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We're all human:

*How acknowledging patient and
physician stories can improve
healthcare*



Acknowledgement of country

I would like to acknowledge the Gadigal people who are the Traditional Custodians of the Land on which we meet today here in Sydney.

I would also like to pay respect to the Elders, both past and present, of the Eora Nation and extend that respect to other Aboriginal and Torres Strait Islander people present.



OUTLINE



Jen Morris
Patient-Centred
Care



Dr Shamsul Shah
Schwartz® Rounds
Social and emotional
aspects of care



Group Activity:
Using fictional scenarios to discuss patient and physician perspectives and underlying emotions in care.



Reflection: Group response to activity.
Summary and Close



OUTCOMES

- ❖ Recognition of the importance of patient-centred care to ensure the best possible health outcomes.
- ❖ Understanding of how Schwartz Rounds® may be used as a method to focus on social and emotional aspects of care.
- ❖ Consideration of the potential differences in patient and physician perspectives and desired outcomes.
- ❖ Identification of the benefits of and barriers to exploration of patient and physician stories of care.



Why patient-centred care is critical care.

Jen Morris
Consumer Representative
Patient Safety Researcher



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Asks many questions. Repeated requests to speak to doctor.

*Has not mobilised since surgery.
Will need strong encouragement.*

Difficult. Continued refusal to mobilise. May be 'too comfortable'.
Showered, but with resistance.

*Claims headache and unwell feeling.
Does not look unwell. Psych?
Physiotherapy to attend.*



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Repeated requests to
speak to doctor.*



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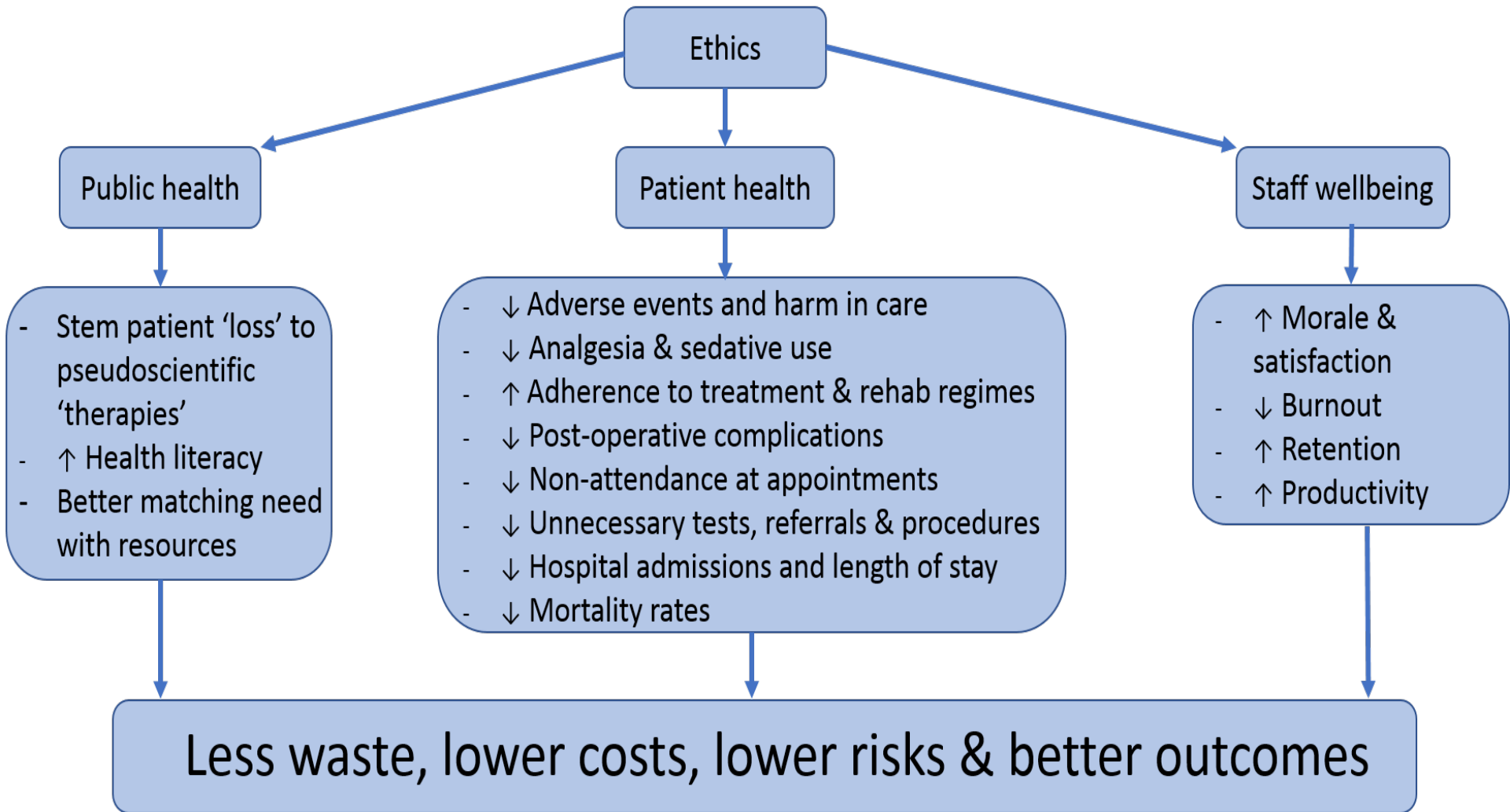


