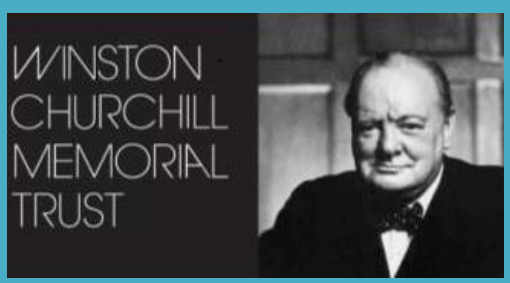
Burdett Trust for Nursing

2014

Improving Communication Training and Compassionate Care Using Arts Based Methods



Olwen Minford

Winston Churchill Fellow

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1. Executive Summary

- A number of troubling reports over the last few years in the United Kingdom have repeatedly highlighted the need for improved communication by healthcare professionals, particularly at the end of life.
- Over 70% of people say that they wish to die at home and only 23% actually achieve this wish. Whilst there are some recognised barriers to achieving choice (Macmillan, 2013), in addition many professionals lack the confidence to have conversations about end of life with people in their care.
- In 2008, The End of Life Care Strategy drew attention to the" knowledge and skills gap" and the "cultural shift" required in the workplace to improve the standard of End of Life Care in all sectors. The Francis report (2013) released following failings at Mid Staffordshire NHS Foundation Trust, and the Neuberger Review of the Liverpool Care Pathway (2013) both highlight the role of poor communication in failure to care. In May 2014 the National Care of the Dying Audit for Hospitals report by Royal College of Physicians and Marie Curie specified as the first key recommendation:

> *"Education and training in care of the dying should be mandatory for all staff caring for dying patients. This should include* ***communication skills training and skills for supporting families and those close to dying patients".***
>
> **National Care of the Dying Audit for Hospitals (2014) Royal College of Physicians and Marie Curie**

- Research compiled by ComRes (2014) for Dying Matters confirms that the majority of people feel uncomfortable discussing death. This includes professionals who are tasked with discussing it appropriately and sensitively. 25% of GPs have not discussed end of life care wishes with people[1]. This research follows a Dying Matters pilot study in 2010 which found that 60% of GPs rated themselves either 'not confident' or 'not very confident' in initiating conversations about end of life. Equally, a Nursing Times survey (2010) showed that 1 in 4

[1] The term "people" will be used inclusively in the report to refer to members of the public, patients and clients.

nurses did not feel competent or confident to broach the subject of death with people or their carers.

- Death therefore remains something we prefer not to discuss for fear of inviting it in, getting it wrong, causing harm and just simply not having the skills and resources to cope. We trade on euphemisms such as "passed on ", " kicked the bucket", "snuffed it", to delicately or brutally avoid mentioning the unmentionable words "Death, Dying, or Dead".
- Part of the problem is that we do not have a language for death. In acknowledging that we do not have the words to describe the enormity of the experience of death, we find that the arts (visual art, drama, writing, music, dance, poetry) provide us with a language to talk about death and make emotional sense of " the elephant in the room" (Kettering). The arts are not just outpourings of emotion but disciplined forms of enquiry, through which to organise feelings and ideas about experience.

"There is a voice that does not use words "

Rumi

- Arts and health is a diverse, multidisciplinary field dedicated to transforming health and healing by connecting people with the arts. Education is one of the five focus areas of arts in health care.

(Image 1)

Five Focus Areas of Arts in Health as defined by The Global Alliance for Arts and Health.

- Everything points to the need for additional and different training methods to support staff. Medical and nursing schools in many countries have integrated arts courses to help students develop observation, diagnostic, and empathetic skills.
- Through the arts, future healthcare professionals can learn to understand and connect with people on a more personal level, and develop abilities that contribute to the holistic approach supported by current evidence-based medicine.
- The overarching aim of this project is to evidence that there is a wealth of research, educational and working practices showing how the arts are being used to enhance communication training and compassionate healthcare, both actively in education, and passively in integrated arts in medicine programmes.This report aims to show that the incorporation of the arts in education, training and professional development offers a real opportunity to improve communication training, and allow the arts to tackle those attitudes and behaviours that stand in the way of care and compassion and consequently the safety of people**.** This would in turn lead to improved experiences for people, their carers and staff, and have positive economic implications.

2. Acknowledgements

I am deeply grateful to the Winston Churchill Memorial Trust for awarding me this fellowship and to the supportive, efficient staff in the Winston Churchill office for their help.

I would like to thank all my hosts in both USA and Australia - those who picked up the baton and shared their learning and experiences so warmly and generously, and for all their kindness and friendship. For all the random acts of kindness and hospitality experienced along the way, I am extremely grateful- for example the coach driver who went off course and drove me to my destination and told me not to tell as he risked his job!

Particular thanks in USA goes to:

- Maria Lupo, Atlantic Health System, New Jersey, Dr Diana kaufman (Rutgers Medical Center)
- Robin Glazer, The Creative Center, New York
- Carrie McGee, Museum of Modern Art, New York
- Professor Sandra Bertman, National Center for Death Education, Boston
- Professor Lisa Wong and members of Boston Arts Consortium for Health
- Professor Joel Katz , Harvard Medical School, Boston
- Linda Friedlaendar, Yale Center for British Art, Yale
- Alexa Miller, Arts Practica, Connecticut
- Dr Jill Sonke, Dr Tina Mullen, artists and staff at Shands AIM. UF Health Gainesville, Florida

In Australia, I would like to thank:

- Dr Patricia Fenner, La Trobe University, Melbourne
- Emma O'Brien, Music Therapy Department, Royal Melbourne Hospital
- Victoria Jones, Royal Children's Hospital, Melbourne
- Lama Majaj, Olivia Newton John Centre, Melbourne
- Kerrie Noonan, Groundswell, Sydney
- Efterpi Soropos, Human Rooms, Melbourne
- Dr Frank Brennan, Calvary Hospital, NSW
- Helen Zigmond, The Institute of Creative Health, Sydney
- Amanda Soloman and Deborah Burdett, Chris O'Brien Life House, Arterie Programme, Sydney

Many other meaningful connections and friendships were forged along the way and my hope is these will be sustained and develop over time.

Alex Coulter, Director of Arts and Health South West provided contacts and helpful guidance to assist with fellowship planning.

I appreciate all those who over the years have educated me informally and formally. I recognise that formative experiences in my own life have led me to possess a strong belief in the transformational power of the creative arts to transcend very difficult situations and to educate emotionally and intellectually. My understanding continues to grow that "Art captures the eternal in the everyday and it is the eternal that feeds our soul" (Moore, 2009)

I chose a photograph of an inspiring art installation at the entrance of UF Shands Arts in Medicine (AIM), Florida, as a cover image because it speaks to me of the vital importance of raising hope at work for both staff and people being cared for.

I would like to thank my referees:

- Debbie Young, Director Debbie Young Consultancy Ltd, previous End of Life Care Project Manager, for giving me free rein to explore and implement creative and innovative training methods in 2007-2010.
- Amanda Cheesley, RCN Long term Conditions Adviser, for her support, advice, and leadership to me as a member of the RCN Pain and Palliative Care Forum Steering Committee, 2011 - present.

To all my kith and kin, and most exceptional friends everywhere for their love, humour, unfailing support and belief in me- a heartfelt thank you.

Disclaimer

Explicit or implied consent has been given for the use of names and photographs contained within this report.

The opinions expressed within this report reflect my personal and professional knowledge and learning and may not represent those of others.

3. Arts in Health Care in United Kingdom

In 2012 The National Alliance for Arts, Health and Wellbeing was launched, made up of representatives from nine regional organisations, and is supported by Arts Council England. It aims to act as a hub for information and research on arts and health work in England and further afield. This augments the growing body of evidence compiled over recent years which explores the potential of the arts to impact positively on health and wellbeing, to increase engagement and counter inequalities. A central aim of The National Alliance is to encourage the use of the arts by health and social care providers and a Charter has been developed to achieve this.

"the arts and humanities have a crucial role to play in medical training, clinician wellbeing and awareness. We believe the arts help us to see and value the patient as a whole person, not just an illness or symptom. We believe the arts will contribute to a culture within health services that is more supportive, empowering, enlightened, personal and humane"

The National Alliance for Arts, Health and Wellbeing

The National Alliance is currently supporting the work of the new All Party Parliamentary Group (APPG) for Arts, Health and Wellbeing which was launched in January 2014. During a discussion in July 2014 on how the Arts and Culture can contribute to improving the quality of care following the Francis Inquiry(2013), the focus was on the role that the arts can play in medical training and in creating a culture of care in health organisations. It was helpfully identified by Sir Robert Francis QC that:

"Poetry in health is a revelation, it can communicate the reality of disease; it can create empathy. It allows people to talk about things they are fearful about such as cancer".

Sir Robert Francis QC

The case for arts and health was later presented to the Secretary of State and Public Health England are preparing a briefing on the evidence base.

4. Introduction

The fact that death remains a taboo subject in Britain has been well documented by Dying Matters, a broad based, inclusive coalition set up by The National Council of Palliative care in 2009. Dying Matters aims to change attitudes such as W.S. Maugham's below, together with behaviours and public knowledge towards death. It has been actively campaigning to raise awareness in the UK about Death, Dying and End of Life Care (Eolc), using a fresh and innovative approach. "Dying Matters Week" in May is gaining momentum each year with more of the public and healthcare workforce becoming involved.

> ***"Death is a very dull, dreary affair, and my advice to you is to have nothing whatsoever to do with it".***
>
> **W. Somerset Maugham**

I am a registered general nurse with over 30 years experience and hold qualifications in intensive care, health visiting and palliative care. Simultaneously, I am a registered psychotherapist trained in using the arts. Since 1997 I have worked in palliative and end of life care in a variety of roles; as a hospice nurse, end of life care facilitator, psychotherapist and trainer.

Since 2007, I have been applying the arts in end of life care education and running experiential workshops using arts based methods to "Dismantle the Taboo around Death". The training evolved in response to a felt, perceived and requested need for improved communication whilst working as an NHS end of life care facilitator and educator in the community, care homes and hospital in North and East London.

