

Service Learning Student Handbook



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About UF Health Shands Arts in Medicine

Arts in Medicine's (AIM) mission is to transform the hospital experience for patients, families, and staff through the creative arts. AIM Artists in Residence train and mentor volunteers to assist the AIM team in humanizing the clinical environment by engaging members of the hospital community in creative activity.

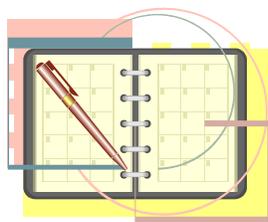
Arts in Medicine, a department of UF Health Shands Hospital, was established in 1990. AIM employs Artists in Residence who provide visual, performing, and literary arts at the bedside and in workshops throughout the hospital. In addition to facilitating creative arts sessions, the AIM leadership team and AIM Artists in Residence participate in aspects of environmental design to enhance the healthcare environment at UF Health. AIM also provides education and training to expand the reach of arts in medicine beyond the hospital walls.

1. Service Learning Student (SLS) Responsibilities

Getting Started as a UF Health Shands Arts in Medicine Service Learning Student

Attention to dress code, hospital policy and procedure, scheduled meeting times and good communication will ensure a smooth start to your clinical experiences. Orientation is required annually. Please communicate with the Center for Arts in Medicine's Service Learning faculty member to agree on appropriate areas of service. SLS's will then start collecting documentation of all requirements in our Clinical Education Agreement's Exhibit A, provided to you by CAM faculty. Once the SLS's proposed areas of service are approved, the Service Learning Coordinator will assist in placement in each shift or site. All required documents listed in Exhibit A should be collected and delivered to the Service Learning Manager at the beginning of the semester and approval to begin service will be pending the completion of Exhibit A and Occupational Health Clearance. A "Service Learning Agreement" will be provided to you by the SLM and must be signed by the SLS, artist mentor/site supervisor, and delivered back to the SLM within 3 weeks.

Schedule



Each service learning student commits to maintain a set schedule for the duration of one semester. It is very important to maintain consistency and punctuality, as our students are a vital part of making our program and community programs run smoothly. Those serving in shifts on UF Health's main hospital campus will sign in and out for each shift, either in the CCRC or in the Artist's office in the North Tower (room G015.4). An additional monthly log of service hours will be signed by artist in residence mentor and submitted to the Service Learning Manager and the Service Learning faculty member. SLS's will additionally follow any sign-in protocol established by an offsite location. SLS's shall adhere to UF's absence policy. If an absence must occur, SLS should notify their artist/site supervisor, Service Learning Manager and Service Learning faculty member as soon as possible. Any make-up opportunities can then be discussed. Any alterations of shift times need to be communicated and approved in advance with artist, Service Learning Manager, and Service Learning faculty member at least 24 hours in advance.

Illness

It is also imperative that a student comes to their shift *only if they are in good health*. If you have any of the following symptoms, do **NOT** come to your shift:

- Sore throat or cough that is not clearly related to allergies
- Runny nose
- Persistent cough
- Hoarse voice
- Fever over 100.4
- Nausea/Vomiting
- Diarrhea
- Open lesions on hands or other exposed areas of the body
- Pink eye, shingles or any other disease or condition that might be contagious
- Rash

If the AIM administrative staff, site supervisor, or Artist in Residence feels that you are not fit to attend your shift, you will be sent home.

Uniform

AIM SLS's wear either an AIM apron that you can decorate with a plain white short or long-sleeved shirt underneath OR the black AIM T-shirt. With these options, SLS's must wear khaki or black full length pants, plain and closed toe shoes and your Gator 1 badge in plain view. The uniform allows for SLS's to be easily identified by staff, patients and family members in the hospital. If approached by a patient, family member or staff member, refer to your mentoring Artist in Residence.

