never imagine that they'd ever been in a situation where they've not been happy at work maybe. So that I remember completely being struck by that, by the audience participation more than what was said on panel'. (Elderberry-11-Panellist-frequent-attender-steering-group-member)

<u>Enables colleagues to be seen as a person not just a colleague / professional:</u>

This sparks an insight into 'see the person in the professional' (response/ reaction) and creates a level playing field which breaks down barriers between professional groups and hierarchical levels and is a leveller and empowering for others.

And I think it's quite nice, particularly when I started here, to see that the people who are consultants and always in charge actually that things affect them on a human level as well. And sometimes they don't even know what the best thing to do is, and I think that's kind of important for everyone to see really, and listen to (..) I think it made me feel like everyone was more equal, in a way, in terms of dealing with cases that are quite complicated. It's nice to see people who are close to you (that you) assume are always completely in charge, have this human, emotional element to having to deal with things and realising you're not the only one who feels an emotional burden (...) if someone's very high up and they're explaining that it affects them in that way, then it's OK for you to feel like that too (…) senior people talking made me feel like the Trust has a sense of everyone being quite equal, which I liked. (Cedar-27-Panellist)

Senior staff role-modelling vulnerability can empower and support others

Senior staff in particular revealing their vulnerability was felt to reduce feelings of isolation, be empowering and encouraging and supportive to other staff:

A senior person showing vulnerability. It's very empowering to other staff. So if you have a healthcare assistant sitting in the room and they see a consultant chirp up from the audience 'do you know I found myself going off in a corner and weeping a bit when I witnessed that patient die and I never had the courage to tell anybody that I had done that'. That healthcare assistant who'd done the same two days before feels amazingly relieved that it isn't her or him alone who's in that position and there is something about that seniority because I think senior people do develop a sort of shell around them and to see that shell come away is incredibly empowering to more junior members of staff and I'm absolutely convinced by that. So I think that's the reason for them having an effect." (Ash-13-Clinical lead)

> *When you start out, certainly in a big hospital Trust, you do need to have a medic I think as your clinical lead because they have to be somebody who has both kudos as a doctor and is seen to be somebody who's respected for their medical expertise but also somebody who has the ability to share their vulnerability and to express the way the work impacts on them. (Mulberry-367-Facilitator).*

<u>Audience response can induce regret:</u>

Not all our participants were comfortable with being vulnerable and some regretted their disclosure, the key context for this was the response from the audience.

> *Actually nobody responded to my story at all. In fact, no, that's not true. One person just said that they sort of recognised something about what I'd said – it resonated with them. But other than that, nobody spoke about my story and they spoke about the other ones. And I actually found that quite difficult 'cause I couldn't work out why that was and I felt like I'd actually made myself really quite vulnerable there because I'd taken what was actually a very challenging client for me, who I was likely to have to end with without helping her at all, and so I felt like I probably overstretched myself in terms of thinking it would be all right to present her and maybe it wasn't (..) maybe I'd made myself a little bit too vulnerable in that environment, and because I then didn't – people didn't respond to me, I didn't know why that was, and maybe it was too difficult for other people, as well ...I kind of regretted doing it afterwards, and thought about whether I'd been a bit gung-ho about feeling like it was all right and then had been a bit surprised that it wasn't quite as all right as I thought it was. But – I mean, maybe people got something from it that I don't know or something. (Elderberry-2-Facilitator-speaking-as-Panellist)*

Contextualising patients: supporting data

<u>Context facilitates greater insights and changes behaviour:</u>

Staff spoke of Rounds providing greater context for their patients' lives and facilitated greater Insight into people's behaviour:

> *I think it certainly has enabled me to put myself a little bit more in the situation of my patients and think 'actually what are they going through?' It enables you to sort of stop and draw on the experience.... and that's where I think it makes you better because you perhaps get less angry at people's responses to things and realise that actually there is a lot of emotion involved within these situations and that they're not just robots that are dealing with a case and it's never black and white, I think you realise more and more as you listen to these Schwartz Rounds, there's never a true right or wrong. (Cedar-29-Panellist)*

This allowed staff to step back from challenging and distressing incidents and allowed them to 'walk' in their patients' shoes a little more, and hearing the story facilitated empathy:

> *I don't know if that's the only mechanism at play, for example, if it's just about having a broader view or whether it's about reconnecting [to their values (…) obviously they're exposed to patients, they hear stories every day, so it's the way in which they've heard this story that's changed their empathy somehow (…) there's two things happening. One is maybe a sense of closure for those who were involved in the case, but the other thing is the broader view of patients and the empathy is not just the patient you're hearing about? (Focus group-8.)*