I believe that this experiential reflective training is a fundamental first step in the process of enabling staff to communicate with people about end of life issues. If staff are enabled to reflect on their own beliefs about death, and their own wishes and preferences in a safe environment, then having engaged in a meaningful way and "tackled the elephant in the room" it seems likely that they will feel more comfortable and confident to engage in difficult conversations about death with people and their carers.

For some members of staff, encountering a person from a different background, can cause an immediate barrier to discussion of end of life issues owing to uncertainty about the other's beliefs and

customs. This discomfort, fear and apprehension of health care professionals, described by one as "a black hole", is the aspect which I believe requires skilled focus and facilitation in the training of staff, to enable them to sensitively initiate end of life care conversations.

According to evaluations the workshops are proving to be an effective way to address the taboo and creatively enable discussions about death and dying. The training has been carried out with all grades of health and social care staff in acute, primary, care home and voluntary sector settings. The two hour workshop has received positive feedback from all participants. (see feedback)

Feedback below from third year medical students states the impact of the workshop:

- ***I will change my way of speaking to patients, take more time to listen and think about what I want when I die***
- ***Speaking to patients and understanding how they feel. Being brave enough to say what needs to be said in the right way***
- ***I will ensure to keep a warm and personal approach when dealing with dying patients and try to have "those" conversations when I can***

On witnessing the positive impact and the reported growth in confidence of many workshop participants, I was curious and inspired to find out more about innovative methods being used to improve communication training and compassionate care in other areas of the world, particularly using the arts in health care education.

5. Travel To Learn

Project Aims and Objectives:

In February 2014 I was delighted to be awarded a Winston Churchill Travel Fellowship and generous grant from the Winston Churchill Memorial Trust affording me the opportunity to visit United States of America and Australia for eight weeks to research "Improving communication training and compassionate care using arts based methods". The plan was to visit USA for five weeks in April/ May 2014 and Australia in November/December for three weeks on a two stage trip.

Whilst my focus has remained on arts based approaches in education, the larger implications of the project relate to arts in health more broadly. There is enormous potential for arts and health partnerships to contribute to clinical healthcare, wellness promotion, and improving health care environments, however the scale of such a research undertaking is well beyond the scope of this project.

Aims:

- To visit USA and Australia where established Arts in Health Care and Education programmes exist at undergraduate and postgraduate level and explore additional researched methods of training professionals, using the arts to improve communication, compassion and the experience of dignity.
- To observe and learn from those leading initiatives.
- To participate in training sessions, bedside practice, creative exchange and in depth explorations of practice.

Objectives:

- To transfer knowledge and best practice back to UK from existing arts in healthcare and education programmes in USA and Australia.
- To encourage development and expansion of the application of the arts in healthcare education, particularly end of life care education and find ways to harness the arts in clinics and classrooms to embed in mainstream medical and nursing education.

- To dismantle the taboo around death by enabling professionals to increase confidence in having difficult conversations so that people can achieve their wishes and be treated empathetically with dignity and compassion.
- To impact Advance Care Planning with more people dying in their chosen place.
- To collaborate internationally and contribute to the growing body of literature with evidence based practice.
- To contribute to the development of arts based education and university modules for healthcare professionals.

5.1. Areas of Investigation

Overall:

- The use of the arts in medical and nursing training and how it can enhance communication and compassionate care.
- Can compassion and empathy be taught or modelled? - feedback from a grass roots inquiry.

Specific areas of investigation

- The impact of the arts on communication training as experienced:
- actively through the use of art in educational programmes especially in art galleries and museums
- passively through the implementation of integrated arts in medicine programmes, and the impact of the environment and installation art in healthcare settings

The 25th Global Arts in Health conference in Houston, Texas, was an excellent place to begin to pull the threads of my research together. It provided a rich smorgasbord of innovative developments in the use of arts and health to enhance lives (P.14 Itinerary and Appendix 2). It also enabled me to establish relationships with many professionals who I would later visit as part of the fellowship.

Image 2. Houston Restaurant

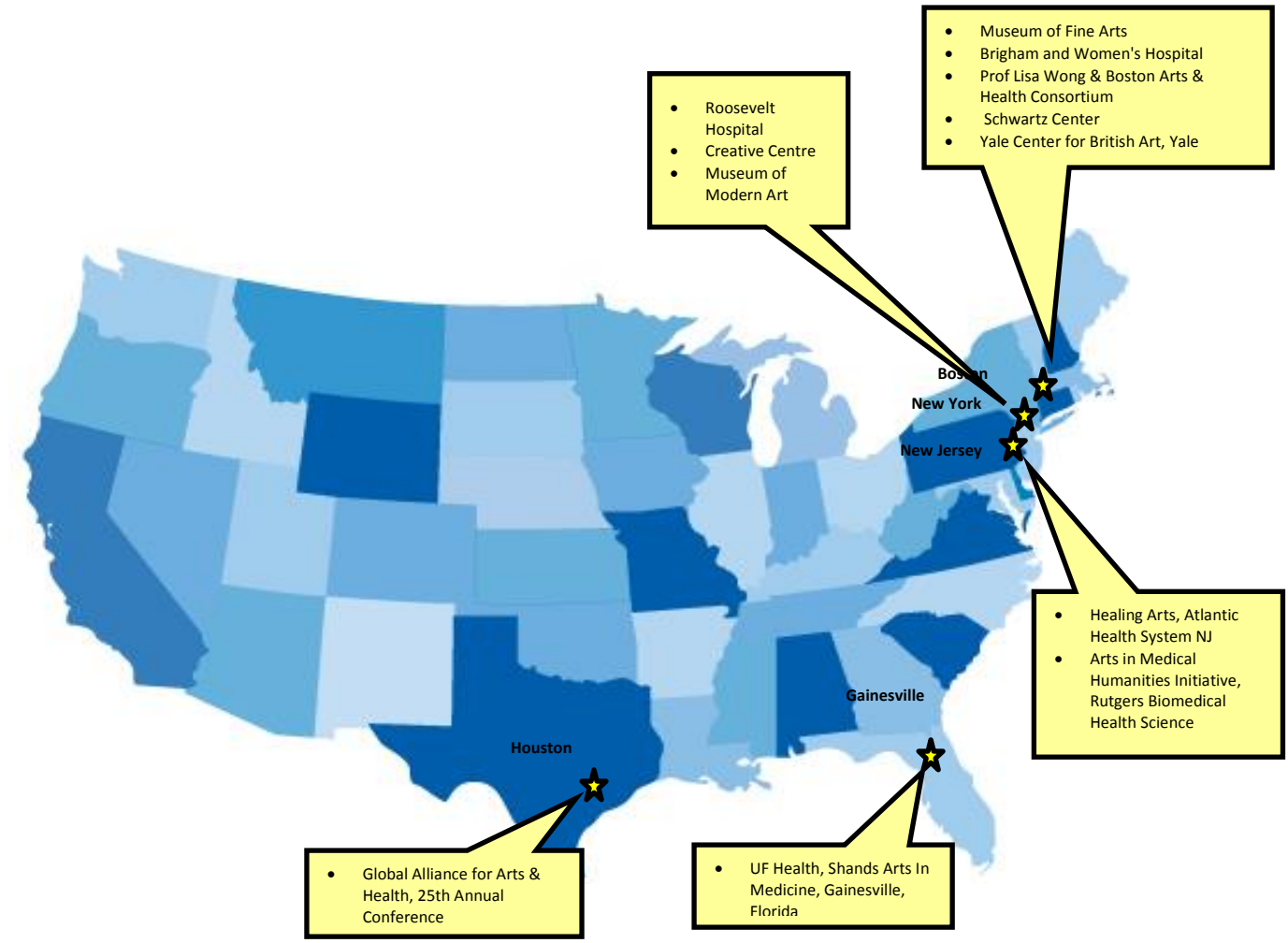
Image 3. The Jung Center, Houston, Texas

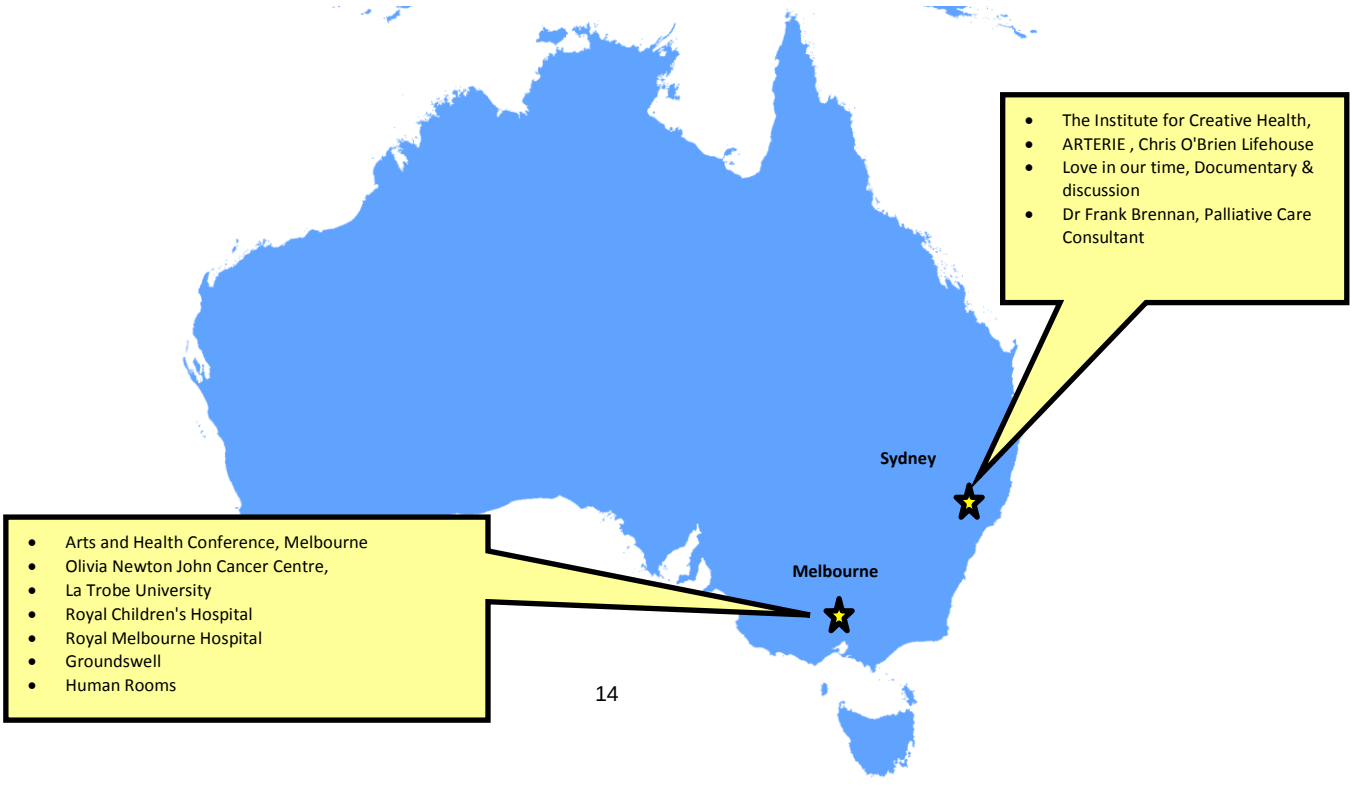
The beautiful Jung Center hosted the educational events and the major themes of research emerged here and then formed a core focus to my visit across USA, and later in Australia.