Dress Code

Clothing should be clean, wrinkle free, and in good repair. Sleeveless, spaghetti strap or strapless garments will not be permitted and midriffs must not be showing. The AIM apron must be taken home and washed between shifts. Closed toe shoes provide protection from accidental exposure while in patient areas. It is also important to not use any perfume before a volunteer shift as the scent can irritate the airways of certain patient populations, as well as staff. Hair should be clean and well groomed, extreme hairstyles and colors are prohibited. Moustaches and beards must be neat and groomed. Fingernails should be in good repair including polish. Visible tattoos should be minimized. Religious and health accommodations to these policies will be coordinated with the program director on a case by case basis.

Artist in Residence Mentorship

AIM SLS's are individually assigned to an AIM Artist in Residence or a site supervisor who will mentor each volunteer and oversee workshop content and participant interaction. Once you have completed all of Exhibit A, orientation requirements, and have obtained Occupational Health clearance, contact your Artist in Residence mentor and/or site supervisor and arrange a meeting place and time for your first shift. Do not just leave a message; be sure to connect so that your AIR or site supervisor knows to meet you. You will be given a Service Learning Agreement form by the SLM. During your first shift, have your mentor sign it. You may keep a copy for your records and return the signed form to the AIM Service Learning Coordinator within three weeks of your start date. The SLS's specific course requirements, the degree of independence, and amount of facilitation will be decided by CAM faculty and agreed on by mentor/site supervisor.

2. Navigating UF Health Shands Healthcare System



Who's Who in the Healthcare System

Listed below are the roles and responsibilities of clinical staff and practitioners in the healthcare system that SLS's may encounter. AIM works closely with the interdisciplinary team including clinical care staff of doctors and nurses, Social Work, Case Managers, Guest Services, Child Life and Pastoral Care. AIM Artists in Residence receive patient referrals for Arts in Medicine from professionals across disciplines within the healthcare setting.

Support Tech – provide clerical support, mobility, and comfort. They can help to locate a patient's room and identify which nurse is assigned to the patient.

Patient Care Associate (PCA)/Certified Nursing Assistant (CNA) – The PCA assists the nurse by taking the patient's vital signs and helping with patient needs like eating, bathing or dressing. They can provide a SLS with information about the patient's general level of physical capability.

Registered Nurse (RN) – The Registered Nurse is responsible for guiding care of the patient based upon an individualized plan. Always check with an Artist in Residence mentor and the nurse before making a bedside visit to a patient. Ask about signs on the door, if any special precautions need to be taken when working with the patient, and if it is okay for the patient to leave his/her room to attend a group workshop.

Charge Nurse – A charge nurse is responsible for orchestrating the efficiency of patient care on the unit. Check in with the charge nurse before doing any activity in open or public spaces on the unit. If you cannot find the patient's nurse, you can ask the charge nurse about any special precautions before making a bedside visit.

Nurse Manager – The nurse manager coordinates the unit's financial and business operations. The nurse manager oversees and approves the implementation of regularly scheduled Arts in Medicine programming on the unit.

Clinical Leader – The Clinical Leader coordinates the efforts of interdisciplinary patient care teams to keep everyone on the unit updated with the patient's condition and care plan. The clinical leader is a valuable resource for patient referrals.

Case Managers/ Social Workers – are an integral part of the healthcare team who work closely with patients and their families to help them solve problems, through the provision of counseling, psychosocial support, crisis assistance, community referrals, discharge planning, housing, transportation assistance, financial assistance, and patient education. Case managers can also serve as a great resource for patient referrals.

Guest Services – Guest Service Specialists provide hospitality services, answer visitor's questions, give directions, and have information about non-medical resources in the hospital and Gainesville area.

Child Life – Child Life Specialists at UF Health Shands Children's Hospital are certified professionals who specialize in child development and provide developmentally appropriate psychosocial interventions that will support normal growth and development of children, teenagers, and young adults while they are hospitalized. AIM works closely with Child Life in providing services to pediatric patients and families.

Streetlight - Streetlight is a support program for adolescents and young adults aged 13-25 living with cancer, cystic fibrosis, sickle cell, and other chronic and life-limiting illnesses. The Streetlight team is made up of college-aged volunteers that focus on building friendships through peer companionship.