*Claims headache and
unwell feeling. Does not
look unwell. Psych?
Physiotherapy to attend.*





Patient-centred care – what are the benefits?



"WE MUST ALL
FACE THE CHOICE BETWEEN
WHAT IS RIGHT
AND
WHAT IS EASY"



~ Albus Dumbledore

*Thank
you*





Reigniting Compassion into Healthcare: ‘Schwartz Rounds’

Dr. Shamsul Shah
Palliative Care Consultant
Auckland City Hospital



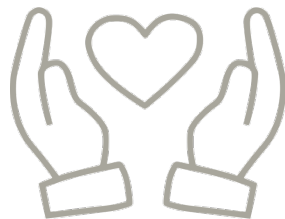
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‘The secret
of the care
of the
patient is in
the caring’



Sometimes
the smallest
things
take up
the most room
in your heart.



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TEN YEARS OF MAIL CAMPAIGNING

PATIENT CARE SO BAD IT'S A CRIME

October 13, 2011

Elderly failed by half of our hospitals and care homes



Poor hospital care 'is killing thousands of elderly patients'

September 29, 2011

Two in three patients 'not checked for malnutrition'

Hospitals missing vital chance to ensure elderly are eating properly



MORE CARE, LESS PATHWAY A REVIEW OF THE LIVERPOOL CARE PATHWAY

Local Government Association

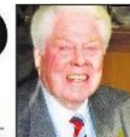
NHS CONFEDERATION

ageUK
Improving later life

ARE THEY PLAYING GOD?



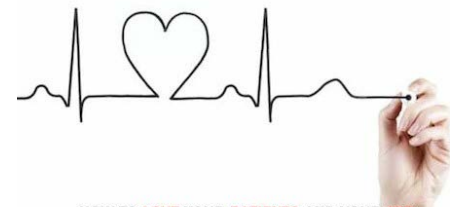
Queen's Hospital in Romford



Cllr Ted Eden



TIME TO CARE



HOW TO LOVE YOUR PATIENTS AND YOUR JOB

Delivering Dignity

Securing dignity in care for older people in hospitals and care homes

'Poppets and parcels': the links between staff experience of work and acutely ill older peoples' experience of hospital care

Review

Older people's and relatives' experiences in acute care settings
Systematic review and synthesis of qualitative studies

Jackie Bridges^{a,*}, Mary Flatley^b, Julianne Meyer^a

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ABSTRACT

Objective: To explore older people's and their relatives' views on and experience of health care.

Design: Systematic procedures were used for study selection and data analysis. A comparative thematic approach to synthesis was taken with features adopted from the literature on meta-ethnography.

