



the schwartz center
FOR COMPASSIONATE HEALTHCARE

JULY 2014



Using Schwartz Center Rounds® to Help a Community Recover After Tragedy

A CASE STUDY: THE BOSTON MARATHON BOMBINGS

“Perhaps it would be a good idea,
fantastic as it sounds,
to muffle every telephone, halt every motor,
and stop all activity someday
to give people a chance
to ponder a few minutes on what it is all about,
why they are living and what they really want.”

- James Truslow Adams 1878-1949

(This poem was read at the beginning or end of many of the Schwartz Center Rounds sessions held after the Boston Marathon bombings.)

USING SCHWARTZ CENTER ROUNDS® TO HELP A COMMUNITY RECOVER AFTER TRAGEDY

A CASE STUDY: THE BOSTON MARATHON BOMBINGS

CONTENTS

INTRODUCTION Caring In the Aftermath of Violence		1
DOMINANT THEMES FROM FIRST SERIES Continuing Distress Not Having Done Enough Administrative Betrayal Collaboration and Teamwork How They Have Healed The Positive Reverberations		2
DOMINANT THEMES FROM SECOND SERIES One-Year Anniversary Triggers How They Have Healed, Part II Strength from the Survivors		5
FACILITATION Surprises Panel Preparation The Beginning and the End		6
PARTICIPANT EVALUATIONS: FIRST SERIES		8
PARTICIPANT EVALUATIONS: SECOND SERIES		8
PLANNING THE SERIES		9
RESOURCES		12



Caring In the Aftermath of Violence



Between October 2013 and April 2014, the Schwartz Center for Compassionate Healthcare and the Conference of Boston Teaching Hospitals (COBTH) held eight special Schwartz Center Rounds® sessions for hospital staff, first responders and medical volunteers who treated those injured in the 2013 Boston Marathon bombings. The first series, *In the Aftermath of Violence: Caring for Others, Caring for Ourselves*, was timed to occur six months after the bombings in order to give people sufficient time to process their rawest feelings from the event. The discussions during this series focused on participants' experiences and the feelings and emotions they struggled with in the aftermath. The sessions were not intended to replace the debriefings other Boston-area organizations sponsored in the days and weeks after the bombings.

What became clear after the first four sessions was that many caregivers still needed a place to continue the work of emotional healing. So the Center and COBTH sponsored a follow-up series during the month leading up to the one-year anniversary of the tragedy, anticipating that this might be a difficult time for caregivers and first responders. Many attendees at the second four sessions, *One Year Later: Moving Forward with Healing and Renewed Compassion*, focused their comments on their coping strategies during the past year and how they were preparing emotionally for the upcoming anniversary and 2014 Boston Marathon.

This case study is intended to demonstrate how the Schwartz Center Rounds program can offer an ideal forum for caregivers to process collectively the complex and challenging feelings and emotions that may arise when caring for the injured and dying in the wake of a traumatic and communal event like a bombing, a school shooting or a natural disaster. In creating the Marathon Rounds program, we consulted with facilitators at hospitals that had conducted Schwartz Center Rounds after the 2012 theater shooting in Aurora, Colorado, and the 2013 Asiana Airlines crash in San Francisco. We also attended several Marathon bombing-related Schwartz Center Rounds at individual hospitals in Boston shortly after the incident where we gleaned lessons that are reflected in this document as well.

Nearly 300 caregivers and first responders attended one of the eight 90-minute Marathon Rounds sessions. Attendees ranged from

Boston Athletic Association (BAA) medical volunteers who treated runners and bystanders at the bombing sites and in the medical tents to Boston Emergency Medical Services (EMS) staff who treated and transported the injured to local hospitals to hospital personnel who cared for the injured immediately after the bombings and beyond. The Marathon Rounds differed from typical Schwartz Center Rounds in that each gathering was attended by people from multiple institutions and organizations and the majority of participants did not know one another.

