

Supplementary material 6: Summary of Round's stages

Stage 1. Sourcing stories and panellists: This stage is undertaken by facilitator/s with assistance from the clinical lead and steering group and sometimes the wider staff team. It often involves a behind-the-scenes hunt for stories, and sometimes in more established sites potential panellists volunteer. These stories may be based upon a single patient case, and told from different staff perspectives who were involved in caring for that patient, and who may or may not know or have worked directly together as a team. Alternatively, they may be individual stories of caring for different patients and linked by a theme, and told by staff that are less likely to know or have worked together. At this stage, the first task involves identifying patient cases that would be suitable for a Schwartz Round, or a theme that will have resonance within the organisation, and to find staff in the organisation that are willing to share their stories as panellists.

Stage 2. Crafting and rehearsing stories in panel preparation: This stage is usually known as panel preparation. It involves one or more sessions with potential staff presenters (panel members- either individually or in a group) and facilitators &/or clinical leads. Sometimes, it involves selecting a suitable story from a number of options. Facilitators usually hear a longer, fuller version of the story and then help panellists to identify and select elements, focus and edit their story. It involves identifying aspects of stories that will resonate with the audience and 'pack an emotional punch', with facilitators checking the story is appropriate and safe to bring to the Round at this particular time, and helping support the panellist and build their confidence. Facilitator preparation requires them to be familiar with stories, alert to what themes may resonate with different audience members and anticipate areas which may cause debate or possible conflict. Some element of individual and group therapy is involved where emotions have not previously been recognised, acknowledged or fully processed. For some, it also involves creating new stories to counter their previously self-critical perspectives on their own job performance.

Stage 3: Telling stories to trigger reflection and resonance: This stage is about what happens in the Round itself. It is about how facilitators, clinical leads, panellists and audience interact to tell, listen and reflect upon stories which resonate and then share similar experiences within the Round.