Equally, the National Art Gallery of Victoria in Melbourne, Australia provided a similar opportunity to learn from others when attending and presenting at the 6th Arts and Health Australia Conference in November 2014.

Image 4. National Art Gallery of Victoria, Melbourne

5.2. Itinerary of Travels United States of America and Australia





6. Can Compassion and Empathy be Taught or Modelled? An Informal Inquiry

The stresses of today's healthcare system severely threaten the delivery of compassionate care. Administrative demands and financial pressures mean less time with people and a focus on diagnosis, treatment, and targets rather than on the impact an illness can have on the person and their family. Many healthcare professionals today are under pressure, anxious, and frustrated – with no structured outlet for expressing their feelings and little preparation for the difficult communication issues that are an inevitable part of caring for people.

It is vital to point out here the systemic issues such as escalating workloads, blame culture and unsupportive management around culture of care in organisations. These issues as well as the personal inadequacies of the practitioner can combine to result in a lack of compassion. In an era of hot desking, multi tasking and "hitting the ground running", both factors need to be addressed in order to allow compassion to be sustained or restored. This complexity has been recognised by Compassion in Practice, (DH, 2012) the national strategy for nurses, midwives and care staff. The implementation of the 6Cs (care, compassion, communication, competence, courage, commitment) is designed to contribute to high quality, compassionate, excellent health and wellbeing outcomes for people in a range of settings.

Given that most healthcare professionals are motivated by a passion to make a difference in other people's lives, how can we bring compassion into our healthcare systems and foster kinder cultures?

There is much confusion about what compassion is. Henri Nouwen said:

> "***Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion is the full immersion in the condition of being human."***
>
> **Henry Nouwen**

Here I will consider the characteristics of compassionate care as:

- Communicating sensitively with people and their loved ones;

- Listening carefully, showing empathy and instilling hope;
- Respecting peoples' values, culture, choices and decisions;
- Understanding the significance of peoples' families and communities

The #hellomynameis campaign in UK originated by Dr Kate Granger (a palliative care clinician with an incurable illness) is an initiative geared to educate staff about the importance of introducing themselves to people as the first rung on the ladder to providing compassionate care. Sadly this arose from her experience of noticing this was not happening.

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel"

Maya Angelou

An area of investigation I wished to pursue was to ask those I met with if they personally believed it was possible to teach or model compassion and empathy. Even though the latest neuroscientific research shows that we are programmed to be compassionate from birth, and it is simply a matter of exercising the compassion muscle, opinions and academic debates abound. I prepared some questions in advance.

Research Questions

- ***Do you think compassion training and compassionate care can be improved by using the arts?***
- ***Have you got examples of how communication training and compassionate care have been improved?***
- ***Have you measured this in practice? Can you describe what methods have been used?***
- ***Do you think compassion can be taught or modelled in training?***

Wonderful opportunities arose to pose the above questions en masse to clinicians and academics, when I was asked to present at Healing Arts, Atlantic Health Care, New Jersey, and at La Trobe University in Melbourne, Australia, on the topic "Dismantling the Taboo around Death and the Application of the Arts in End of Life Care Education".

Lively and vibrant interactive discussions ensued. Generally there was doubt that compassion can actually be taught - it was felt that compassion is rather like love and beyond teaching. There was however a conclusively positive belief and experience that the arts could improve communication training and that compassion could be modelled as a recursive process and care improved. One person said *" Compassion itself must be experienced and the arts (active and passive) can facilitate this knowing*".

I will now describe some of the methods I observed in both countries being used to do this.

Healing Arts Luncheon: "Dismantling the Taboo Around Death and the Application of the Arts in End of Life Care Education"

Tuesday, April 15th 12:00 – 2:00 pm
3rd Floor Executive Conference Room, 475 South Street, Morristown NJ

Please join us for a luncheon as we welcome Olwen Minford, an Integrative Psychotherapist based in London with a background in end of life care as an RGN, trainer and counsellor. Olwen has been awarded a Winston Churchill Travel Fellowship to visit the USA and Australia to research improving communication training and compassionate care using arts based methods. She will be visiting Atlantic Health for a few days through collaboration with the Arts in Medical Humanities Initiative (AIM-HI) at Rutgers Biomedical Health Sciences.

Olwen will be presenting on the topic: "Dismantling the Taboo Around Death and the Application of the Arts in End of Life Care Education," with informal discussion to follow.

Please RSVP by April 3rd, 2014.

7. The Use of Art Galleries To Educate Health Professionals and Improve Communication and Compassionate Care

Evidence for the value of arts based training in health professionals education is accumulating. There is now high quality evidence (Morrissey et al, 2011) for improvement in students general observation skills as a result of reviewing and discussing artworks. Several studies indicate that this is transferred to the clinical setting (Braverman, 2011). Some studies (Herman, 2001) suggest that student's capacity to focus on and infer emotions is improved through engaging systematically with art in facilitated collaborative sessions. The arts are increasingly recognised as an effective means of facilitating the development of empathy in health professionals. There is evidence that awareness and sensitivity to people being cared for has been raised and also emotional awareness of others and self.

These programmes build on the shared expertise of staff in both the visual arts and health education. In some areas of USA these courses are mandatory for medical and nursing students and not merely contained within self selected components as in the UK at present. At a time when headlines in a hospice bulletin give warnings about deteriorating communication in the NHS, perhaps we need to consider how these methods of training can be fully implemented and embedded in core curricula.

"Communication between NHS clinicians and incurably-ill patients remains poor – and risks getting worse" **June 2014**

Andrew McDonald, founding CEO of the Independent Parliamentary Standards Authority.

7.1. Enhancing Observation Skills. A Programme for Medical and Nursing Students at Yale Center for British Art

Image 5. Yale University

I was extremely fortunate to visit Yale, and Linda Friedlaendar, Senior Curator of Education at the Center for British Art, one of the originators of the "Enhancing Observation Skills" programme.

In response to a personal experience of a doctor's poor manner, Linda collaborated with, now Emeritus Professor of Dermatology, Irwin Braverman, fifteen years ago to develop a programme to make medical students in training more observant, more attuned to the needs of people, and more alert to ambiguous issues while taking a history and examination. A controlled study over a two year period showed a marked increase in observational skills in the medical students who had this museum intervention. Since the study (Dolev et al, 2001) was published in the Journal of the American Medical Association, the programme has become mandatory for all first year medical students at Yale. It has been adopted at over 50 medical and nursing schools in the USA and abroad and has been extended to the School of Physician Assistants.

During my visit I was delighted to join in a gallery training session with first year medical students. In the introduction, led by Linda and Dr. Braverman, we were given strict art gallery etiquette (e.g. Don't point!). We were instructed that the goal of the gallery exercise was to first objectively describe everything in the painting, and then, try and determine the underlying narrative or story by drawing conclusions and making interpretations on what they see in the painting. We were divided into small groups of four students and introduced by docents (guides) to pre selected paintings.

Image 6. The Death of Chatterton by Henry Wallis

One of the paintings with a strong narrative we were given to visually inventory was "The Death of Chatterton". No conferring was allowed and in a meditative process lasting twelve minutes, we were asked to document observations without formulating opinions or drawing any conclusions about what is going on. After a strong visual inventory, we framed conclusions and made interpretations based only on what we saw. This helps students to slow down the looking process, suspend judgement and become better observers, which they then can translate to the clinical setting and resist a speedy process of diagnosis.

A student described to the group in a single sentence the essence of what he saw in the painting (as in presenting a case history). This was followed by a twenty minute in depth discussion about everything observed. After this the student and the group could make conclusions and interpretations using the visual material only. Often this might be ambiguous which was in turn related to the clinical setting and differential diagnoses, and so the training fosters comfort with ambiguity. In a way that was very reminiscent of some consultants in clinical settings, Linda fired open questions to the students to narrow down the observation e.g. "What do you see that makes you feel that...", "How do you know...?", "Give me more information about the man and the way he looks.."

The idea of using original works of art at The British Art Center levels the playing field for all the students as no one has an advantage in knowing anything about what they are about to see and talk about. Art addresses universal concerns and narrows the gap between bioscience and human experience. The medical students enjoy working in small groups and hearing what their peers say. Whilst they are trained to be experts as doctors, the art opens up the possibility of listening and paying attention to what someone else has to say. I interviewed a student and he thought the training was

"fantastic". He said it helped him see another perspective and promotes self reflection. He added the training emphasised that "you are not always right".

7.2. Art Museum Training at Harvard Medical School, Brigham and Women's Hospital, Boston

Image 7. Museum of Fine Arts, Boston.

Image 8. Harvard Arts Festival

Professor Joel Katz and his colleagues at Brigham and Women's hospital in Boston are building upon the work at Yale and have expanded it to address problems in medical care and education. In a series of observational studies and surveys they found using the arts in training improved physician performance by addressing deficits in physical examination skills, empathy, and team work.

When I met with Joel he was optimistic as there is "a lot of momentum at present" in arts and health, even though there are sceptics, and research evidence is a vital part of this. Interestingly Joel was a graphic designer before entering medicine as a mature student.

There are currently three programmes running conjointly between Harvard Medical School and the art museums in Boston.