This report is intended to be a guide for hospitals and other healthcare organizations that may wish to conduct Schwartz Center Rounds after a traumatic event in order to provide a safe and confidential place for their caregivers to:

- Share their experiences and the impact of those experiences
- Listen, bear witness, and offer and receive support
- Share coping strategies
- Celebrate their strengths as individuals and as a caregiving community

At the Schwartz Center for Compassionate Healthcare, we are not experts in how to care for individuals who have been exposed to traumatic situations. What we intend to share in this report is the unique value that the Schwartz Center Rounds program can bring to help a healthcare community heal. Specifically, this report details:

- Dominant themes and ideas that emerged during the discussions
- Lessons learned from creating and facilitating these special Schwartz Center Rounds sessions
- Feedback from attendees
- Materials we used as part of these special Rounds sessions

An anonymous individual donor provided the seed money for the project, which was later supplemented by a grant from the Patriots' Day Project of Fidelity Investments® employees. The Schwartz Center and the caregivers who have benefited from these Rounds are deeply indebted to both for their generosity.

DOMINANT THEMES FROM FIRST SERIES



Continuing Distress

Six months after the Marathon bombings, hospital staff, first responders and BAA volunteers who treated the injured were still feeling the emotional impact — in some cases quite powerfully. Many of the participants recounted their stories tearfully, and it was clear that for a good percentage of those who shared their experiences, much healing remained to be done. Several people reported suffering from symptoms of Post-Traumatic Stress Disorder (PTSD) and had sought help.

Caregivers spoke about being unable to finish tasks or focus on schoolwork, disliking crowds, feeling isolated and being in a constant state of hypervigilance. A volunteer in one of the medical tents who now suffers from PTSD said that she is still startled by the sound of ambulances, which is difficult because she works in the Longwood Medical Area, an area of Boston that hosts several of the city's busiest hospitals and emergency rooms.

One young emergency department physician who had volunteered at the Marathon for the first time said he couldn't stop replaying that day in his head. He talked about how he treats critically ill and injured patients on a daily basis but that it was the scale of casualties that made the bombings different. "There will never be a normal," he said, admitting that he now worries about not being compassionate enough with patients who show up in the ED with less serious problems.

"I didn't even know until a week after the Marathon that I had PTSD," commented a physical therapist who witnessed one of the bombing victims die. "We didn't even realize we were victims. It doesn't matter what your role was. We're all patients, even if we don't realize it."

Several people spoke of the isolation they felt: "People don't know what to do, so they do nothing," said the volunteer who is startled by sirens. "It would be nice for someone to say 'how's it going?' When there's nothing, it's more painful."



Not Having Done Enough

The most common theme that caregivers expressed was guilt — guilt that they hadn't done enough at the scene, that they had been prevented from helping, that they weren't trained in how to care for patients in a trauma situation, or that they had left before the bombs exploded and opted not to return to the scene. One social worker said that she had sat in the emergency room with the family of one of the victims who died, feeling inadequate. "I didn't know what to say. I feel like I didn't do enough. I didn't say enough. I didn't know what to do. I just sat and cried with them," she recounted tearfully.

An ED physician who treated patients at the scene shared how she "moved on" from one person she encountered with grievous injuries because she thought he had no chance of survival. She felt tremendous guilt when she learned that he had lived.

A Boston EMT said that he felt like an "imposter" because he had not witnessed anything more dramatic than confused and scared people, yet nevertheless was having difficulty concentrating and sleeping. "There were people who had much more traumatic experiences than I had," he said. In a similar vein, an emergency department physician from Children's Hospital Colorado admitted to feeling guilty that her hospital had received only six of the Aurora theater shooting victims while other facilities had treated more.

Even some of the organizers of the Boston Marathon admitted to feeling regret. "I didn't do a lot of good things," said one. "I was supposed to be a leader. I got caught up in the injuries instead of stepping back and making command decisions."

A cardiologist from one of Boston's teaching hospitals talked about how guilt can be transformative, an idea that several attendees mentioned in their evaluations as having resonated with them. "Guilt is an indication you're a good person and if you give it a chance to work through your system, it will empower you to bring your best to your professional situation," he said. "It helps us to become better, more compassionate people and face, rather than turn away from, situations. Guilt is good. It will run its course and be a source of power moving forward."

DOMINANT THEMES FROM FIRST SERIES

A surgeon who treated many of the injured tried to counter the prevailing sense of inadequacy expressed during one Rounds session. “Every person who made it to the hospital left that hospital alive because of what happened in the first hour,” he said. “We all did a very good job, and it’s important to keep that in mind. Not that people aren’t traumatized, but the majority are moving on, walking again, running again, dancing again.”