2 TIED IN CARE?

Recent Reports

Francis Report

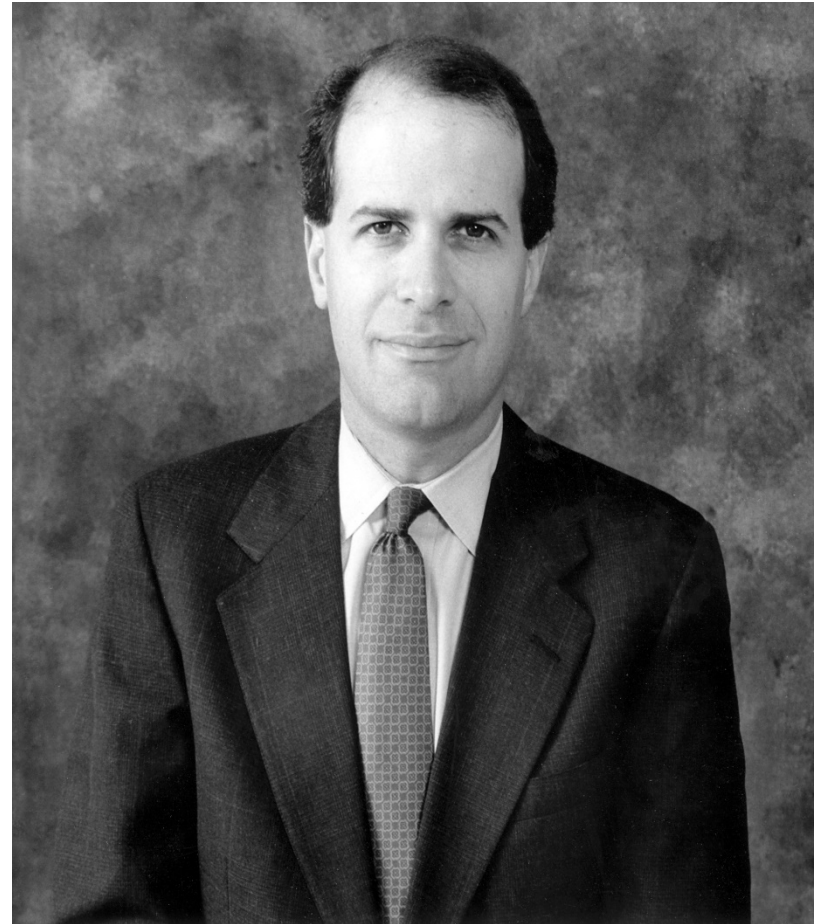
- High levels of stress
- Staff 'burnout'
- Sickness absence
- Low morale & 'attitude'
- Lack of openness and candour in organisations
- Lack of personal responsibility

Kings Fund Point of Care

- Conflict between professionalism & compassion
- Lack of role modelling/mentoring
- Training that encourages professional detachment
- Coping behaviours (e.g. avoidance, physical & emotional withdrawal)

Ken Schwartz: A Patient's Story

- 40 year old healthcare attorney diagnosed with lung cancer in 1994
- The human connection between patients & their caregivers matters most
- “the smallest acts of kindness” make “the unbearable bearable.”
- Created the Schwartz center that would ‘nurture the compassion in healthcare’



Manaakitia Rounds

Originates from the Maori verb 'manaaki' which means to **look after, care for, show respect or kindness to**

Format

- 1hour case based discussion
- Panel of doctor & 2-3 others
- Share their thoughts, feelings & responses to issues
- Confidential & anonymous
- Interactive group discussion led by skilled facilitator
- Learning points cascaded
- Open to everyone
- 1 hour of CPD and certificate of attendance





Outcomes

- More attentive to non-verbal cues
- More compassion
- More comfortable in discussing sensitive issues
- New strategies for handling situations
- Feeling more energised

- Better collaboration & multi-disciplinary team working
- Less hierarchial environment
- Supporting shared values
- Symbolic of management valuing staff & their wellbeing when they attended

- Communicate better with patients and colleagues
- Staff feel less isolated and more supported
- Better able to cope with emotional pressures of work
- Respect & understand better how their colleagues think
- Platform for patients, carers & others to talk of their own experiences

Rounds

- 6M pilot in Cancer & Blood Services in 2014 then rolled out to whole hospital in 2015
- Some of the topics discussed included:
 - limitations of care in the face of threatening or violent behaviour from patients
 - conflict of patients refusing treatment
 - collusion with families and challenges in providing culturally appropriate care
 - impact of suicide on healthcare professionals
 - challenging communication in multi-disciplinary teams
- 12 Rounds completed with 276 attendees (average 23 per Round) 79% evaluations returned



Evaluation

Question (n=218)	Agree/ Completely Agree (%)
The case discussed was relevant to my daily work	96
I gained knowledge that will help in caring for my patients	94
Today's rounds will help me work better with my colleagues	87
The overview and presentation of the case was helpful to me	96
The open discussion was helpful to me	99
The facilitator helped the discussion today	100
I have gained insight into how others think/feel in caring for patients	97
I plan to attend the reflective rounds again	97

