Supplementary material 2: Evidence base for Schwartz Rounds

Data extracted from included papers

Authors	Setting	Aims/purpose	Design/methodology	Measures	Main findings	Quality
Corless et al (2009)[1]	Educational, USA	Development, implementation and evaluation of Educational Rounds for an interdisciplinary group of graduate students to help them learn empathy, self-reflection and moral courage	Quantitative post-Round evaluation survey Graduate students. Over a 4-years comprising 11 Rounds (n=329 individual evaluations)	Survey included 7 statements about Rounds (according to agreement on a 5-point Likert scale) plus an overall rating of the quality of the Round they are evaluating.	**Overall** High support and satisfaction with Rounds (e.g. 86% rated Rounds as excellent or exceptional). 67% stated intention to attend future Rounds (range 57-93% for individual Rounds). Lowest intention from a Round presented by lab scientists. Highlighted importance of topic to encourage attendance.	Quantitative: Low/Moderate: due to many aspects unclear e.g. sampling, measures, not all data presented.

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Manning et al (2008)[2] Lown et al (2010)[3]	Hospitals, USA	To assess the impact of Rounds e.g. changes in attendees behaviours and beliefs about patient care, teamwork, stress and personal support	Mixed method evaluations - Retrospective survey of 256/413 (62%) attenders at 6 experienced Rounds sites (offering Rounds for 3+years) plus 44 interviews with providers, Rounds leaders, facilitators and hospital administrators. - Prospective pre-post web-based survey of 222/399 (56%). Rounds attenders from 10 hospitals newly implementing Rounds (had held 7 or more Rounds)	Study-specific (non-standardised/validated, though some adapted from published measures) Likert scale measures to investigate: 1) insights into psychosocial and emotional aspects of clinical care on patient interactions (15 items) 2) teamwork (9 items) 3) support for providers (number of items not mentioned)	**Overall** Found "dose" effect: more rounds attended, more impact they have. **Self** Attendance at Rounds associated with decreased stress and improved ability to cope with psychosocial demands/emotional difficulties at work. **Others** Rounds attendance led to increased patient interaction and teamwork scores. Interviews highlighted benefits including: getting to know colleagues and putting themselves in their shoes, and an improved sense of connection/shared purpose. **Organisation** Both samples (51% retrospective; 40% prospective) reported changes in practices/polices including: culture change (dialogue that doesn't happened elsewhere); focus on patient-centred care; practice changes (e.g. increased/earlier palliative care use)	Quantitative: Moderate due to lack of control group (non-attenders) and non-standardised measures. Qualitative: Moderate due to limited reporting of theoretical underpinnings and strategies to improve rigour (e.g. deviant case analysis) Low for mixed method reporting

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Goodrich (2011)[4] Goodrich (2012)[5]	Two hospitals, UK	Pilot study to evaluate introduction of Rounds to UK in 2 hospital sites.	Mixed methods evaluation over 2 year period: 1) Pre-post pilot surveys 2) Evaluation forms from each Round (quality, logistics, demographics, plans to attend future Rounds). Each site held 10 Rounds (n=301 attenders site A, 74% completed evaluation form; n=949 at site B, 69% completed evaluation form). 3) Qualitative interviews: Experience of attenders, steering group, panellist, facilitators (n=23). Second interview at end with n=13.	Used same questionnaires as Lown et al. (2010)[3]	**Overall** Majority (86% site A, 78% site B) rated rounds as excellent/good. **Self** - Increases (pre-post) in: - confidence in handling sensitive issues - beliefs in the importance of empathy - confidence in handling non-clinical aspects of care Also reported feeling less stressed and less isolated in their work. Interview findings: increased compassion, reduced stress **Others** Increases (pre-post) in: - actual empathy with patients - openness to expressing thoughts, questions and feelings about patient care with colleagues Interview findings: greater respect/empathy for colleagues, better teamwork/collaboration **Organisation** Interview findings: - Board/senior support important - Wider impacts: reduced hierarchy, help build shared values/support strategic vision.	Quantitative: Moderate due to limitations in measures used and lack of control group Qualitative: Moderate due to low reporting of strategies to improve rigour and theoretical underpinnings Low for mixed methods reporting

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Reed et al (2015)[6]	Hospice, UK	Evaluate the impact of Rounds on staff and the organisation	Longitudinal mixed methods evaluation (1 year): survey and focus groups Exit survey: 398/535 (74%) attendees) 4 interprofessional focus groups (n=33, including attendees, non-attendees and presenters)	5-point Likert scale assessing: Topic relevance, knowledge gained, impact on individual, facilitation and working relationships (*Similar questions to Lown & Manning, 2010/Goodrich, 2011*).	**Overall** 78% rated Rounds as excellent or exceptional **Self** - Focus groups: - Validation of experiences - Honesty, openness and vulnerability allowed others to see person on human level **Others** 87% gained insight into how others think/feel in caring for patients - Focus groups: - Fostered understanding of importance of non-clinical staff contribution - BUT non-attenders felt responsibility to smooth running of hospice and felt they contributed to wider team without needing to hear stark realities of care/work. **Organisation** - Focus groups: - More connected, shared purpose	Quantitative: Moderate, key issues included non-validated measures and lack of control Qualitative: Moderate due to lack of elements of rigour in qualitative component (e.g. reflexivity, contradictory/ deviant cases other than non-attenders) Low for mixed method reporting