Pastoral Services – Chaplains are available to patients and families for counseling, spiritual support, rituals of faith and as a communication link with spiritual resources in the patient's home community.

MD/ Physician/ Doctor – UF Health Shands is a teaching hospital. While working in the hospital you may see many different types of doctors and medical professionals. There is a tiered system of doctors in a teaching hospital, which include intern, resident, and attending physician all of whom have completed medical school. You will also see medical students who are supervised by attending physicians.

Intern – A doctor who has finished medical school and is engaged in a year of additional training at a hospital before residency.

Resident – A physician who has completed medical school and maybe an internship and is now receiving training in a specialized area, for example, surgery, internal medicine, pathology or radiology.

Attending – A doctor who has completed internship and residency. Responsible for the patient's care, and often supervises medical care provided by medical students, residents, and interns.

Policies and Procedures

HIPAA: Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates regulations that govern privacy standards for healthcare information. AIM Volunteers are responsible for protecting the privacy and confidentiality of all patients and patient information. Please maintain patient confidentiality.

- Do not discuss patient information in public spaces, including elevators.
- Do not discuss patient information with your friends or family members.
- Shred any documents that include patient information such as room numbers and names, before leaving the building.
- Do not take any photographs or record video.
- Do not exchange contact information with patients.
- No social networking with patients.

Please refer to the Service Learning orientation materials and/or discuss with an Artist in Residence mentor or Service Learning Manager with any questions.

Joint Commission

An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 19,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

To help AIM maintain Joint Commission safety standards:

- Wear your Gator 1 badge at all times.
- Keep art supplies and equipment out of hallways and properly stored before, during and after arts activities. Discuss concerns with an Artist in Residence.
- If approached by an identified member of the Joint Commission, refer any questions to the clinical staff on the unit.

Incident reporting

If an incident such as falling, fainting, injury, or exposure to bodily fluids should occur, immediately contact the Service Learning Manager. Also notify your Artist in Residence, and the charge nurse on the unit or clinical area. UF Health has an incident reporting policy for these types of events

1. Welcome to the artist's office

For UF Health in patient areas



Placing a call

If you are calling a unit to check on a patient referral status, please dial the unit extension. To make an outside call, dial "9" followed by the phone number. To check on a patient status which you do not have a phone number for, you may call the operator by dialing "0."

Recording referrals

Please utilize the AIM referral cloud link that was provided to you at the beginning of the semester to record and update referrals. Patients that have not been seen will be indicated with bold font. Red text is used to draw attention to important details about the patient that may affect the visit or the type of supplies that are given. Your artist in residence will train you in detail on its use.

Patient Follow Up

After a patient has been seen, please make notes on the online referral system. If you are unable to fulfill the request (i.e. patient requests a different discipline or specific Artist in Residence, or patient was unavailable), please make note of the

request and leave the referral in bold font. If the patient is in the hospital for some time and will benefit from continued visits, re-bold their information in the referral cloud.

Responding to a request for a program or service that AIM does not provide (i.e. laptop computer or gaming system)

Please notify the office for the service that was requested with Arts in Medicine, which we are unable to fulfill. Guest Services can help you determine which office to make the referral to. Common requests for services and items outside of our scope include laptops, game systems, pet visits, DVD players and puzzles. Patients and families can be referred to the Criser Cancer Resource Center in room 1302 in the South Tower, where they can utilize desktop computers with online access and check out books and DVDs. Pet therapy referrals are made to Volunteer Services. Laptops & video games are made to Child Life if elementary age, Streetlight if teen/adolescent/young adult.

What's What with Supplies in the Art Room

UF Health Shands AIM provides all art supplies and an Artist in Residence mentor will provide an orientation to art supply access. You may want to keep a pens/pencil, a notepad, and AIM referral cards in the pockets of your AIM apron so that you can write down patient requests and also offer people referral cards when appropriate.

A few important guidelines:

- Do not paint on the windows.
- Ceiling tiles are generally no longer available. If requested, please speak with your Artist in Residence mentor.