- Training the Eye: Improving the art of physical diagnosis is an eleven week elective course for medical students divided between the classroom and the art museum
- Intern Humanistic Curriculum: A mandatory course of seven sessions over a year for all interns (house officers). The goal is to foster learning about humanistic aspects of medicine, increase a sense of community. Professional growth and well being are supported in the recognition of the potentially dehumanising impact of a medical career and resulting decline in empathy. Death and difficult conversations are addressed using art objects and facilitated conversations e.g. "How does this (object) relate to your care of dying people?". Self care and renewal is emphasised using guided relaxation in the Buddhist Temple Room.
- Multidisciplinary Teamwork Training. The goal of this course is to explore team dynamics, communication styles, hierarchy, and interdisciplinary relationships. Firstly teamwork is observed on the wards by a professional observer and feedback is given. A team building night follows at the museum where simulation exercises are used. Art works are chosen to lead to discussions that focus on varying perspectives of communication between disciplines and hierarchy. Feedback is given to the team members and they conclude with a creative writing exercise to explore "What observations would you make about your team's dynamics, based on your time together in the art museum?".

7.3. The Art of Paying Attention, Museum of Modern Art, New York and Colombia University

In New York, Carrie McGee, the art educator at Museum of Modern Art, teaches on an intensive seminar "The art of paying attention". This is a component of the Narrative Medicine Programme led by Dr. Rita Charan for first year medical students at Colombia University. The six week course uses art to explore empathy, the encounter with people who are ill and the encounter with self. Carrie sees clinical experience being broadened, and insight deepened. Students investigate what it means to "see" an

image or object and learn to distinguish between objective observation and subjective interpretation. Observation is enhanced so that students begin to notice detail in the clinical setting e.g. balloons and cards in the person's room, long toe nails, facial expressions, visitors. Critical thinking and communication skills improve as the arts offer the students a way to talk about and make meaning together.

7.4. Art of Nursing, Virginia University, Richmond

Nursing students at Virginia University are being given the opportunity after a morning shift on the wards to take part in a museum programme. The guided art discussion has three guiding principles:

- Interprofessional collaboration-considering multiple points of view
- Dialogic looking-cycle of communication and reflection
- Intentional reflection-thinking together

Sara Wilson Mckay (Associate Professor of Art education) and nursing colleagues have been researching what increases clinical judgement and critical reasoning in nurses. The students carry out a reflective piece of work at home; "How did this experience connect with your development as a nurse?" Sarah believes she often witnesses "the birth of empathy" when the focus shifts from art to the clinical situation.

8. Narrative and Creative Approaches to Improving Communication and Compassionate care.

So how can compassion be sustained in health professionals?

The creative expression project run by the medical humanities department at Texas university is an opportunity for second year medical students to use art as a means for thinking about what it means to be a doctor based on their experience in the first year. Recognising the need for a creative outlet in medical school, the arts in the form of print making, poetry, woodblock prints, storytelling, and visual art are used to explore "What it means to be a doctor?". The project will be replicated in the school of nursing. The students in groups of 12-15, are paired with a local artist and the art making is focused on the medical experience. Reflective writing is a core part of the process with the goal of enhancing observation and listening skills, increasing self awareness, and improving communication between caregiver and person.

I interviewed Petra Kelsey, a student who movingly spoke about her experience of the course. Petra felt she had become a bit "densensitized" by attending autopsies. She found that "art can bring up things you didn't know you had buried" as she tended to put shocking things at the back of her mind.

Very sadly, during the course Petra's friend's baby died from Edward's Syndrome. Emotionally upset by this tragedy, she found herself dealing with her feelings by going into the art room at night and making a wood carving (Image 9). Petra had never carved before and she produced the image below.

Image 9. Wood Carving by Petra Kelsey

Petra feels this course experience and the art making would help her in future "to stand the heat in the kitchen" at work, by giving her tools to cope emotionally and the resilience to face difficult circumstances. She said she had learned "vulnerability is ok-we put up a face of professionalism". Before the course the tendency was to see a narrow view of peers and it was exciting now to see the emotional, artistic vulnerable side. Petra feels if she was troubled about something she could go back to one of her group members for support and disclose how she was feeling as "we are all a lot closer now". Petra feels students should take this course as early as possible owing to the benefits of creativity on emotional intelligence and education, and the increase in relational awareness which can then be transferred to the clinical area.

"Love and compassion are necessities, not luxuries. Without them, humanity cannot survive".

Dalia Lama X1V, The Art of Happiness

8.1. Lyrical Lunch, UF Health, Shands Arts in Medicine (AIM), Florida

Lyrical Lunch, is a time each month when Arts in Medicine staff members at Shands AIM Florida and Dylan klempner (writer in residence) get together to write to promote self care. Dylan uses the Amherst Writers and Artists (AWA) method (Schneider, 2003) as he feels it is the best way he knows of to provide a safe, supportive space for people to create and share new work. I was pleased to join in a staff workshop facilitated by Dylan where he used a George Ella Lyons poem, "Where I'm from" as a prompt.

Where I'm From

I am from clothespins,
from Clorox and carbon-tetrachloride.
I am from the dirt under the back porch.
(Black, glistening,

it tasted like beets.)
I am from the forsythia bush
the Dutch elm
whose long-gone limbs I remember
as if they were my own.

I'm from fudge and eyeglasses,
from Imogene and Alafair.
I'm from the know-it-alls
and the pass-it-ons,
from Perk up! and Pipe down!
I'm from He restoreth my soul
with a cottonball lamb
and ten verses I can say myself.

I'm from Artemus and Billie's Branch,
fried corn and strong coffee.
From the finger my grandfather lost
to the auger,
the eye my father shut to keep his sight.

Under my bed was a dress box
spilling old pictures,
a sift of lost faces
to drift beneath my dreams.
I am from those moments--
snapped before I budded --
leaf-fall from the family tree.

We wrote for fifteen minutes using the line of the poem "I am from...." as an inspiration. We then were asked to read what we wrote. All work is regarded as fiction to protect the writer. Using the words "I like" and "I remember", each person in the group offers feedback. Afterwards, I asked each of the group members how they felt about the exercise. One person thought it was "awesome for team building" as "it tricks you into being intimate and encourages vulnerability". Another said "it reminds you everyone comes from somewhere, something, someplace". One of the musicians said the exercise had acted as a "pressure valve" for him after a difficult morning on the wards. He visibly relaxed in the session. He felt there was a feeling of safety and he could "let it go". Dylan feels that this model of narrative training (telling and listening to stories), fosters compassion as "the work is fresh, just created, a brand new baby and there is no room for criticism". This increases narrative competence, which can strengthen interpersonal communication skills, self reflective practice, team work, and cultural competence.

Narrative Medicine , is a clinically potent inclusion of humanities and the arts into medical practice and is the study of meaning and meaning making by people who are unwell and health professionals. There is debate about when the word "narrative" took hold, however Columbia University created a master's program in Narrative Medicine in 2009. It is one cost-effective and evidence-based method to equip health care professionals with the skills of careful listening and empathic attention. By fortifying clinical practice with the ability to recognize, absorb, interpret, and be moved by stories of illness, narrative training enables practitioners to comprehend peoples' experiences and to understand what they themselves undergo as clinicians.

Image 10.Writing workshop for people affected by cancer, Shands AIM, Florida

8.2. Caring Conversations, New Jersey

Another example of a narrative approach being used with interdisciplinary staff in Long term Care facilities in New Jersey is "Caring Conversations" run by Dr. Helen Blank and Nancy Gross (Bioethics and Humanities educators). The goal is to improve interpersonal and communication skills and continuously improve care through reflective practice. The intention is to demonstrate that

improvements in the quality of life and enhanced satisfaction for people in long term care may be best achieved by promoting a sense of wellness, meaning and purpose among staff members.

"Until he extends his circle of compassion to include all living things, man will not himself find peace"

Albert Schweitzer

Short on-the-spot readings and film clips illuminate topics of aging, care giving, death and dying, bereavement, professionalism, psychosocial issues, and the resolution of family conflicts. Poetry, literature and art are used to integrate bioethics concepts such as respect for persons, cultures, traditions and preferences. The evaluations following the six week, 90 minute workshops, confirm significant increases in the sensitivity levels of staff and communication and listening skills. Staff report enhanced self respect and increased recognition of the value of their work in caring for elderly individuals. Vitally, participants report gaining an expanded comprehension of suffering, illness, loss, and love: the shared experiences of all human beings.

8.3. The Ways of Water….. Dr Frank Brennan, Sydney

Dr Frank Brennan is a palliative care clinician working in Sydney and also a lawyer and accomplished writer and storyteller. Frank feels that the illness and suffering he witnesses on a daily basis working in a hospice needs a voice to be heard as the hearing of it can be healing and educational.
Fundamentally, we can learn from the dying.
In his book "Standing on the Platform" (Brennan, 2009) he records narratives of encounters with people and families that moved, challenged or humbled him. As he writes movingly he captures something of what it is to be fully human in the charged depth encounters with people who are approaching death.

He makes acute observations of the seemingly small gestures of love, for example, a wife rubbing a husband's feet, the known rhythm and tone of speech between people who have lived a lifetime together. Even the lived environment dominated by Elvis memorabilia is observed on a home visit, making up the fabric of a life.

Frank uses the narratives as a pedagogical tool in the training of junior doctors as a way to increase reflexivity and humanity. This holistic form of education expands perception of the person as a whole and not just someone with a disease in a bed. There is some concern among senior palliative care physicians as to whether junior doctors "get" that spirituality is at the core of care of the dying. Using narratives tends to open the discussions.

Whilst there is a strong public health focus in Australia on having the conversations about death, Frank is in no doubt that there is a need for a focus on improving the communication skills of professionals involved in all areas of end of life care and in supporting them to do this. As Atul Gawande (2014) points out in "Being Mortal" it is not enough to be "doctor informative". Conversations have to be more about shared decision making and handing control back to people. Skill is required to do this.

Frank shared one of his reflections on the poem by Bruce Dawe called "White -Water Rafting and Palliative Care". The poem describes the nature of illness, the approach of death and the role of palliative care and speaks volumes about what some people experience.