Contextualising staff: supporting data

Interviewees spoke movingly of the insights Rounds gave them into colleagues' worlds and behaviours, through honest and open and powerful stories where staff revealed their vulnerability, which resulted in attendees feeling more generous towards colleagues, having greater tolerance and empathy resulting in compassion and greater trust:

Empathy:

> *I think I've got a bigger understanding as to how other people's minds work. I have a bigger understanding as to what other people have to put up with in their jobs, how challenging they are [..] really understanding where other people are coming from (and I have) more empathy towards other staff members and colleagues, but also patients as well. (Willow-178-Clinical lead)*

Kindness and compassion:

> *I think it makes me more sort of appreciative day to day about what other people face in their jobs. I think it makes me more likely to act with kindness and a bit more compassion for my colleagues. (Elderberry-13-Panellist + frequent attender)*

Strengthens relationships through camaraderie and being in it together:

> *That camaraderie thing, that sort of feeling of oh it's not just me out there, yeah I think that's the biggest effect that it seems to have on people certainly that I've seen and hopefully that's the effect that it will have. (Ash-02-Facilitator).*

Hearing non-clinical staff perspectives

You know it actually to some extent it's the non-clinical staff that I find most moving, because you just don't, you don't think about it a lot of the time. (Elderberry-20- Stakeholder/Steering group member)

I've been to some of the panel preps, but when I have I think you can see people changing before your eyes sounds a bit dramatic, but the realisation that there was one point that I found really poignant where the team were talking about a case and they suddenly heard lady in the room and they were like 'how did you find out' and she was like 'I found out through reading the notes that you wrote up' and then they suddenly clicked that actually gosh this impacts not just us it impacts on everybody. And that's really powerful. (Cherry-03- Administrator)

Makes staff human and able to share things with each other:

I think the main thing that always struck with me was about people – that actually it wasn't then about power or where you were within a profession or those boundaries actually then went, and people were then much more able to talk from a human perspective about, as a person, they are in this role, this is what they do, but actually this is what their emotional experience was. And that transcends everything (…) It gets rid of those professional boundaries (…) the structure supports – helps people get through stuff that, in some ways, it – everyone feels quite isolated in each profession. I think letting those go means that people are able to, I think...share things (Horse-chestnut-02-Facilitator)

Shining a spotlight on hidden stories and roles supporting data

Insights change views and appreciate other's roles:

Staff also reported much greater insight into and appreciation of each other's roles, resulting in changing staff views of colleagues:

It made me appreciate there are people in the hospital I didn't even know

existed […] I hadn't any idea what the volunteers were really doing. I'd seen them from a distance but I hadn't realised the part they play in talking to distressed relatives and so on. Sitting around for hours in the hospital waiting for some operation or intervention or something to happen to their relative, and these volunteers are just amazing, helping them out. […] So that's opened my eyes". (Thames-199-Clinical lead)

Our most celebrated Round [had a panel including] a porter and I know just from watching people on the ground, I know that people have started to change their views of porters based on that one Round. […] Because it was just so powerful.' (Looe-381-Facilitator)

It was probably one of the chaplains who volunteers, who said that Schwartz Rounds help her to understand the organisation […] and she said I think it sometimes feels as if you're a little part of the jigsaw and going in to a Schwartz Round you use all the other bits of the jigsaw. So you actually get the whole picture and she talked about it was comforting and enlightening, educational all of those kinds of things". (Avon-391-Facilitator)

Those whose roles and hidden stories were 'spotlighted' spoke of feeling appreciated supported and valued for their work:

I think quite a lot of people would say that and just that they felt really supported and appreciated, I think for people like the facilities staff and housekeeping, […] staff, because it's such an invisible job. Housekeepers and cleaners really, so people know what they do and that they're really important, […] people don't necessarily know what you do and appreciate it. I think that's made a real difference. (Avon-391-Facilitator)

As with contextualising staff and patients, interviewees suggested the insights into their colleagues built a cohesive team spirit and trust which makes team work better:

What you can actually see is that cohesive team spirit being built and people getting an insight into their colleagues that they otherwise wouldn't have got. And I think that builds trust and I'm really, really sure that that's one of the major outputs from an individual's perspective, if you realise that other people are going through similar things. Or other people are going through things that you never even realised and they're prepared to tell you and share that with you, it definitely builds up a level of trust which makes the team work better. (Severn-395-Facilitator).