Administrative Betrayal



While some caregivers said that their institutions were very supportive of them in the aftermath of the bombings, others talked about the lack of support from their employers, which one panelist termed “administrative betrayal.” “Sometimes it’s perception, sometimes it’s very, very real,” she said. “What you need to understand is that you are part of a very elite group that most of your supervisors will never be part of. It’s a very special group that you will be in for the rest of your life. Someday you’ll be OK with it.”

Some Boston Marathon medical volunteers—especially those from institutions that didn’t treat the injured—recounted how their supervisors never reached out to them; how people seemed not to know what to say and so said nothing; and how one supervisor was most interested in the business opportunity that providing psychological help to the Marathon caregivers might represent. “I felt alone, and I don’t like that feeling, although my co-workers on my unit have been great,” said one nurse.

A physical therapist who volunteered at the Marathon that day but came from a hospital that had not treated any of the injured recounted how she had been traumatized by her Marathon experience and had asked her human resources department for some time off. “They told me I had no family medical leave time or earned time left — basically, to get lost,” she said.

Collaboration and Teamwork



Several participants spoke about how well-coordinated the first responders—designated and *ad hoc*—were at the bombing scene. “We found an amazing machine at the medical tent,” said one ED doctor. “It was very chaotic, but very organized. Throughout all of this, the most amazing thing was how everyone came together and did what they could. It was a profound feeling of community.”

The physician also said that she found the same superb coordination and teamwork when she reached her hospital’s emergency department. “Everyone had come down [to the ED] to help out. People were pulling for you, for the patients. They put all their petty grievances aside. We often fight between departments and everyone hates the ED. But everyone came down to help.”

Two physicians spoke about how the multidisciplinary teams that coalesced around the injured worked collaboratively and came to depend on each other. “We all got together the morning after the bombings—surgeons, nurses, physical therapists and social workers—and talked about individual patients and planning,” said one. “We created a multidisciplinary approach. There were no silos or working in parallel.”

At Spaulding Rehabilitation Hospital, which treated patients for the longest period of time, one physician said the treatment teams grew very close. “They would hang out at the end of the day to decompress and talk about the day,” he recounted.

“We created a multidisciplinary approach. There were **no silos** or working in parallel.”

DOMINANT THEMES FROM FIRST SERIES



How They Have Healed

Several participants talked about using Eye Movement Desensitization and Reprocessing Treatment (EMDR) to alleviate their PTSD. EMDR, considered controversial by some, uses the individual's own rapid, rhythmic eye movements to lessen the power of emotionally charged memories of traumatic events.

A hospital chaplain spoke about how after the bombings, chaplains would check in regularly not only with patients but also with the caregivers. "We were also providing spiritual support for staff in the wake of what happened," he said.

A staff member who participated in Spaulding Rehabilitation Hospital's own post-Marathon Schwartz Center Rounds session, which took place in July 2013, talked about how caring for the injured was itself a healing activity for her as a caregiver. "I felt lucky that we, as a hospital, got a chance to be part of the healing, because so many people felt so helpless and frightened," she said. "I'm so proud and fortunate to have had the opportunity to help."

Participants acknowledged that the healing was still incomplete and more needed to be done for those who were still traumatized. "We told our [hospital] administration that some people aren't okay yet. Be vocal about it. It's not worth feeling alone, having the entire world move on when you haven't," advised one physician. "Tell your institutions, managers, friends, families that you are not OK."



The Positive Reverberations

Some participants spoke about how the experience of caring for those injured in the Marathon bombings have had some lasting positive effects. "When everyone came out of their silos and came together, the outcomes were much better," said a surgeon. "That's something we took from the events and are applying forward to other patients who had nothing to do with the event." He continued: "Most of the time we providers feel our job in the hospital is all about productivity, efficiency, etc., but that's not why we went into caregiving professions. This unique situation created new, strong bonds between patients and caregivers and reminded me and others why we went into healthcare in the first place."

A medical resident at Spaulding Rehabilitation Hospital's Schwartz Center Rounds session commented that while the Marathon

bombings were a singular event, those injured had much in common with other Spaulding patients who have lost limbs. "We need to keep in the back of our minds that every patient is just as important. And we need

"It's not worth feeling alone, having the entire world move on when you haven't."

to give that type of effort and care to all of our patients, because they all go through probably one of the most traumatic events of their life before coming here."