Ratings and Comments

Responses	Exceptional	Excellent	Good	Fair
215	42 (19.5%)	147 (68%)	25 (12%)	1 (0.5%)

- ‘Helped to understand we have a shared experience in caring for patients’
- ‘Better communication with colleagues’
- ‘Better understanding of each other’s approaches and perspectives’
- ‘Respect and colleague support’
- ‘Increased awareness of the impact of caring’

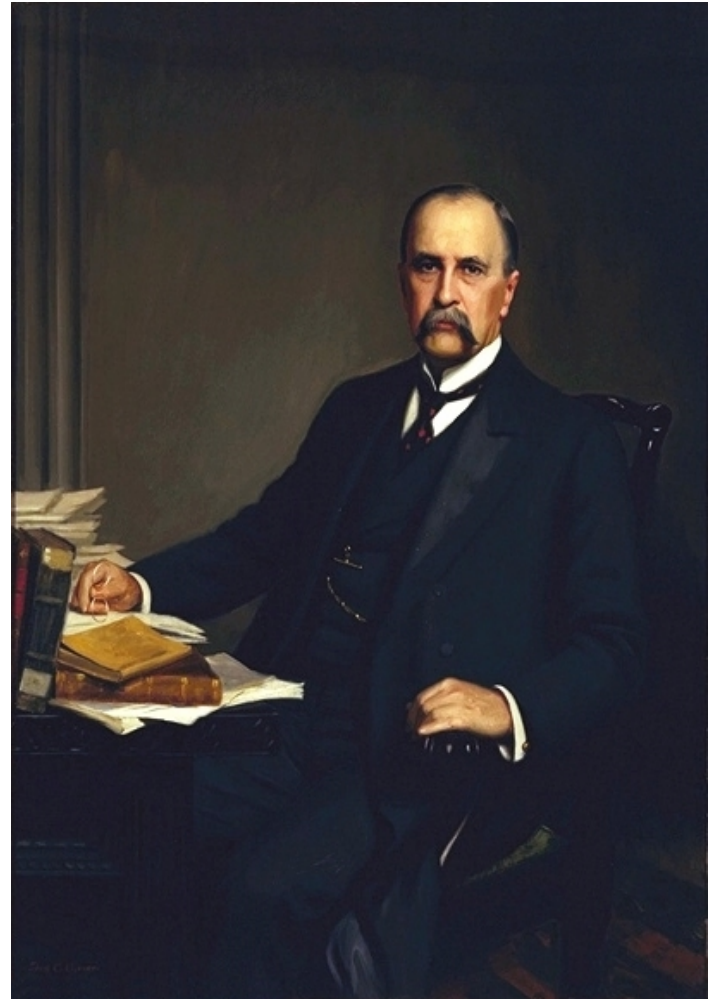
Summary

- Recognition of the emotional impact of the work we do
- Staff need a space to reflect on this
- The Schwartz rounds is one way of providing this
- Feedback is positive - 'shared experience'
- Opportunity to learn from each other
- Part of continuous professional development



Final words

‘Dealing as we do with poor suffering humanity, we see the man unmasked, exposed to all the frailties and weaknesses, and you have to keep your heart soft and tender lest you have too great a contempt for your fellow creatures. The best way is to keep a looking-glass in your own heart, and the more carefully you scan your own frailties the more tender you are for those of your fellow creatures’



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Group Activity

Part 1: *THE TIP OF THE ICEBERG*

Group size: 4

- Break into pairs.
- One pair reads the doctor perspective and the other reads the patient/family perspective.
- Note your initial thoughts on the perspective you have been given. How are you feeling? What are your thoughts on the “other” in this interaction?

Patient/Family Perspectives

Doctor Perspectives

How am I feeling and what is the impact of this interaction on me?

What is the outcome I'm aiming for?

What have I learned about this doctor?

*Care
Experiences
and
Outcomes*

How am I feeling and what is the impact of this interaction on me?

What is the outcome I'm aiming for?

What have I learned about this patient/family?



Group Activity

Part 2: *WHAT LIES BENEATH*

- Come back together as a group of 4 and swap perspectives with the other pair to get the full story.
- As a group: Consider the discussion questions and talk about what was happening below the surface of this encounter?
- What sort of pressures were faced by these patients/families and physicians?
- Was there anything that could have been done differently that might have led to a better outcome?