"If *I had understood (when down the river*
you and I went swirling in that boat)
that there were those who knew the ways of water
and how to keep the oars afloat
------I might have been less deafened by the worry,
less stunned by thoughts of what lay up ahead
(the rocks, the darkness threatening to capsize daily),
if only I had realised instead
that help was all around me for the asking
-----I never asked, and therefore never knew
that such additional comfort could have helped me
in turn to be more help in comforting you.".....

Frank writes that the presence of *those who know the ways of water* may be crucial to the manner people and their relatives experience serious illness, death and dying. He is clearly a man who knows "*the ways of water"* and has guided many down the river. It is a privilege to learn from him and hear how he so skilfully applies art to educate about death, increase death literacy and improve communication. He is inviting us to connect with our own experiences and those of others and make meaning from that-ultimately restoring a sense of wholeness.

8.4. stART Talking, Dr Louise Ward, La Trobe University, Melbourne

In Melbourne I learned about the stARTalking project, an exciting model of education developed by Dr Louise Ward in 2010, a senior lecturer and clinician in mental health. The model was based on introducing creative expression as a way of teaching undergraduate nursing students complex communication skills in acute mental health care settings. Later this was applied by students in the clinical setting. Reducing stigma and promoting a recovery focus of care in partnership with people experiencing mental health problems were the key principles driving the initiative.

La Trobe University Art therapy masters students facilitated an art-making workshop with people with mental health problems and undergraduate nursing students in the clinical mental health care setting. The workshop aimed to support the development of the therapeutic relationship and to promote a recovery model of care. The art workshop was considered a diversional creative activity from the clinical environment for both the nursing student and the person. stARTalking, as the name implies, provided an opportunity to encourage conversation and dialogue in a mutually relaxed and friendly space. The stARTalking 2013 programme involved a public exhibition of the artwork attended by over 100 people (service users, students, academics, clinicians and general public) and offered further opportunity for education and awareness of mental health care and undergraduate nursing education.

In the outcome evaluations of The stARTalking project 2013, students identified a number of positive outcomes and educational benefits. They reported "an ease" in developing therapeutic relationships with people with mental illness in the art workshop setting. They made comment that the stARTalking

project offered space for shared respect and they gained in confidence and competence in opening up the conversations.

The stARTalking 2015 program aims to expand delivery across the health precinct inclusive of a number of specialty areas of care and undergraduate students across all years and disciplines. Louise would also like to see the potential of stARTalking in palliative care. I feel implementing this model would have huge implications for enabling advance care planning with people nearing the end of life.

8.5. Longwood Symphony Orchestra, Boston

Professor Lisa Wong (2012), in her book "Scales to Scalpels" describes Longwood Symphony Orchestra, and the benefits to health-care professionals who play in Boston's unique orchestra that helps raise money specifically to help medical colleagues in other nonprofits accomplish their work, for example, in helping Japanese orphans after the Fukushima earthquake. Lisa, a previous president of the orchestra and a member of Boston Arts Consortium for Health, is both a doctor and a violinist and her message is simple yet profound: music heals. Lisa describes how the musicians deep passion for the art of music informs their passion for the art of medicine. Learning to play collaboratively, and collectively work together to achieve something of beauty that is far beyond what any individual can accomplish is the privilege of orchestra musician. This translates clearly to interdisciplinary team working with a group of medical professionals on the wards, operating rooms, or office in practicing the art of medicine. The ability to listen is an essential skill both for musicians performing in an orchestra and health professionals in treating people, revealing that music and medicine can be complementary.

Participating in the orchestra provides a symphony of healing allowing health care professionals to let their hair down after a demanding day at work. Engaging in the music together is one way of righting the imbalance of the current health care system and can be a therapeutic outlet for staff who need to contain their own emotions in professional situations. Lisa feels that this is a model which can be easily replicated.

9. Mindfulness

Mindfulness has many definitions. Simply it means maintaining a moment-by-moment awareness and non judgemental acceptance of our thoughts, feelings, bodily sensations, and surrounding environment.

A great deal of research (Shapiro et al, 1998) confirms empirical evidence of the connection between mindfulness and compassion, consistently finding over the past two decades that mindfulness increases empathy and compassion for others and for oneself. When we practice mindfulness it isn't simply about sharpening attention- we are simultaneously strengthening our skills of compassion. In 1979, Jon Kabat-Zinn founded Mindfulness Based Stress Reduction (MBSR) program at the University of Massachusetts to treat the chronically ill. This program sparked the application of mindfulness ideas and practices in medicine for the treatment of a variety of conditions. MBSR and similar programs are now widely applied across the world in schools, prisons, hospitals, universities, veterans centres, and other environments.

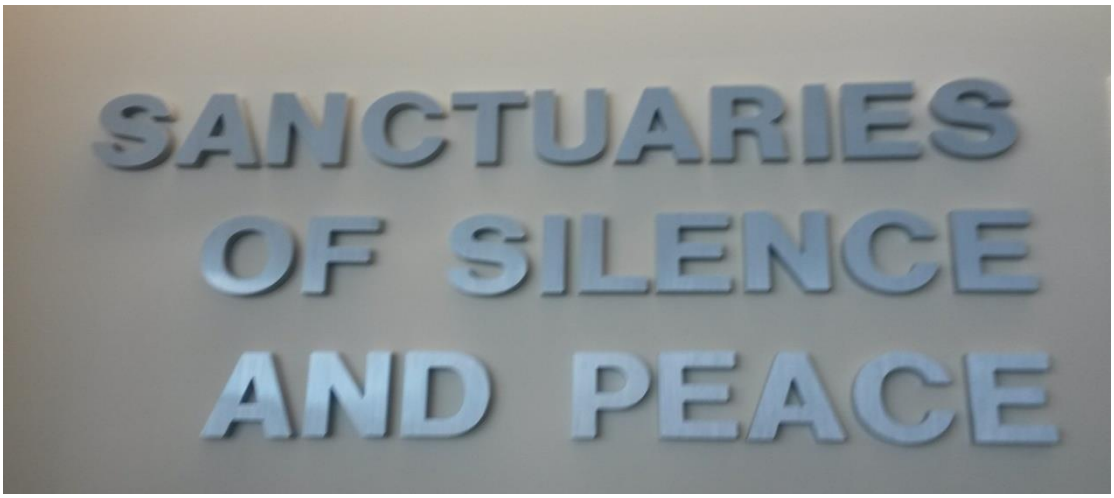


Image 11.Faith, Meditation and Wellbeing, quiet spaces for families and staff in UF Health Shands Cancer Hospital, Florida

How is Mindfulness being integrated into the education of health professionals?

I felt it was essential to make reference to mindfulness as a non arts based, cost effective and research evidenced method of supporting individuals and teams. It can enable people to work creatively with stress at work, promoting the capacity for 'awareness' and is an important resource in reflective practice. The scope of this report does not permit an in depth analysis. However it is useful to consider the practical ways in which mindfulness can be incorporated successfully for the benefit of

staff . Within the Integrated Medicine programme at Shands AIM Florida, mindful yoga, breathing, tai chi, and mobile relaxation sessions are on offer. This is in the knowledge that if staff are taught about stress and learn self regulation and de escalation skills, then they are more able to think critically and communicate better. They can be more present with the people in their care. There are forty two integrated medicine programmes in USA. Lauren Acre (Integrated Medicine Coordinator at Shands AIM) believes practising mindfulness allows being to enhance doing.

10. Schwartz Rounds

The Schwartz Center for Compassionate Healthcare (1995) based in Boston is a nonprofit organization dedicated to nurturing relationships between caregivers and the people they care for to strengthen the human connection at the heart of healthcare. The Schwartz Center Rounds® programme, which has been adopted by more than 450 healthcare organizations in US, UK and Canada, offers healthcare providers a confidential forum during their fast-paced work lives to openly and honestly discuss challenging social and emotional issues they face in caring for people. They do not include use of the arts but it is important to mention this method.

I interviewed Schwartz Center Medical Director Beth Lown, MD, who said she has "no doubt" that these interdisciplinary sessions enhance compassionate care. Staff listen to a panel's brief presentation on a specific case or topic, and are then invited to share their own perspectives. A comprehensive evaluation has shown that the programme has a unique and profound impact on caregivers with increased feelings of compassion, increased responsiveness and social and emotional insight into caring for people. Other benefits are improved teamwork, interdisciplinary communication and role appreciation. Schwartz Center Rounds® have been shown to reduce stress and isolation and encourage openness to receiving support. Dr Lown feels very "optimistic" and says there is "No question in my mind" that compassion can be modelled.

Finally Dr. Lown reiterated that the real question is how we can sustain empathy and compassion in a healthcare environment marked by excessive workloads, decreased autonomy, lack of rewards, loss of a sense of community with colleagues, and conflict between organizational and individual values.

11. The Passive Impact of Integrated Arts in Medicine Programmes on Communication and Compassionate Care

As part of my fellowship tour I visited three hospital facilities in USA with integrated arts in medicine programmes: Atlantic Health, New Jersey; Roosevelt Hospital, New York; Shands Arts in Medicine (AIM),University of Florida (UF). In Australia, I visited the award winning Arts at The Royal Children's Hospital programme in Melbourne which is committed to providing best practice holistic care.

For the purpose of the report I will focus on Shands AIM programme led by Dr Tina Mullen and Dr Jill Sonke, which has pioneered the delivery of the arts in healthcare. It provides daily art experiences for the hospital population and has a mission to focus on the spiritual, emotional health and wellbeing of people, carers, and staff through the creative arts and aesthetics. This model is being replicated around the world.

Since the UF Center for Arts in Medicine was established in 1996 it has become a leading centre globally for education and research for arts in healthcare. The educational programmes offer teaching on how to bring creativity and the arts to people in hospital and medical environments. They include an online Masters course in both Arts in Medicine and Public Health to help artists of every discipline, healthcare professionals, and administrators successfully incorporate the arts into health-related practices and settings.

Shands AIM has two distinct components-an artist in residence programme and an art and aesthetics programme. I wish to describe the impact of observing, witnessing, and experiencing both components and this embedded philosophy of care that centres on the belief that art is an integral component to healing and wellness.