One-Year Anniversary Triggers



Not surprisingly, the approaching one-year anniversary of the 2013 Marathon— with its concomitant commemorations— as well as the upcoming 2014 race were triggering a range of emotions for many of the attendees at the second series of Marathon Rounds sessions. Several people spoke about how a fire in the heart of Boston that had killed two firefighters in late March 2014 had added to their anxiety. Said one EMT: “From my department’s perspective, we’re not over [the Boston Marathon bombings] yet. It hasn’t healed. We keep having things that bring us back, like the fire in the Back Bay. A lot of us are still having problems and still turn to each other, especially with the April anniversary coming up.” Several attendees said they had lately been having flashbacks of the bombing scene while a psychologist said that she was feeling worse than ever as the anniversary approached. One nurse recounted how her anger and irritability had been transformed into a profound sadness. “I thought I was doing better than I am,” she said. “I think I may go into therapy, which I don’t want to do.”

Many people said they were eager to get the 2014 Boston Marathon over with so the community could return to some semblance of normal. “All this Marathon hoopla, the anniversary, reporters calling to interview me, the new Marathon — it’s brought everything back up again,” said an ED physician. “Once we get through the 2014 Marathon, things will be better. Until that happens, there will be a lot of stress.”

How They Have Healed, Part II



During the second Schwartz Center Rounds series, facilitators focused more on eliciting the ways participants had healed themselves from the psychological trauma they had suffered. A psychologist and long-time Marathon volunteer said that meditation had been very beneficial for her. “I’ve had a lot of pictures, memories, thoughts and feelings after the Marathon. With insight meditation, you let things go through your mind,” she explained. “You don’t push them out and you try not to judge them, attach meaning to them or become emotionally attached.”

Other attendees said they had been through therapy, tried acupuncture and visited the bomb site repeatedly to desensitize themselves. One medical resident said that running through the Marathon finish line over and over had been very helpful. “The first few times I was overwhelmed with emotion, but doing it over and over helped a lot,” she said. Several attendees said that they had decided to run the 2014 Boston Marathon for reasons that ranged from honoring the victims to reclaiming the race. “[The bombings] can’t go unanswered,” a paramedic asserted, to explain her reason for running the 2014 Marathon. “But I’m so nervous and scared—afraid that something will happen... It will be a difficult and emotional day.” Another attendee also expressed trepidation about participating: “I decided to run this year’s Marathon because I thought it would be a good way to clear my mind,” she said. “The past couple of weeks have been hard. I thought I was pretty good. Now I wonder if I’ve taken on too much by trying to run.”

Several people said that they planned to return as either volunteers or spectators. One physical therapist said that she would attend the Marathon but leave nothing to chance. “I want to have a plan and know where I will go, where I will park my car and who I will have drinks with afterwards,” she explained.

An operating room nurse who was one of the first responders at the scene talked about the Marathon bombings as being a life-changing event. “I started thinking about an acronym for my life: TALL—taking action, living life. I started doing some of the things I said I was going to do someday. I got a tattoo, went skydiving, and went to Hawaii for two weeks during Christmas. I usually work in the OR on Christmas. I looked at my life differently.”

DOMINANT THEMES FROM SECOND SERIES



Strength from the Survivors

The survivors have been a huge source of healing for many of the caregivers. “Looking back and realizing that the people [my hospital] treated—32 of them, most who had limb loss— are thriving in the community speaks to the job we did of rehabbing them,” said an occupational therapist. “Many of the survivors are doing things they never did before: windsurfing, taking part in weekly aquatic groups, serving as a peer visitor for others who have had limb loss. People are doing well. Slowly and surely they are getting back to their ‘normal life.’” She also spoke about how the media focus on amputee survivors provided opportunities for her to teach about life after limb loss. “I’ve been asked to do several interviews and be on panels and I use it as a way to talk about prosthetics, and how you can go on to live a meaningful and purposeful life with limb loss,” she said.

Some attendees found strength and solace in following the recovery stories of the survivors they had cared for. A social worker described how good it felt to see one despondent survivor she had helped immediately after the bombings on the cover of a national magazine months later, apparently thriving. “These sorts of things helped me move forward,” she said. People spoke about how their caregiving relationships had blossomed into friendships. A first responder who performed first aid on a woman with extensive shrapnel wounds found out who she was and visited her in the hospital, then became friends. “She’s doing really well,” she said.

Some attendees said their experience caring for survivors had made them better, more compassionate caregivers. Said one physical therapist: “We’re closer to and more empathic to all of our patients now.”