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Deppoliti et al (2014)[7]	Hospital, USA	- Learn why people attend Rounds - Understand what is gained from the experience - Identify key elements to use in measuring effectiveness	Qualitative: 4 focus groups (n=27) and 3 telephone interviews Purposive sampling of attenders by steering group to represent those that were active contributors and included range of roles/professions and frequency (low and high attenders).	N/A	**Overall** Rounds viewed as beneficial. **Self** - personal impact (on behaviour/attitudes "think differently") **Others** - exposing emotions (increased appreciation, awareness and sensitivity of what others in the healthcare team experience) - walking in another's shoes (empathic awareness) **Organisation** - culture change (strong message that staff matter; values/beliefs/ norms evolved positively; not about productivity; improved teamwork due to level playing field). **Other findings:** - inequality of topics (some topics more than others lead to increased learning, growth) - influence of rules and boundaries (spoken/unspoken rules about what is acceptable to share) *Suggested improvements:* - providing list of upcoming topics so staff can plan attendance - providing anonymised method to contribute (eg Qs on cards)	Qualitative: High

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George (2016)[8]	Hospital, UK	To examine the impact of Schwartz Rounds on staff wellbeing and patient care	Mixed methods Interviews with staff (nurses and HCAs) about stress (n=11, 10 were female, 10 were white British) Key themes extracted using grounded theory ➔ development of a new measure administered at the beginning and end of 2 Rounds (n=55 forms completed) Mostly female, white and only 2 were over 59yrs old.	The Organisational Response to Emotions Scale (ORES) (investigator-designed): 9 scales Analysis controlled for whether it was first ever Round, length of time in role, session attended.	Self - Emotional Labour: significantly reduced in staff where pre-round was their first round. - Self-reflection increased pre-post Compared SCR attenders with 10/11 interviewees who also completed ORES (did not attend Rounds). Found non-attenders had higher burnout and emotional labour, and more negative appraisal of organisation. Others - More negative appraisal of line manager	Quantitative: Moderate because of small biased sample, lack of control group, measure based on limited staff group input (nurses/HCA only). Qualitative: Moderate due to limited reporting of elements of rigour (e.g. audit trail, theoretical saturation) High for mixed methods reporting

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Shield et al (2011)[9]	Medical school, USA	To improve communication skills, they designed "Schwartz Communication Sessions" Aimed to provide medical students with the rationale and proficiency for effective communication.	Quantitative: evaluation form (both quant and qual/content analysis). Sampling is unclear (a sample of 92, 99 and 94 are reported) but report having evaluation forms from 66-95% of students for all three sessions (71-80% for two sessions) and Faculty members (n=24) response rate 42-92%	Not specified (but appear similar to Lown & Manning, 2010)[3]	Overall 93% of faculty and 83% of students rated the sessions as good, excellent or exceptional Self 80% of students and 96% of faculty believe students gained knowledge that will help them care for patients Others 75% of students and 96% of faculty believe the sessions will help students communicate better with patients and family members	Quantitative: Moderate due to lack of clarity regarding sampling/sample and measures

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Gishen et al (2016)[10]	Medical school, UK	Examine the potential of Rounds within the undergraduate curriculum	Mixed method evaluation 2 student-focused Rounds were piloted at a medical school (1 Round each for year 5 and 6 students) Evaluation questionnaire immediately following the Rounds: 258/334 (77%) year 5 students attended the Round and 247 (94%) responded. 180/343 (52%) year 6 students attended the Round and 126 (70%) responded. Focus group (n=7 year 5 students) to explore student views on the Round	Feedback form from the Point of Care Foundation; plus free text comments. Questions either Yes/No or 5-point Likert rating scale (1= poor to 5 = exceptional)	Overall Mean student ratings of a session were 3.5/5 (year 5) and 3.3/5 (year 6) - 81% agreed/strongly agreed the presentation of cases was helpful - 80% would attend a future Round - 64% agreed Rounds should be integrated into the curriculum Focus group finding: Feelings about the Round (response to round, size of audience- large inhibiting, positive comparison to current reflective practice; post event peer discussions) Self - 69% year 5 vs 87% year 6 students were worried about compassion fatigue or burnout - 92% agreed/strongly agreed that they appreciated hearing stories demonstrating human side of medicine - Focus group finding: Psychological aspects of SCR (psychological pressures of medicine, how session encouraged positive processing of emotion, sharing personal stories between health professionals).	Quantitative: Moderate due to convenience sampling approach and lack of control group Qualitative: Moderate due to limited reporting of measures taken to enhance rigour Low for mixed methods reporting.

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Gishen et al (2016) contd					Others 82% agreed/strongly agreed that attending Round gave insight into how others feel/think about caring for patients	

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