Patient/Family Perspective

Doctor Perspective

*Care
Experiences
and
Outcomes*

What role did my own feelings/emotions play in this scenario?

Is my story about this doctor accurate?

What pressures am I facing and how did they influence this interaction?

What role did my own feelings/emotions play in this scenario?

Is my story about this patient/family accurate?

What pressures am I facing and how did they influence this interaction?

SUMMARY

Reflection on the activity and any impressions.

Insights?

Questions?



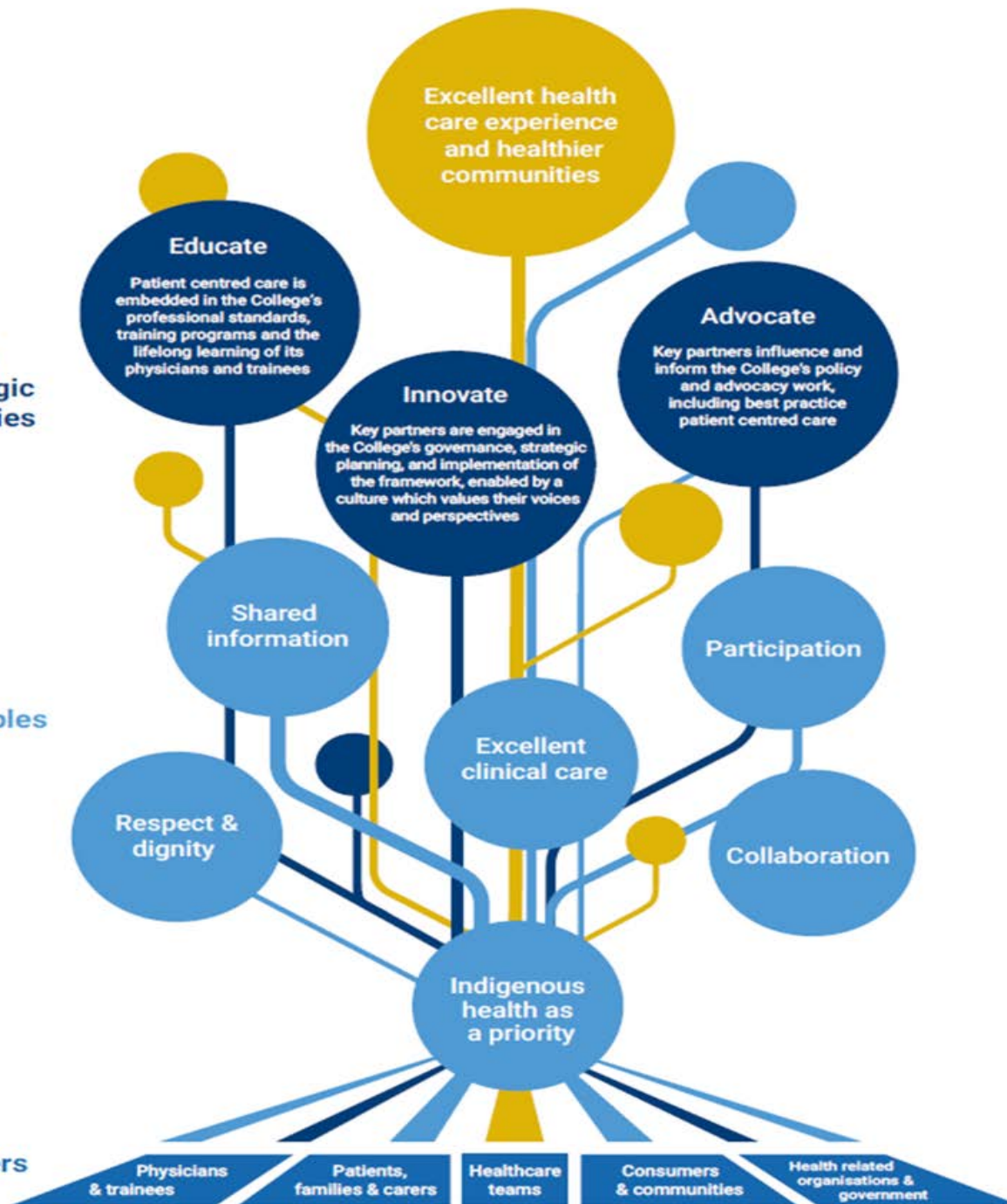
FRAMEWORK

Goal

RACP
Strategic
Priorities

Principles

Partners



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