Some attendees said **their experience caring for survivors** had made them better, more compassionate caregivers.

FACILITATION



Surprises

Each Marathon Schwartz Center Rounds session was facilitated by one of four experienced facilitators who have facilitated Rounds for a long time. They were: Beth Lown, MD, the Schwartz Center’s medical director; Sally Okun, RN, vice president for advocacy, policy and patient safety at PatientsLikeMe, an online community of more than 250,000 patients worldwide; Chris Carter, PsyD, director of behavior medicine at Spaulding Rehabilitation Hospital; and Carol Mostow, LICSW, associate director of psychosocial training in the Department of Family Medicine at Boston Medical Center.

Lown said after the first session she facilitated that it was “one of the most important things I’ve done as a teacher, educator, and human being. It felt like an awesome responsibility, and it truly humbled me. It lingered with me for a really long time.”

Okun said she felt some trepidation before her first session and that it was the most challenging Schwartz Center Rounds she had ever facilitated. “It was less intuitive for me than regular Rounds that deal with the ‘usual’ issues associated with caregiving. The bombing was so far out of the usual that it challenged my comfort zone a bit,” she said.

The facilitators said they were struck by how raw the emotions were in the room during the first series. “People were weeping. They were very moved,” said Lown. “At one point, I felt like we were doing some group therapy. It got me a little nervous, but it was OK in the end. People needed some personal reassurance which I ended up offering as a sort of spokesperson for the audience.” Lown also said she was glad she attended a session before the one she facilitated because she might not otherwise have been prepared for the intensity of emotions participants expressed.

Okun wondered if the fact that attendees came from many different institutions—affording them a certain degree of anonymity—may have allowed some people to open up more than they might have otherwise. By the second series, attendees’ emotions were less visceral and there was more humor, although a number of people did express the return of anxiety and stress as the anniversary approached, Okun observed. Mostow said she was struck by the fear people were feeling about attending the 2014 race. “They weren’t just processing the past but also facing something that could be dangerous again,” she said.

Panel Preparation



To prepare the panelists for their sessions, the facilitators hosted a conference call to review what panelists would say during their presentation in order to “get an intensity read” on them, as one facilitator put it; create a narrative flow to the individual presentations; understand what themes might emerge and give feedback about the most promising ones; and provide the opportunity for panelists to do some pre-processing.

Children’s Hospital Colorado did a two-hour practice session with the panelists before its post-Aurora theater shooting Rounds session so they could tell their stories in their entirety. When the facilitator realized that one panelist was intellectualizing too much, he rearranged the order of speakers at the actual Rounds session so the more emotional ED physician spoke first. As a result, the more reticent panelist became more comfortable talking about his feelings.

The Beginning and the End



The facilitators agreed that opening the first series’ sessions with a slide show and song about the bombings and emphasizing the theme of resilience were very effective. “For people who are open to this, photos and music open the soul to experience emotions,” said Lown. “They break down barriers, the walls that keep emotion contained. The slide show also provided a common frame for everyone in the room.” During the second series, the sessions opened with the short poem that is referenced at the beginning of this report.

Closing the sessions with a quote or meditation—depending on the session—was equally effective, providing closure to a highly emotional 90 minutes. “We needed to soothe some of the rawness and help people leave feeling OK,” said Okun. “I wanted to set the stage for quiet and reflectiveness—to let them be where they were and not feel like they had to talk about it more.”

“They weren’t just processing the past but also facing **something that could be dangerous again.**”

PARTICIPANT EVALUATIONS



Participant Evaluations: First Series

Seventy percent of the participants completed evaluations with 80 percent rating the sessions as “excellent,” 18 percent as “good,” and only one person rating the session as “neutral.” As a result of the sessions, the vast majority of participants reported:

- Gaining new insights into the perspectives and experiences of their co-workers and the care required to treat trauma victims
- Feeling less isolated and alone as they continued to cope with their feelings and responses to the traumatic events they experienced
- Feeling more open to expressing their thoughts and emotions about the human aspects of patient care with colleagues in the future

In the comments section of the evaluation, the most common theme was how participants came to realize they were not alone in their struggles with the emotional fallout from the bombings and how important it was to stay connected with others who were also affected. The importance of talking about their feelings and seeking professional help if needed were the second and third most common themes respectively. Guilt was a close fourth.



