The emotional impact of being a clinical librarian

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www.hantshealthcarelibrary.nhs.uk

Knowledge Through Expertise
What is a Schwartz Round?

Schwartz Centre Rounds® aim to explore the human and emotional impact of everyday work by giving healthcare staff the opportunity to come together in a safe but open environment.

Ken Schwartz, a Boston healthcare lawyer, noted the contrasting quality of care that he received when being treated for terminal cancer. He observed that better care was associated with staff that had a greater degree of human connection with their patients. He left a legacy to help foster compassion in health care.

 Came to the UK in 2009 from the USA – now in more than 100 Trusts

For more information see https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/about-schwartz-rounds/
Schwartz Round format

- Refreshments should be provided before the Round starts
- Topic of the round is introduced by two trained facilitators who will stress confidentiality – topic and discussion can be shared but not names
- Brief presentations by panelists (usually 2 or 3 healthcare staff) who describe their experiences. Topics vary – patient care, critical incident, dealing with a difficult relative, cross-site working!
- Discussion, questions and sharing with the audience continues for the rest of the hour led by the facilitators.
- There should not be problem solving or blaming.
- Attendees asked for feedback about the usefulness of the Round experience.
Schwartz Centre Rounds

What can a library service contribute

- Helping with publicity
- Creating a reading list about the topic
- Attendance at Rounds
- Training to be a facilitator
Schwartz Centre Rounds

Using the Schwartz format for Clinical Librarians

- Emotional impact on staff
- Chance to de-brief
- Providing support for each other
What is the emotional impact on us?

“I find it’s those patients I can relate to who have most impact on me. Recently my neighbour sadly died of metastatic lung cancer and I found attending the palliative care MDTs hard whilst he was ill. His family were talking about symptoms which we were discussing in the meeting with other patients and I knew what was coming and how hard it was going to be for them”
What is the emotional impact on us?

“I found attending a paediatric handover very difficult when the team were discussing a young patient who was suffering from an eating disorder but also had Type 1 diabetes. My own daughter had gone through this. But I put a lot of effort into the literature search that I was asked for as I was so keen to help. I wanted to offer to speak to her parents as I thought sharing our experience might help them but I was concerned that this would be crossing some professional boundaries”
What is the emotional impact on us?

“The day a colleague came in the Library to tell me that she would be a case being discussed at the Breast cancer MDT I was due to attend I decided not to go as I didn’t want to know the details.

Then she asked me for a search about her type of cancer which was going to be very hard to treat successfully. It was very difficult.”
What is the emotional impact on us?

“Thinking about it, for me, it’s mainly to do with the patient experience. We don’t usually get to meet them and we don’t know any specific details of who they are but a search question can suddenly give you a snapshot of a part of someone’s life. It’s only natural to then reflect on how they may be feeling, and on what the care we help to provide means to them.

There was a service user/researcher looking at suicide - he came up with a long list of terms related to different aspects of suicide, like no hope, desperation, empty, lost, alone, final, suicidal, black thoughts, abyss, hell, and I got upset thinking about him sitting there listing all these terms, knowing that at least some of them would relate to his own experience. Felt like a right heel after that one”
What is the emotional impact on us?

"I did a search about the prescribing of anticipatory medicines in palliative care. It brought up all kinds of issues around a dignified death, and the relief of suffering for both patient and carers. Those articles detailing the benefits of anticipatory prescribing also necessarily discussed examples of where it hadn’t been in place, which made for some upsetting reading. I defy anyone who has watched someone die, with or without timely medical support, to not have strong feelings about it.”
What’s your story?