In the last 10 years significant robust research has been carried out in United Kingdom, and globally, to provide evidence of the claimed benefits of incorporating art in healthcare settings. The main impacts are held to be:

- Well designed healthcare environments feel less institutional and improve the well being of people who are hospitalised, staff and visitors
- The arts in hospitals improve the health, recovery and wellbeing of people who are ill, including clinical outcomes such as reduction in blood pressure, heart rate, length of stay and pain perception
- The arts can help the healthcare environment function more effectively

- Participation in the arts is beneficial to peoples' health and wellbeing
- The arts contribute to a quality work environment for staff and support staff recruitment and retention, raising staff morale and job satisfaction

On entering Shands hospital one is aware that this is no ordinary hospital. The healing environment, as one of the five focus areas of arts in health, is immediately evident in the design and beautiful immersive art installations. This transforms the space of the formality and sterility of the conventional health care system.

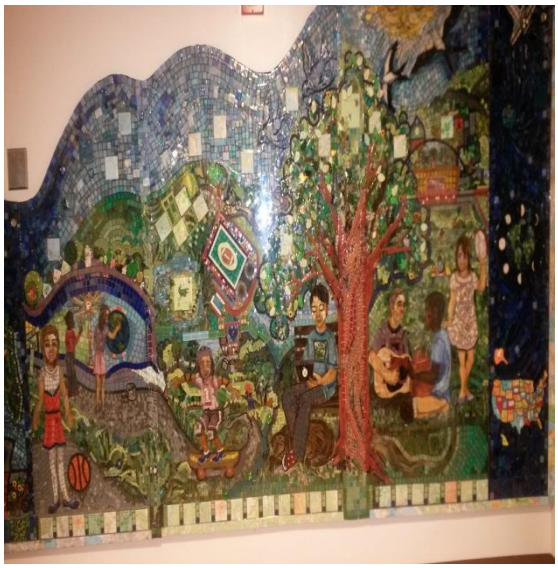


Image 12. Art Installation Shands AIM, Florida

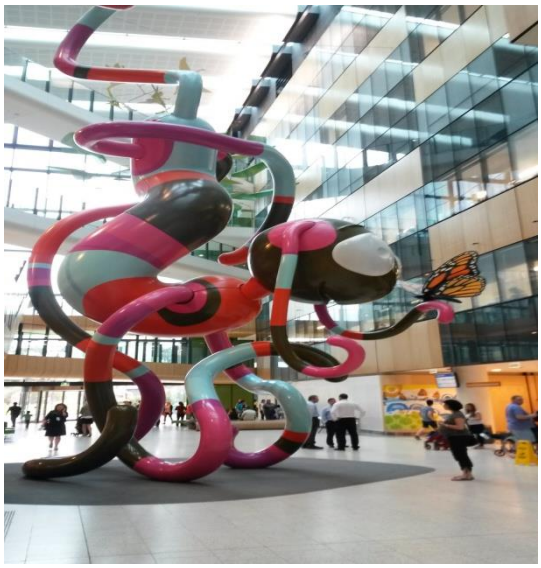


Image 13. Royal Children's Hospital, Melbourne

The Healing Wall (Image 14) is an inspirational, beautiful memorial and example of collaborative art, which stands at the atrium of Shands UF and the cancer centre. It consists of over one thousand painted tiles created by people with cancer and was installed in 1996. Each tile represents a precious moment in a person or family member's life that becomes part of a collective piece of art. The healing wall was combined with over sixty feet of mosaic reflecting the healing images made by each tile artist. Each image reminds us of the beauty and hope inspired by the opportunity of illness. Images of houses, rainbows, soaring birds, flying hearts, and people holding hands are deeply moving to those who are ill, staff, and families walking though the lobby. They remind us that we are not alone and that art connects us all together and shares hope.

The Healing Ceiling (Image 15) project dispersed among the paediatric wards of Shands, is made up of ceiling tiles painted by children and their parents . The artists wishes were to give hope and inspiration to those coming into the hospital. Children being transferred lying on trolleys, can look up and see the art and feel less apprehensive, and gain hope and happiness. Communication is stimulated and facilitated by the art objects and results in connection in both cases.

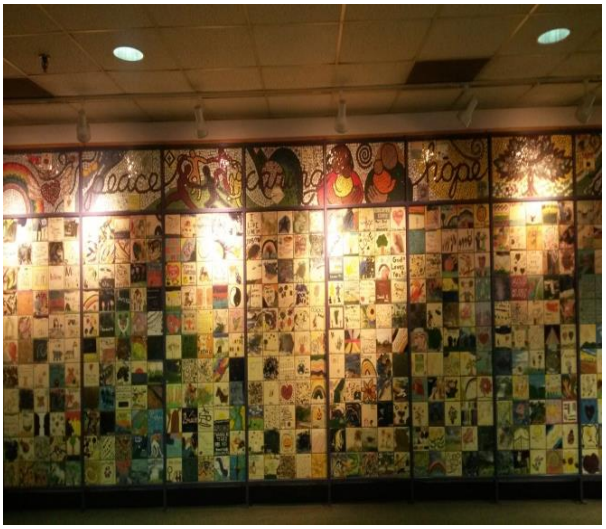


Image 14.The Healing Wall, Shands AIM, Florida

Image 15. The Healing Ceiling, Shands AIM, Florida

As a psychotherapist trained in the use of the arts and a nurse who fully appreciates and is at home with this philosophy, I was delighted to have the opportunity to work alongside the team of sixteen artists at Shands AIM. The team is comprised of visual artists, musicians, dancers, and writers who offer a huge programme of visual, literary, and performing art. These professional artists are not clinicians; they partner with caregivers to help meet clinical goals. They are clearly distinguished from the art and dance therapists on the team who are mental health professionals and use the arts to assess peoples' therapeutic goals. What felt strikingly different to me is how thoroughly integrated the artists are into the health care team and how they are part of the daily life and routine of the hospital. Each week the artists participate in Artists Rounds, a staff meeting and reflection time to ensure cohesive communication between all Arts in Medicine staff.

During a professional development week, I was able to take part in amazing, creative, artistic and heart melting experiences, from joining a dance class for people living with Parkinson's disease, to providing art activities in the renal dialysis unit for children and adults, and joining a creative writing group for people affected by cancer to mention a few (Appendix1). Whether they are providing a music session

or doing oral histories at a person's bedside, or giving an art infusion to people in the oncology unit, the artists bring to the work a tangible ethos of service.

Image 16 Artists working at Shands AIM

11.1. Musicians on Call

I wish to focus here on one particular experience, which encapsulates the transformative power of the arts and provides an answer to the question "Why use the arts in healthcare?" I will attempt to convey the profound effect on the person, the artist, staff and myself.

Ricky, one of the musicians, invited me to accompany him on his ward rounds. It was a Monday afternoon and for Ricky, entering the wards with his guitar is an everyday occurrence- one that he treats with the utmost sensitivity and respect. On entering the oncology ward, I observed how he was warmly welcomed by the staff, and they chatted generally before moving on to suggest people on the ward who might enjoy some music. The very ordinariness of a musician being thoroughly integrated into the clinical life of the ward is what for me was extraordinary. Ricky is not just a visiting performer but a regular member of staff known and acknowledged for his place in the healthcare system.

I followed Ricky as he deftly knocked on the doors of peoples' rooms to enquire if they would like some music or a song. In the first room we entered, it was clear that the person was in an advanced stage of illness. Skilfully, Ricky elicited a response and the lady nodded "Yes". As he settled himself on the sofa in the room they decided together on the song "Country Roads". He began to play and sing in rich, mellow, beautiful tones.

The power of music to penetrate the core of our being was evident, as the lady visibly relaxed in the bed, her eyes rolled upwards in what seemed like ecstasy, and tension appeared to ebb from her body. The transcendent power of the music and Ricky's soothing voice seemed to provide a "holy instant", which enveloped the three of us. In this liminal space or "instant", there was a sense of infinity where ego melted away, and there was no sick person or carer, no illness or pain but a true communitas. The language of soul replaced words in true communication. As the person emerged from this musical anaesthesia and palpable balm, she pronounced to Ricky that he had given her the first peace she had known in two days, confirming that the profoundly beautiful experience was shared. She brightened, her mood uplifted by the music, and started to chat about some of her life experiences.

The impact on clinical care and the immediacy of the effect was not limited to the lady in the bed. A nurse, on hearing the strain's of music outside the room, quietly entered to join us and listen to the second song.

I was experiencing what recent research (Sonke et al 2014) terms "*The happy patient/happy staff effect*" where nurses describe how having an art programme increases people's happiness. This in turn increases nurse happiness by enhancing communication between the two and making work easier. Nurses reported being able to deal with a broader range of people's needs. They saw the emotional benefits of the art programme as people "cheered up" after participating and communicated more openly. The result is an increased sense of fulfilment as they witness the person having an overall more positive experience during their stay in hospital.

The example quoted with Ricky shows the impact of the artist on the interprofessional team and the far reaching potential to improve communication between staff and the person they are caring for. Here the music acts as a bridge to communication, a "third thing"(Palmer, 2009) and something they can refer to as having shared together, when other conversation may be limited or difficult.

11.2. ARTERIE At Chris O'Brien Lifehouse, Sydney

At the Chris O'Brien Lifehouse, a world class integrated holistic cancer treatment centre in Sydney, a new programme called Arterie began in 2013. Arterie provides bespoke models of art engagement which enhance wellbeing, sense of connectedness, self esteem, and shared experience for people with cancer, carers, and staff. Following a pro bono six month pilot where 90% of participants rated the programme as excellent, both directors (Amanda Soloman and Deborah Burdett) secured funding for six months and manage a team of twenty volunteers.
On entering the beautiful building one can tell something different is going on and the Arterie team in their vibrant orange aprons stand out clearly.

Inage 17.Deborah Burton and Carterie at Arterie

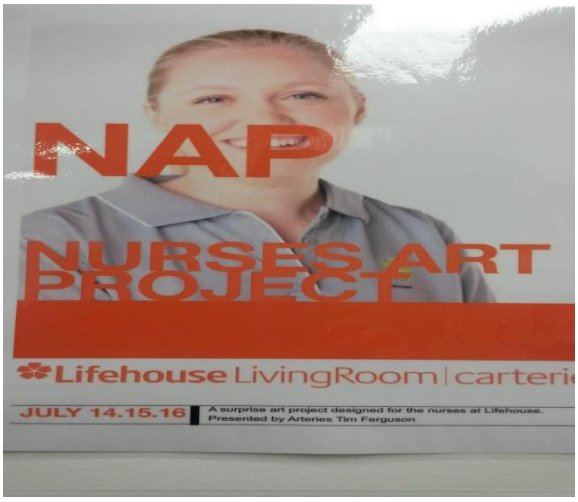


Image 18 Involving nursing staff in the art programme at Arterie

Initial research results supported the pilot's aim with constructive implications for the model-creating a positive environment, sharing experiences and producing tangible outcomes in terms of reduction of stress, fatigue, isolation and depression for all people attending Lifehouse, and staff.