Participant Evaluations: Second Series

Nearly 60 percent of the participants completed evaluations with 72 percent rating the sessions as “excellent” and 19 percent rating them as “good.” The rest did not rate their session. The vast majority of participants agreed that the sessions enabled them to:

- Describe their yearlong journey of healing from the events of April 2013 and discuss how they were feeling as the 2014 Marathon approached
- Share strategies and pathways that have helped them cope over the past year and that have been useful as they prepared to be involved in the 2014 Marathon
- Gain new insights into the perspectives and experiences of their coworkers
- Celebrate their strengths and the strength derived from community
- Feel less isolated as they coped with their feelings and responses to the 2014 Marathon
- Be more open to expressing thoughts, questions and feelings about patient care with colleagues in the future

One often repeated theme in the comment section of the evaluations was the idea that people recover from trauma at different rates and in diverse ways. As one attendee put it: “Respect your own timing and process.” The most common theme was the importance of self-care. Giving oneself permission to feel upsetting emotions, sharing these feelings with others and realizing that others are also struggling were recurring themes as well.

People recover from trauma at different rates and in diverse ways.

This was the first time the Schwartz Center had ever planned and conducted cross-institutional Rounds so there were many challenges along the way.

The Schwartz Center hired a consultant who spent about 20 hours a week from July–October 2013 planning and marketing the program and then overseeing the logistics for each session. The Schwartz Center's senior director of programs oversaw the consultant's work. At the beginning of the process, the Schwartz Center interviewed facilitators from hospitals that had treated survivors of the 2012 Aurora, Colorado, theater shootings and the 2013 Asiana Airlines crash in San Francisco and had held special Schwartz Center Rounds sessions in the aftermath of these incidents.

Here are some lessons gleaned from the Schwartz Center's experience:

Create a planning group that is representative of the attendees you hope to attract.



The Schwartz Center was assisted in the beginning by a planning group—composed of representatives with various expertise from organizations and hospitals that cared for patients—to decide on fundamental issues such as who should be targeted (anyone who cared for those who were injured) and whether the sessions should be held at the hospitals or on more “neutral” ground (the latter). Two of the sessions did end up being held at hospitals because other venues were cost-prohibitive. The planning committee met only once, but members helped the Center in other ways, such as connecting the Center with individuals in the healthcare community who could be helpful during the planning and offering the names of potential panelists.

Choose panelists who can tap into their emotions but are removed enough from the experience to have gained insights.



The Schwartz Center reached out to the main organizations that had dealt with the injured—such as the hospitals, the Boston Athletic Association's volunteer corps and Boston Emergency Medical Services—for panelist recommendations. The Center interviewed all candidates over the phone, asking them to recount their Marathon story, then assessing their comfort level with sharing their experiences and the degree to which they had processed the emotions sparked by the event. “We didn't want people who were divorced from their emotions; on the other hand, we didn't want them to break down and be unable to share insights,” said one interviewer. The goal was to have one panelist at each session representing the BAA, Boston EMS, as well as the hospital emergency department and the inpatient or post-acute setting in which the injured received care.

Query diverse stakeholders about how long after the incident Schwartz Center Rounds should be held.



Every community affected by a communal tragedy like the Boston Marathon bombings will be different in terms of readiness for Schwartz Center Rounds and should gauge the timing based on community feedback. Schwartz Center Rounds are not intended to be critical incident debriefings; instead, they are sessions that are most effective when participants have had some time to reflect on and process a critical incident. There was a good deal of consensus within the Boston community that six months after the incident would be the best time to hold an initial series of Rounds sessions. After the four fall sessions, it became clear that many attendees could benefit from additional opportunities to process their feelings and emotions. The second series was timed to precede the one-year anniversary commemorations and media coverage, which, as the Schwartz Center anticipated, re-triggered a range of emotions for those who were affected.

PLANNING THE SERIES



Publicizing an event to a wide and diverse audience is challenging, so be persistent.

Publicizing the sessions was challenging because all of the publicity had to go through the institutions whose staff the Schwartz Center was hoping to attract (the institutions did not want to share staff email addresses with us.) The Center's staff and consultant spent a great deal of time talking to public affairs departments and institutional leaders about the Rounds sessions, but never knew if, or how often, the marketing material and invitations were distributed. Attendees, who came from about half of the hospitals that treated the injured, were required to pre-register by email so the appropriately sized space could be secured and facilitators would know attendees' roles and institutional affiliations. The registration instructions reassured attendees that their identities would be protected.