Patient Safety Considerations

- Under no circumstances should you bring art supplies or other items from outside the hospital to patients or staff. Use only supplies provided by AIM.
- Keep areas neat and clean before, during and after art activities are provided.
- Needles and beads are used for adult projects only. Post appropriate signage for patients engaging in needlecrafts. Always ask staff before distributing needles.
- Never offer food, drink or medicine during a creative activity.
- Avoid discussing medical, spiritual, or political topics while at the bedside or during a workshop.
- No food is allowed in the art room or storage areas.

- Only drinks in closed containers are allowed during your shift, but may not be brought around to patient rooms.
- If you need to eat food during your shift, please go to the cafeteria or the Terrace Cafe to do so. Remember to ask your Artist in Residence first.
- Keep the art room neat, clean and organized. All surfaces and common areas must remain free of personal belongings, extended-stay water bottles, and scattered art supplies.

Donations

Please talk with Program Coordinator about acceptable donations. Art materials must comply with MSDS standards and be new, unused and unopened. If a patient is interested in making a monetary donation, please alert your Artist in Residence so that we can provide a donation card.

2. Welcome to the bedside

Before you enter

Carefully read any signs that are hung on or next to a patient's door. Before entering the patient's room, check with a nurse or other staff person to get permission to enter the room and to adhere to special procedures such as wearing a mask, gown or gloves. Check with the nurse to inquire if the patient is able to leave his/her room to go to a workshop.

Note: Even if a staff member asks you to visit the patient, we are never allowed to enter the room of a patient in restraints, a patient that has a police officer sitting with them, or visit a patient on the Psychiatric Unit.

Infection control (hand washing, gown & glove, appropriate contact)



Proper hand washing is the single most important method of protecting yourself and the patient from spreading infection. Wash your hands upon entering and exiting a patient's room. While this is a hospital policy with all patients, it is even more imperative when working with oncology, transplant, burn, and intensive care patients. Patients with compromised immune systems are placed at great risk if you do not wash your hands thoroughly.

Art kits are to remain in the patient's room after a bedside activity. One important step in infection control is to not reuse art kits. Other items such as musical instruments, magnetic poetry, and CD players must be cleaned using hospital-approved germicidal/Virex Sani-cloths or spray before putting back in the appropriate storage area. Make sure to wipe down supplies before and after entering a unit to work with patients.

Entering a patient's room

When entering a patient's room you may see a variety of types of medical equipment including pumps or machines which may serve many therapeutic purposes such as providing medication, liquids, nutrition and/or helping patients with breathing. It is important to never move or touch any equipment. If they beep or flash, ask the patient to press the call button for the nurse to tend to what needs to be done.

Inviting a patient to participate

To enter a patient room, knock gently and upon invitation by the patient, slowly open the door. Introduce yourself with a warm greeting and inquire if the patient would be interested in an Arts in Medicine visit and creative activity. A sample introduction might include, "Hi, my name is...and I am a Service Learning Student with Arts in Medicine. Would you like to...[insert creative activity]?"

Even if you've received a request to visit a specific patient, it is important that each individual in the room understand who you are and why you are there. Clinical symptoms such as pain, distress, confusion or fatigue as well as the side effects of medications may impact a patient's state of being.

Look for clues around the room, such as cards and balloons, which can give insight to how long the patient has been in the hospital and give you conversation starters. It is important to initiate a creative activity with a comfortable blend of clarity, confidence and flexibility to build trust and rapport in the moment. It helps to listen and engage on an interpersonal level with the patient and visitors who may be present in the room before diving into an art activity

Patients may hesitate to engage in creative activity for many reasons. If a patient hesitates, reassure them that Arts in Medicine is a complimentary service at UF Health.

Offer a choice of activities to the patient and and/or provide them with the opportunity to simply experience the creative activity by watching rather than participating.

Do not be afraid of rejection. Arts in Medicine is one of few services that a patient can refuse, which can be an empowering decision for a patient. In general, patients have very limited choices in a medical setting and by refusing Arts in Medicine, a patient has an opportunity to restore the sense of control which can be beneficial in its own right. While it is hard not to become discouraged by a negative response, the patient may be willing to engage if offered a choice of artistic disciplines or activities and/or if offered to simply be the 'audience' for a creative activity rather than participate.