Art is delivered in four different ways through both active and passive participation. There is an artist in residence programme with monthly rotation of artists, a mobile art cart called carterie making art accessible to people, a lecture series showcasing arts and health, and there are art and craft workshops. What seems to be working really well so far is the inclusion of nurses and medical students in the delivery of the programme. There are plans for further development with an Artmed programme to train health care staff in the Art Gallery of New South Wales in conjunction with University of Sydney and Royal Prince Alfred hospital.

Significantly art is seen as a conduit for conversation leading to improved experience of people with cancer, carers and staff. In a short space of time Arterie seems to have made a notable contribution to the wellbeing of people's lives and to the environment. Arterie gives Lifehouse a vital pulse.

11.3. Life in Our Time, Film Documentary, Bondi Pavilion

Attending the public showing of the documentary *Love in our own time* in Bondi Pavilion on Bondi beach was a very moving experience and a fitting conclusion to my travels. This film documentary is made by prize winning film maker, Tom Murray and examines both birth and death and the ordinary

events of living in between. There is an intimate immersion in the leading up to the birth of several babies and similarly in the palliative care, dying and death of a number of people in Calvary Hospice, Sydney. The film was shot in the hospice over 7-8 months and the film maker followed Dr Frank Brennan, the palliative care consultant, on his rounds.
Following the film there was a panel discussion where it was very interesting to hear Tom reveal the process of the film making. It sounded as if the film crew almost became part of the furniture in both the labour ward and the hospice. In the hospice they provided an outlet for many, in a relational sense, who spoke of their concerns. Significantly, Tom found he was frequently being asked by the dying if they were "doing this right" (dying) and how did other people do it?

This knowledge highlights the importance of the transition between life and death and the role of those involved in the care who can act as midwives to the soul. This further crystallises the need for staff to be able and competent to engage in these conversations. It also necessitates that the public become more comfortable having the conversations so that we can reverse the words of Somerset Maugham (P,8) and find that in discussing death perhaps it is not such a "dull dreary affair" after all.

12. Conclusion

The Winston Churchill Travel Fellowship provided me with a wonderful opportunity to visit USA and Australia to research "Improving communication and compassionate care using arts based methods". This allowed a widening of the lens to view trends and innovations across the western world in arts and health care and specifically to focus on how the arts (visual arts, music, writing, poetry, dance, drama and film) are being applied in innovative healthcare education programmes to improve communication skills, empathy, resilience and compassionate care. Some of these methods are being employed in medical humanities training in the UK although so far they are not mandatory in mainstream curricula.

Overall the experience has given me a surge of knowledge and has reaffirmed my belief in the power of the arts. It has increased my appreciation of the burgeoning field of arts in health care in the UK.

Poor communication and its negative impact on compassionate care is one of the most common causes for dissatisfaction with the NHS (Francis, 2013; Patient and Health Service Ombudsman 2011), and a growing body of research evidence shows the strong links between effective team communication and clinical outcomes.

Urgent action is required to address failings highlighted by recent healthcare scandals in UK . Healthcare staff need mandatory training in how to engage sensitively in difficult conversations especially with people who are dying and their carers. The implication is clear that we need to find new methods of training which foster a culture of kindness and reflective practice. We need to recognise the fact that failures in care and communication result from systemic issues as well as individual lack of competence. At the same time it has been well documented (Rumbold, 2012) that there is no magic solution to promoting compassionate care and sustaining and restoring it is part of a wider social issue and not just a health service concern.

The Shape of Caring Review (2015) makes recommendations about the future education of nurses and healthcare assistants. The Nursing and Midwifery Council and Health Education England now need to engage on the recommendations before taking these forward. There is basic discord in medical education: while the needs of the health care system have changed over the past few decades, there is evidence (State of Medicine) that further improvements could be made to make sure that curricula are more responsive to changing patterns of healthcare. A theme of Health Education England's programme Better Training Better Care (BTBC) is to improve training programmes and pathways.

The arts offer one way to help. Incorporation of the arts in education, training and professional development offers a real opportunity to improve communication training, and allow the arts to tackle those attitudes and behaviours that stand in the way of care and compassion and consequently the safety of people**.** They add to an organisation's ability to provide person centred care and offer new ways to promote health and wellbeing. By addressing the emotional, social, and spiritual needs of people and families, arts programmes can assist the care team with interdisciplinary solutions. Research (Staricoff, 2001, Staricoff, 2003) indicates that nurse stress is reduced by the integration of arts programmes into clinical environments and there is resulting impact on staff retention with potential economic benefits

Applying the arts in healthcare education offers a way to engage the spirit in care and nourish kindness in practice in individuals, teams and organisations, thereby improving communication and compassionate care. The arts can offer experiences that promote human maturing and give people permission to be vulnerable in a safe space. Helping staff to get in touch with their own vulnerability encourages them to show compassion towards others' suffering. This can support professionals to create meaning from their encounters with anxious, distressed and suffering people. A commitment to reflective practice, mindfulness interventions and group supervision at the same time is key and can model compassion and help promote a culture free from bullying and blame (Freedom To Speak Up).

Greater recognition and awareness of the potential benefits of the arts in health care programmes and arts in healthcare education is required by medical, nursing and allied health professional schools to allow adoption in mainstream curricula. This can be achieved through education on undergraduate and postgraduate courses and development of academic modules that showcase research and evidence based examples. More professionals need to be trained in arts and healthcare.

Future healthcare education policy needs to support this transition and the case for arts and health needs to be loudly heard at government levels to permit education and workforce planning. Funding for ongoing research into arts and health will allow mainstream implementation and integration of programmes. The National Alliance state in their charter that the arts and humanities have a crucial role to play in medical training, clinician wellbeing and awareness. It is time to have the courage of our convictions and beliefs and take a new perspective on things.

" *There is nothing wrong with change, if it is in the right direction*".

Winston Churchill

13. Recommendations

What needs to happen now?

- Future health and health education policy needs to be influenced: The National Alliance continues to liaise with Government to embed arts in health practice. The All Party Parliamentary Group provides a vital focus for this work. Formalising the case for arts and health and healthcare education in the debate about the NHS needs to prompt healthcare commissioners to ask, "What could the arts do for me?" and lead to mainstream implementation and acceptance.

- Overcome resistance and barriers to the arts through education and research to evidence that applying the arts in healthcare education can improve communication, foster empathy and resilience and contribute to compassionate care.

- Overcome the work ethic bias that a pleasurable experience cannot be academically meaningful- to ensure arts in health are not dismissed as peripheral.

- Raise the profile of arts in healthcare through education about the effectiveness through events in Creativity and Wellbeing Week and publicity on local radio, television, written articles and social media.

- Increase recognition of the efficacy and potential of arts in healthcare education by medical, nursing and allied health professional schools, as in the example at Guy's and St Thomas' Hospital

- Introduce evidence based models for applying the arts in education, as in the implementation of museums and art gallery training, to under and postgraduate core curricula for healthcare professionals. There are roles to play for Health Education England, Public Health England and Arts Council England to further this development.

- Increase collaborations and pioneering partnerships between artists and clinicians such as the one between Performing Medicine and the Simulation and Interactive Learning Centre at Guy's and St Thomas' Hospital. This innovative research and development collaboration by

Kings Health Partners will see the creation of unique arts-based training programmes over the next three years for healthcare professionals in a range of clinical settings.

- More professionals need to be trained in arts and healthcare to produce safe, ethical practitioners who are aware of the risks (Springham, 2008) involved in engaging the arts in healthcare environments. Comprehensive curricula fit for both artists and healthcare professionals needs to be developed to cover the practical skills and advanced knowledge necessary. This would assist partnership working between healthcare professionals and arts professionals to ensure they speak the same language.

- Integrate arts based training methods to build resilience, empathy, compassion and communication skills organically at a fundamental stage in training. This would prevent knee jerk reactions to crises e.g. recent demand for resilience training in response to General Medical Council's (2011) report on doctors suicides. These methods would promote the "living-learning experiences" specified by Ballatt and Campling (2011, p.64) to encourage self awareness and allow reflection and learning from mistakes.

- Embed reflective group practice in supportive environments to encourage expression and processing of difficult feelings and experiences. All healthcare professionals should be invited to train in and practice Mindfulness.

- Ongoing research into arts and health to allow mainstream implementation and integration. Arts, Health and Wellbeing Research have established an Arts and Health Research Network in UK with the aim of developing understanding of how the arts may contribute to health and wellbeing. .

- Increase focus on the importance of health care environments which improve peoples' experience and increase dignity, in line with NHS (2015) Improving Experience of Care recommendation.

Art.....makes possible new forms of imagining that make genuine change possible

J. Oppenheimer

14. Dissemination and Action Plan

My Role in the process:

Sharing the findings with the aim of working to expand the relationship between the arts and health care and further the implementation of arts in healthcare education.

- Writing and publishing a report through WCMT
- Journal Articles e.g. RCNi publishing, Music as Medicine http://rcni.com/newsroom/opinion/art-integral-component-healing-and-wellness-19911
- Presenting at conferences, Southampton Medical Humanities (2014), Australian Arts & Health Conference, Nov 2014, RCN Congress 2015
- Talks and Lectures: London End of Life Care Facilitator's Group, Oct 2015. I have been asked to speak to 2015 fellows at their induction in March 2015 about my fellowship experience
- Continue as an arts in health care practitioner to implement the arts in my own practice as a psychotherapist in 1-1 work in psychotherapy practice with individuals and groups
- Continue to apply the arts in training and teaching and to provide experiential workshops using the arts on "Dismantling the taboo around Death - Discussing Death and Dying Creatively".
- Encourage reflective practice with all staff in every domain e.g. primary, secondary and third sector
- Act as a champion for arts in health care
- Raise awareness through a presence on social media @artshelp and WCMT travel blog and through my website at www.olwenminfordtherapy.com

Influencing Policy:

- Through membership of London Arts and Health Forum (LAHF) and Arts and Health South West (AHSW), work through existing channels and The National Alliance for Arts, Health and Wellbeing. Continue to liaise with Alex Coulter (Director of AHSW) , Clive Parkinson, Director of North West Arts in Health Network (NWAHN) & Damian Hebron, Director of LAHF
- Contact key individuals at NHS England and Public health England to use my findings to influence policy development
- Through membership of committees such as RCN Pain and Palliative Care Forum Steering Committee, WCMT London Association Steering Committee. I have met with Amanda Cheesley (Long term conditions advisor, RCN) with respect to further dissemination.