Shape the sessions to appeal to hearts more than heads.

The facilitator and Rounds leader at Children's Hospital Colorado told us that they had begun their post-Aurora Rounds session with a candlelight ritual that focused on the ways families had honored their loved ones who had died. Because of the intensity of the Marathon bombings subject matter, and the fact that many of the Rounds attendees would not know each other, the Center decided the sessions needed to begin with an activity that, like Aurora's opening ritual, would tap into the attendees' emotions more than their intellects.

The Center and its facilitators decided to begin each session in the first series with a slide show of photos from the 2013 Marathon and its aftermath, highlighting the themes of caregiving and survival. The slide show, which was created by a Boston Medical Center Emergency Department physician, was accompanied by a lyrical song that the physician (who was also a Rounds panelist) wrote and sang about the incident. Each Rounds session ended with a poem or meditation (see Readings, page 12). The rest of the session followed the traditional Schwartz Center Rounds format, with panelists speaking about their experiences on the day of the bombings, followed by audience members sharing their experiences and thoughts.



Guide the flow, but be flexible.

The facilitators agreed that it was important to strike a balance between guiding the flow of the conversation and allowing participants to "go where they needed to go," as one facilitator put it. One facilitator was taken aback by the length and passion of the presentation of one of the panelists at a session during the first series, which left less time for others in the room to share. Facilitators might consider emphasizing at the preparation meeting with panelists that in addition to telling their stories at the beginning of Rounds, they will have other opportunities to share their experiences during the session. Future facilitators might also consider holding the microphone for speakers from the audience to signal through body language when they should start winding down their remarks. Another facilitator, however, warned against too much choreography: "A group goes where it has to go, and that's where we need to go," she advised. "That's group dynamics and we need to respect it."

Plan for participants' needs after the sessions.



The Schwartz Center made sure that the rooms where Rounds were held were not booked immediately afterward for another event, which allowed people to linger and talk together in small groups. Organizers also compiled a list of resources for caregivers who might have needed more help and links to articles on trauma. One facilitator suggested identifying a therapist experienced in trauma care who could be available on short notice to any attendees who might need immediate support and help.

Conclusion



The success of these special Boston Marathon Rounds underscored the flexibility of Schwartz Center Rounds by showing how effective a cross-institutional version, dealing with a very public tragedy, can be. While some attendees had opportunities to process their intense reactions to the bombings in other settings, our sense was that there were still a sizable number of caregivers and first responders for whom the Rounds were their primary venue for this important emotional work. Many attendees expressed the view that being in the company of a diverse group of people who had shared the same traumatic experience and were still struggling brought great relief.

We look forward to future opportunities to bring this unique program to individuals and institutions in need of a profound, collective healing experience.

Being in the company of a **diverse group** of people who had **shared** the same traumatic experience brought **great relief**.



READINGS

The following readings were shared at the beginning or end of many of the Boston Marathon Rounds sessions:

May I be safe. May I be happy. May I be healthy. May I live with ease.
May *you* be safe. May *you* be happy. May *you* be healthy. May *you* live with ease.

-Sharon Salzberg

.....

“Perhaps it would be a good idea,
fantastic as it sounds,
to muffle every telephone, halt every motor,
and stop all activity someday
to give people a chance
to ponder a few minutes on what it is all about,
why they are living and what they really want.”

-James Truslow Adams 1878-1949

HELPFUL ARTICLES

Dealing with the Effects of Trauma: A Self-Help Guide to Recovering Your Mental Health.

Available at <http://store.samhsa.gov/product/Dealing-with-the-Effects-of-Trauma-A-Self-Help-Guide/SMA-3717>

National Center for PTSD

Available at <http://www.ptsd.va.gov/professional/pages/stress-mv-t-dhtml.asp>

Tips for Survivors of a Traumatic Event - Managing Your Stress

Available at <http://store.samhsa.gov/shin/content/NMH05-0209R/NMH05-0209R.pdf>

Tips for Managing and Preventing Stress - A Guide for Emergency Response and Public Safety Workers

Available at <http://www.nd.gov/dhs/info/pubs/docs/mhsa/disaster-tips-managing-stress-for-emergency-response-public-safety-workers.pdf>

.....

© 2014 • The Schwartz Center for Compassionate Healthcare