

Conclusion Providing hospice employees with a mental health first aider that can support discussion around mental health concerns is one step in opening up the importance of discussing and seeking support with mental health. This now needs to be measured in terms of impact.

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WE KNOW WHAT IS SAID ABOUT SCHWARTZ CENTER ROUNDS® BUT WHAT IS SAID IN THEM?

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Background Schwartz Center Rounds® (SCR) are facilitated, experiential, reflective opportunities in the workplace focusing on the ‘human dimension’ of care. Originating in America, and introduced to UK hospices and Trusts from 2009, uptake rose after the 2013 Francis Report. UK SCR focus on staff wellbeing, rather than fostering compassion. Repeated attendance enables recognition of organisational dysfunction rather than blaming the individual, with reduced self-criticism. Beneficial team and personal outcomes are reported which may address, not only patient care, but also stress, burnout and clinician suicide. Feedback, focus groups and staff surveys have been reported, but no account of SCR content, which is pertinent to their mode of efficacy.

Method Evaluation of Trust SCR content. Twenty rounds of quantitative feedback analysed using Chi-squared; 23 SCR facilitator notes analysed by Interpretative Phenomenological Analysis. Consent to share learning but not to attribute content is taken.

Results 55% attendees doctors; 8% nurses; 8% Professions Allied to Medicine; 4% other; 25% undeclared. 71% of attendees fed back. 69% rated SCR excellent or exceptional. ‘Staff developing insight into how others think and feel’ rated higher than ‘knowledge for patient care’. Superordinate themes: Alone and fearful; Chaos and tumult; Psychological defences; Failure and loss; Recognising humanity; Responsibility and courage; and Encouragement. 39 comments in 18/23 SCR related to death and dying. Themes: Positive fulfilment; Uncertainty and self-doubt; Frustration and futility; Guilt and regret; Facing own mortality.

Discussion SCR content reveals personal psychological coping mechanisms, empathy for patients and families, as well as the moral burden of caring for the dying and their families.

Conclusion SCR rate highly. Ward-based staff attend less. Experience is addressed more than process. SCR content demonstrated staff sharing trauma, challenge, coping, telling of courage, encouraging teamwork; and the experience of caring for the dying. Staff support mechanisms remain a priority.

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ENGAGING VOLUNTEERS IN SCHWARTZ ROUNDS

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Background Schwartz Rounds have been running at our hospice for over four years. They are now a bedrock to support staff with the emotional burden of the work we do. They run every two months and attract growing numbers from different

staff groups across the hospice. There are pockets of staff who rarely attend rounds, one of these groups is volunteers. We have over 200 volunteers at the hospice and they are integral to caring for our patients.

Aims We wanted to involve more volunteers in hospice Schwartz Rounds. We are aware that they are giving their time generously and that attending additional meetings or events may be onerous. We are also aware that may of the volunteers have close patient contact, and whilst being well supported by our volunteer development officer, they may appreciate time to reflect on their work.

Methods We successfully recruited a volunteer to our Schwartz steering group. We then attended one of the regular volunteer meetings and spent a short time showing the Schwartz video and talking about Rounds. There was enough interest to organise a pop-up Round. At their next regular volunteer meeting, we ran a pop-up Round with three volunteers as storytellers – ‘What energises me in my role at Marie Curie’.

Results 26 volunteers attended. The storytellers came from different roles; a chaplain, a receptionist and a helper. The discussion was lively, insightful and heart-warming. Volunteers talked about the positive effect that volunteering had brought to their lives. Evaluation was all incredibly positive with volunteers valuing the opportunity to talk about the emotional impact of their work and heightening their appreciation for others’ roles. Many were keen to attend future hospice rounds.

Conclusions The pop-up Round was a real success and has, along with other measures, increased the cohesiveness of paid staff and volunteers.

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REFLECTIVE PRACTICE – PROVEN THEORY, NEW CAMPAIGN

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We are currently reviewing the support we have on offer to all staff and volunteers at Ashgate Hospicecare. As a hospice we are acutely aware that the trauma experienced at work can and does impact on individual health and well-being and we want to facilitate an ongoing discussion around experiences at work, for all our staff.

A recent staff and volunteer survey highlighted concerns around staff well-being and we want to make sure the support services we have in place are effective and accessible to all, and as a result we are creating a campaign to engage individuals in patient-facing roles in a discussion about clinical support and reflective practice and what it means for them.

The campaign will prompt the ‘Ashgate Team’ to explore the importance of supervision, support and reflective practice in relation to the parts of the role they already feel important, for example patient care – it will also give the Team a preview of the different streams of support that will be on offer as we implement a new support package, for example, clinical supervision, reflective practice sessions (both group and individual) and educational session in relation to self-care. (We currently have a successful ‘Schwartz Round’ programme, with sessions well attended each month).

The campaign will also reinforce the message that Ashgate Hospicecare values individual well-being and understands that individuals need the time to engage in reflection and