Link between personal stories of healthcare and organisational life

We are conceptualising something very complex aren't we? I was thinking about what arena do you kind of locate it in, or the purpose of it? ... So I think unless you pay attention to the fact that the experiences are organisationally produced, as well as obviously personally and professionally produced, I think in the facilitation trying to have the three together – I know, that's why they're so complex – because I think the trick of the facilitation is to link the individual to the universal theme and I think that that's quite difficult in some Rounds, that is very very difficult.... I mean hopefully with good preparation and everything we will, but it is about how is our experience relevant to all of your experiences? (Focus group-01)

Making visible invisible work / workers

The more junior roles, people who aren't necessarily heard or perhaps we had a painter the other day talking, you know a well-known character amongst a lot of the staff, I think, but he didn't really know what he bore witness to, what he'd absorbed and then his story was quite shocking and he felt really valued by the clinical team who were sort of patting him on the back 'you do a fantastic job' and when you think about environments and what people are having to see and hear, yeah, it made people think differently. But I think that's good. (Focus group-04)

Meet new people

You meet people who you wouldn't normally meet. I've met so many people across the organisation at the Schwartz Round that I really hardly ever have anything else to do with […] a lot of people have said that, it's worked really well to hear about other departments, put a name to a face, face to a name and understand better what everybody does […] There's definitely been continuous feedback from staff that they value that. (Ouse-387-Facilitator)

Reflection and resonance supporting data

Resonance triggers reflection:

Interviewees identified the importance of the panel stories as a way of 'triggering' reflection, and the importance of those stories resonating with colleagues, to trigger that reflection. Our experience of Rounds observation and across all our interview data suggests most panel stories resonate in some way, but also supports the importance of the panel preparation where the stories are well crated to resonate across the breadth of the audience roles and experiences.

In my opinion the whole panel discussion part, the presentation is a platform to get an audience to reflect around stories, that is the main purpose of talking about a patient is an audience to generate stories. (Focus group-02).

I think it really resonated with a lot of people, purely because I feel that we live in a bit of a fear culture and I think we've become quite risk averse as an organisation – not just [name of this trust] but I think generally – (..) it was just a very honest account of a psychiatrist (…) and just to hear him say 'actually, you know, I felt like I didn't know what I was doing, I felt very exposed. I was off work but I didn't know what I was meant to do because I was off work' and kind of how he managed that and the whole process of going through the court. I think that really resonated with a lot of people because some people had had the same experience but I think like myself, there were some people sitting there with that fear that this could happen one day (…) He was just a very honest person and I think that kind of drew people in. (Anon to fully protect identity –Facilitator)

Rounds were identified as an important space to offload, think creatively and be challenged in a safe space and that through this process staff learnt to think back on previous experiences, learn from each other and apply that learning in future encounters with patients and which has also had some direct consequences:

> *I understand Schwartz Rounds as a place or a forum to just kind of offload things, in a shared sense. In a safe place, (..) it's a place of reflection, space, thinking, creativity, challenge sometimes because some of the things that people share touch on your own life or, you know, it can challenge you to remember things that, you know, you might have forgotten that you've also been through. (Elderberry-1-Panellist, frequent attender, steering group member)*

> *So on the back of the Schwartz Round, this colleague emailed, the head of nursing, (…) This email was literally last week, but they took it up to the board, and said, "Yes, I think it's a great idea." It's literally, the start of the email is, "I attended the Schwartz Round, and I heard that story..." (…) clinical supervision, and they're reintroducing it [for nurses], they've approved it to go right ahead, really... because the panel was all nurses in the second one, and it really resonated with a lot of people. (Tay-127-Clinical lead)*

Validating and resonating

> *The thing that people say very frequently is that sometimes people will say 'I don't feel I've got a story to tell, I just do my job, nothing special, no one will want to hear it' but more frequently people say at the end that they felt really valued and appreciated. (Focus group-04)*

Shared experiences and recognition of similarities reduces isolation

> *I think knowing you're not isolated because isolation particularly at our level, but then at any level I suppose it can be an isolating role if you're the porter that's wheeling the person to radiology and you're experiencing something. It can be a variety of things and I think that element of it all is that knowing you're not the only one feeling the same way. (Juniper-27-panellist).*

Step off the treadmill to reflect allows a pause and less reactivity

> *Reflection in Rounds makes people less reactive, brings 'a bit more to life' the idea of attending to the 'patient as a whole person' (…) And I think it's something about that stepping back and reflecting on what's going on, encouraging and enabling people to do that in the Rounds rather than just being in the grip of it. So it's allowing you to step off the treadmill a*

moment and reflect, (..) then I think that will improve patient care, because you're going to be less reactive. (Ash-400-Facilitator).