

Supplementary material 8: Characteristics of successful and unsuccessful Rounds

Panel preparation:

- Panel stories fitted together well, themes for audience were obvious and didn't need too much spelling out by facilitator and clinical lead.
- Panellists were well prepared by facilitator.
- Clinical lead clearly understood the rationale and purpose of Rounds.
- Clinical lead is experienced psychologist and qualitative researcher, so skilled at drawing out the underlying meanings and themes.
- Clinical Lead considerate of the panellists, empathic to their needs and potential anxieties, and tailored the preparation to their understanding and experience. Understood the need to find 'hooks' and keep the audience engaged.
- The panel were well chosen, were people from across the clinical hierarchy, included clinicians and non-clinicians, all sharing similar stories and similar feelings which modelled the later conversation within the audience.
- The stories were poignant and moving.
- Senior panellists were very supportive of the juniors, and shaped their own stories to reinforce the others without repeating.

Facilitator and clinical lead:

- Steers for audience simple, clear and straightforward.
- Role modelling from clinical lead, who talked about own reaction to stories.
- Textbook description of purpose and format of Round and clear guidance on confidentiality rules and ways audience can contribute.
- Facilitator was skilled and confident, used psychological group work skills to manage emotion.

- Clinical lead quick and keen to identify themes for Rounds to pick up on issues, e.g. conflicts and differences of opinion within teams, ethical dilemmas.

Administrator:

- Passionate about Rounds, instrumental in suggesting ways to improve and address issues, attendance consistently high.
- Unusually, administrator often attends panel prep meetings in order to give ability to answer specific questions about the Round.
- Always turns up early, manages the sign-in desk and welcomes attenders.

Round:

- The theme was very simple, externally exposed and so less 'personal' to the Trust, and also avoided the complexity of other Rounds which have been run at this Trust. This highlights the length of time this Trust has been running Rounds, and their willingness to tackle Rounds topics which are distressing and challenging.
- The topic of Round was contained, uplifting and the stories were examples of where staff had demonstrated they had 'gone the extra mile' for their patients.

Panellists:

- Three panellists all told good, short stories which were engaging and heart-warming, ideal examples of compassionate care.
- Plot of each story was focused on describing a specific occasion, so already contained and perhaps didn't need so much drawing out, shaping and condensing (impact of receiving good panel preparation to support this).
- Examples of senior staff sharing their own experience and wisdom, e.g. Panellist talked about the importance and value of listening to patients and 'finding the fear' when dealing with challenging patients and relatives, as a way to create rapport.

Audience:

- Audience supportive, reinforced that the panel had done a good job and deserved recognition.

- Audience readily sharing similar stories.
- Audience discussion brought people together in feeling proud of working for the organisation, strong sense of organisational cohesion – e.g. other people tell us this is a good organisation to work for.
- Lower than usual attendance, but didn't seem to impact in a negative way.
- Recognise a lot of familiar faces who regularly attend who contribute and seem very comfortable with each other ('Schwartz-savvy audience').
- Steering group member in audience stepped in to move the discussion back to focussing upon emotional impact of caring on staff when a couple of audience contributions felt out of place, e.g. junior doctor lecturing audience about a political situation, plus longwinded, barely relevant, but humorous anecdote. (Impact of 'Schwartz-savvy audience').
- The majority of the audience were experienced, had been to Rounds before, and understood what was expected of them.

Ripple effects:

- Staff gave examples of how they would change their practice and attitudes as a result of attending the Round.

Characteristics of unsuccessful Rounds

Panel preparations:

- Panel preparation meeting was rushed, last minute and brief, consisted of briefly telling panellists Rounds format, getting an outline of story, but very little probing, questioning or feedback offered on how to shape it and how to make sure resonates with audience.

Facilitation:

- One facilitator had limited psychological/therapeutic training or awareness.
- One facilitator was an inexperienced Rounds facilitator, as new to running Rounds.

- Introduction and steer to audience actively contributed to subsequent problem-solving and prolonged Q&A with panel.

Round:

- Round was used inappropriately by one of the panellists who had own agenda, influential person in organisation and very powerful in the Round (not managed by facilitator, clinical lead or audience).
- The panellists wanted to use this as a teaching/problem solving Round which is not the purpose of Rounds. This agenda came over quite clearly in the Round and made the Round feel 'different' to other Rounds.
- Staff experiences and emotional aspects of Rounds sometimes took a backseat and were squeezed in rather than central to design of Round.
- Round is heavily dominated by discussion of a particular case and doesn't develop into broader discussion of similar experiences by people who have not been involved in particular case (case not used to 'trigger' discussion).
- Too much tension between the panellists, following panel preparation, which seemed to make the audience feel uncomfortable and unsafe.

One of the other panellists and one of the audience members was required to manage the emotion of the second panellist.