Explore opportunities to contribute to undergraduate and postgraduate teaching on arts in health-and

establishing a core programme
• King's College London. Asked to contribute as an associate lecturer to Medical Humanities Programme in Undergraduate Medicine in February 2015 • Canterbury University. Liaised with Professor Paul Camic, Professor of Psychology and Public Health, Research Director the Salomons Centre for Applied Psychology. March 2015 Contacted Dr Stephen Clift, Professor of Health Education, Trish Vella Burrows, Assistant Director, Sidney De Haan Research Centre for Arts and Health • St George's University. Met with Professor Deborah Bowman in July 2014, Professor of Bioethics, Clinical Ethics and Medical Law at St. George's, University of London • London Deanery, Professional Development Department. Attended one day conference and made links with careers unit staff • Health Education England. Contact Multiprofessional Faculty Development team working on behalf of Health Education North Central and East London, Health Education North West London and Health Education South London in pursuit of professional development and educational excellence • Public Health England
Approach stakeholders with the aim of partnering in projects that promote learning through arts based methods and consider future steps
• Performing Medicine and SaIL, Attended launch of SaIL programme in October 2014 Met with Dr Suzy Willson Director of Performing Medicine in October 2014 • Dying Matters, Met with Claire Henry, CEO of National Council of Palliative Care, to consider next steps in November 2014 and March 2015 • Guys and St Thomas's Charity, met with Nikki Crane, Head of Arts Strategy, in August 2014. Invited to speak to Hospital Arts Directors in 2015 • Vital Arts, Barts Health NHS Trust, contacted Anne Mullins, Director in January 2015 • Chelsea and Westminster Hospital, contacted 2014 • Royal Academy of Arts. In communication with Beth Schneider, Head of Learning. March 2015
Make Contact with other interested parties
• Institute of Arts and Therapy in Education, Islington • British Association of Counselling and Psychotherapy • Dr Hilary Moss, Director of Arts in Health, The National Centre for Arts & Health Tallaght

Hospital, Dublin. Met on October 14th, 2014

- Help the Hospices, contacted Dr Ros Taylor CEO, 2014
- All Ireland Institute of Hospice and Palliative Care (AIIHPC) - met with Dr Michael Connolly, Head of Education in October 2014. Contacted Paddie Blaney, Director and Head of Policy and Practice
- Natural Death Centre
- Marie Curie Cancer Care, Hampstead. Met with Michele Wood, Art Therapist, January 2015
- Lapidus Writing for Wellbeing Organisation

Act as a resource person for Arts and Health

- Through the auspices of the RCN, mentor and support those who wish to implement arts in healthcare initiatives e.g. Mardon Art Cafe, Exeter
- Provided telephone support and resources during 2014 for nursing colleagues in Durham, Yorkshire, Coventry, Southampton, Exeter, Chichester.
- Through Published Articles **: Banishing Winter Blues,** *www.rcn.org.uk/__data/assets/pdf_file/0011/.../Bulletin_Jan_14_V7.pdfJanuary 2014.*

Collaborate internationally

- Collaborate internationally with colleagues to add to the body of knowledge available and share learning and ideas. I was asked to contribute to La Trobe University Arts and Health blog and the article, The Arts in End of Life Care Education was published in February 2015.
- Co facilitated Arts and Community Engagement course with colleagues from University of Florida, Shands AIM, for American students, Glasgow July 2014

15. Appendices

Appendix 1: Winston Churchill Fellowship Itinerary

United States of America		
April 8th 2014	Travel Heathrow to Houston	
April 9th-12th 2014	Houston, Texas	Global Arts in Health Conference
April 12th-17th	Morristown New Jersey. Atlantic Health	Atlantic Health-Cancer Center Maria Lupo Manager Danny Marain & Music therapists Ashley Greene Art Therapist Collaboration with staff from Arts in Medical Humanities at Rutgers Biomedical Health Sciences & Healing Arts Luncheon Presentation
April 17th-25th 17th-22nd	New York Easter Weekend	Travel from New Jersey to New York
April 22nd April 23rd & 25th April 24th	 MoMA	The Creative Centre. Director Robin Glazer Roosevelt Hospital, Cancer Centre Reflect and write up notes Carrie McGee, Art Educator
April 26th	Boston	Travel from New York to Boston
April 28th	Museum of Fine Arts	Professor Sandra Bertman
April 29th	BACH Brigham and Women's Hospital	Professor Lisa Wong BACH -all members Harvard University, Professor Joel Katz
April 30th	The Schwartz Center	Director Dr Beth Lown
May 1st	British Center for Art, Yale	Linda Friedlander Visual Arts Training Session with Medical students
May 2nd	Boston	Reflect and Write up notes
May 5th	Criser Cancer Resource Center	Meet with Assistant Director, Dr Jill Sonke and Jenny Lee (Lecturer). History of Shands AIM

		Hospital Tour with Kris Sullivan
	UF Nadine Maguire Dance Pavilion	Dance For Life with people with Parkinson's disease & Emily Pozek
	Musicians on Call	Ricky Kendall, Musician in Residence
May 6th	Outpatient Adult Dialysis	Arts & Crafts for people undergoing dialysis with Madeline Austin
		Admin lunch with Directors, Tina and Jill.
	AIM Kids	Mary Lisa Kitsakis Spano, Artist in Residence on wards
		Paediatric Palliative Care meeting
	Creative for Health	Art and Writing workshop for people affected by cancer with Dylan Klempner, writer in residence
May 7th	Criser Cancer Resource Center	Art Therapy conversation Amy Bucciarelli, Art therapist.
	Dance /Movement therapy session	Jenny Lee, Dance Therapist
	Literary Arts Programming	Barbara Esrig, Writer in Residence
	Art in Motion	Madeline Austin, Artist in Residence
May 8th	Artist Rounds	Weekly staff meeting for all AIM staff including clinical sharing
	Presentation of "Dismantling the Taboo around Death"	Professional resident sharing-Olwen Minford and Robin Borland
	Mobile Inspiration Station	Dylan Klempner, Writer in residence
	Medical Humanities teaching in Shands UF	Nina Stoyen
May 9th	Integrative Medicine/Palliative Care	Lauren Acre, Integrative Medicine Coordinator
	Art Therapies and Debrief	Jenny Lee
May 11th		Write up Notes
May 12th	Tampa- Heathrow	Conclusion of first part of WCMT fellowship

Australia		
November 7th-10th 2014	Travel Heathrow to Melbourne	

November 11-13th November 12th	National Art Gallery, Melbourne, Victoria	Arts and Health Conference National Art Gallery, Melbourne Conference Presentation on "The Application of the Arts in End of Life Care Education"
November 14th	Melbourne	Meet with Kerrie Noonan, Director of Groundswell
November 17th	Melbourne	Meet with Efterpi Soropos- "Human Rooms"
		Meet with Lama Majaj (Art Therapist, Manager of Arts and Health) and visit to Olivia Newton John Cancer Centre.
November 18th	Bundoora, La Trobe University	Meet with Dr Patricia Fenner, Senior Lecturer. Presentation to staff from Faculty of Health Sciences, including departments of Nursing, Counselling and Psychology on "The Application of the arts in end of life care education"
November 19th	Emmy Monash Care Facility	Meet with Pamela Bruder (TBC) Life Enrichment Coordinator
November 20th	Royal Children's Hospital, Melbourne	Meet with Victoria Jones, Director of Creative Arts
November 21st	Royal Melbourne Hospital	Meet with Emma O'Brien, Music Therapist and Manager of Music Therapy Department and Stephan Gov, Music Therapist.
November 24th	Travel to Sydney, NSW	
November 25th	Sydney	Meet with Helen Zigmond, Arts consultant and Director of Institute of Creative Health
November 27th	Chris O'Brien Life House Cancer Centre, Sydney	Meet with founders of Arterie programme, Amanda Soloman and Deborah Burdett
November 29th	Bondi Pavilion, Sydney	Preview of Film "Life in our Time" and meet Dr Frank Brennan(Palliative Care Consultant)
		Narrative and Story Telling with Dr Brennan and full interview
Conclusion of WCMT Fellowship		

Appendix 2: Events attended at Global Alliance For Arts & Health Conference, Houston, Texas, April 2014.

April 9th 2014	Creative Arts Programming for Individuals with Dementia Visit to Rothko Chapel "Twilight Epiphany" Skyspace by James Turrell	Hotel Zsa Zsa Rice University
April 10th	Plenary sessions • Sculpting Curriculum Space for Medical Student's Creative Expression • Collaborative, Participatory design: New Health Literacies for the Digital Age • Medicine and Music: A course that transcends Disciplines and Borders • Fotofeedback Method. An experiential workshop in Evaluation Research for Arts & Health and more. • VCU Art of Nursing: An Art Based Interprofessional Education Exploration of Metacognition in Beginning Nursing Students • Using Digital Story Telling to improve Service Learning for Dental Students • Healing with the Arts • Mapping the Healthcare Field in the USA • A Medical Student's Journey through a Creative Expression Project	Hotel Zsa Zsa The Jung Center
April 11th April 12th	• The Heart of Healing-A Brain Spa day for frontline Staff • Arts based Programme Evaluation Workshop • Oral Story Telling at the Bedside: An Innovative Narrative Programme for People in Hospital at the University of Michigan Health System • Using Abstraction to Deal with Distraction: The Art of Mindfulness • The Spaces Between • Riverwalk Community Labyrinth • Techniques for Reflective Practice, Community Building & Renewal from the Arts • Hello Koala Interactive Art Activity • Plenary and Closing Sessions	Hotel Zsa Zsa Museum of Fine Arts

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