

Most Powerful Round – “All in a day’s work”

How would you describe your normal working day? For many of us across the NHS, no two days are the same, and we would all say we face our share of challenges in our various fields.

One of our Schwartz Rounds in 2019 highlighted the experiences of a team whose work serves to protect both patients and staff, yet who move among us often unnoticed.

The three panellists were members of our security team, and they shared two stories about what constitutes a normal working day for them. The first story was about an event involving an aggressive patient who had pulled a gun on them. As it turned out, the gun was a fake, but the team did not know that until after the event. The second story was about dealing with patients who were threatening to jump from the Trust’s multi-storey car park.

Two of the panellists had never attended a Schwartz Round, and speaking in front of an audience was an unfamiliar experience for them. They were reassured during the panel preparation that the atmosphere is warm and supportive. Whilst being a panellist might seem daunting, most panel members comment afterwards that it wasn’t as bad as they were expecting, and that they enjoyed the experience.

When it came to choosing a title for the Round, one suggestion was “Unsung Heroes”. The panellists looked uncomfortable at this, and instead they came up themselves with the title “All in a day’s work”, because that describes perfectly how they see their role.

On the day, the audience for this Round was fairly small, and due to exams going on we had had to move venue from our usual, more intimate, seminar room into a larger lecture theatre. We asked the audience to sit together near to the front to try to preserve the closeness and intimacy of the Rounds.

The first panellist outlined the lead up to the incident, and in doing so he spoke about having been called to see the patient in the preceding days, as the patient was behaving in an agitated and aggressive manner. The patient was bereaved, and was struggling to carry on living in the wake of his loss. He had swallowed razor blades and was in great discomfort, which is why he was in hospital. The panellist and his colleague had got to know the patient over several days, and developed empathy for him. It came as a surprise during the preparation meeting when the panellist said quite genuinely “He was a nice guy”, which was a really unexpected thing to say of someone who had subsequently pulled a gun.



The panellists went on to describe being called out to the patient, who had left the ward and returned with a gun. When the team got the call, they had a feeling which patient it might be, and relying on their training and the relationships they had developed with the patient over the preceding days, they worked together to talk to him and to persuade him to calm down and to accept help. They spoke about drawing confidence from being part of an established team, and the trust between them enabled them to overcome their own fears. Even in this tense and threatening situation, they continued to see the patient as the person they had got to know, and sought to reach out to him at a human level. Although the police were also called, they left it to the team to handle the situation in the first instance, and eventually the patient was persuaded to drop the gun, at which point it became apparent that it was a fake.

Movingly, one panellist shared how, following the incident, his shift had come to an end and he had gone home. When asked by his family how his day had gone, the stress of the events overcame him, the tension released and he burst into tears. He went on to say that at work the next day he had kept fairly quiet, and that colleagues had noticed, and quietly checked in with him to see that he was okay.

The third panellist told a story about being called to deal with a patient who was threatening to take his own life by jumping off a multi-storey car park on the hospital site. This has happened on several occasions, and the panellist described the feelings of trepidation when responding to the call and going over to see the person, not knowing quite what to expect. Again, the approach he took was to talk to the patient, and ask him what he wanted. Once the patient felt that someone was listening to him, he was persuaded to come down and to accept help. The panellist expressed his shock that other people who were passing by did not stop to see if the patient was all right, or otherwise see if they could help.

It was striking that in both stories, the panellists did not have to resort to any physical tactics to contain the situations and bring them under control. The de-escalation methods that worked best were listening to the patients, and talking calmly to persuade them away from their proposed course of action.

All of the panellists spoke calmly, and adopted a matter-of fact attitude to their role; "It's our job". All three share humility, empathy for the patient, and an appreciation of mutual support for one another when a difficult situation arises.

When the Round was opened up to the audience, one colleague shared a reflection on how the situations mirrored similar issues in a clinical setting where colleagues face dealing with verbally or physically aggressive patients, and having to "talk them down".

A question from the audience led the head of the team to reflect on the qualities and skills that he looks for when recruiting new security staff, and one of the key skills was an ability to talk to and engage with people, which was valued more highly than attributes such as physical strength or the ability to restrain.



Final Reflections

As so often happens in our Schwartz Rounds, the theme of the value of teamwork and support from colleagues in the immediate team emerged.

The challenges faced, and the feelings that these generated in the panellists, resonated strongly through the audience, and were felt to be common amongst staff despite difference in roles and backgrounds. There was tremendous admiration in the audience for the panellists.

The panellists' empathy and ability to see the humanity in the patient, rather than the problem, shone through.

The Round served to highlight the skills and dedication of a team whose work often goes unnoticed, but who play a vital role in ensuring the safety and security of all of our patients and staff.