Be aware of other individuals in the patient's room including roommates, family members or loved ones and clinicians. When inviting patients to a workshop please make sure you do not offer an activity to one patient if the other is unable to get out of bed. This can be discouraging, especially for children. Instead, you may opt to offer bedside activities to both. Take care to inquire if a roommate would like to engage in an AIM activity, but also be respectful of his/her personal space.

Engaging a patient in a creative activity

Sensitivity, flexibility and respect are key characteristics of any meaningful Arts in Medicine experience. Please be aware and sensitive of the dynamic when you enter a patient room. Keep in mind that you do not know a patient's medical and personal history. It is also not your responsibility or role to ask about their medical history or to even know their medical reason for being hospitalized. Be sensitive to not knowing, and engage with the patient at the appropriate level for an arts in medicine volunteer. Steer clear of religious, spiritual and/or political statements, while simply listening when a participant shares their beliefs and experiences. When possible, redirect the session back to the creative activity and keep the purpose of the visit – for artmaking - focal at all times. Avoid life/death sensitive words and phrases, which may be heightened while in the hospital.

It is important to go onto a unit without an attachment to a predetermined agenda as things often change quickly and without notice. Remain flexible and open to patient suggestions and ideas for artwork, music, etc. As time permits, give full attention throughout the Arts in Medicine session and allow patient to consider how he/she would like to close a session.

Exiting the patient's room

Know when to leave – never make promises

Leaving a patient's room may be one of the harder things to do once the patient is engaged in the creative process. Finding a natural way to wrap up and leave the patient's room is just as important as introductions and engaging in a creative activity. Give a warning that you need to leave the room to make the closing less abrupt. Let the patient know that they may continue making art after you have left. The activity may conclude when a doctor comes in or the patient needs to leave for a procedure.

If you have many referrals to check on, you may find it helpful to say something to the effect of, "Things are pretty busy today, I can spend x-amount of minutes with you" or "Since I'm leaving in x-amount of minutes, are there any art supplies I can leave in the referral book for someone to bring to you?" Make sure to leave the appropriate referral card with the patient and point out that Arts in Medicine has a wonderful array of artists, musicians, writers who can visit.

Never make the promise that you will be back to visit a specific patient upon leaving the room. You do not know if you will be able to make it back during your shift. Something come up for you attend to or the patient may get discharged or moved before you are able to make it back. Children especially will hold someone to a promise, and will be very discouraged if the promise is not kept. Let them know they can call the number on the referral card if they would like an artist visit or supplies. Inform the patient that you may not specifically answer the referral, but that a team of Artists in Residence and volunteers regularly check and respond to referrals.



Troubleshooting

Notify your Artist in Residence and the AIM Service Learning Coordinator in the event of any unusual session or incident.

If a healthcare professional enters the room for any reason, ask if you need to leave the room or step aside. When a clinician enters the room, the patient may feel uncomfortable with someone else in the room while personal health questions are asked.

If an alarm goes off, a patient's IV pump starts beeping, please notify a clinical care team member such as the nurse, Support Tech or PCA to remedy the situation. Do not

under any circumstance adjust or remove any medical equipment or IV's, even if the patient asks you for help.

If a patient stops breathing, faints, falls, appears unconscious, step into the hallway and alert the first staff member you find of the emergency.

If a patient wants to adjust the bed for an activity, check in with a care team member.

If you have any questions or doubts about whether or not to work with a patient for the first time or for a repeat visit, please check in with a care team member first. A repeat patient's status may change and there may be new precautions to follow.

If you do not know how to exit the patient's room, you can notify a care team member by encouraging the patient to press the call button. If you are at the bedside with another volunteer one of you may exit and notify a care team member. You can say that you have to excuse yourself, or use closed-ended questions as you walk towards the door.

If you do not feel well or are about to faint, let your Artist in Residence know, if you are able. Leave the room to make yourself comfortable. You may want to sit down, breathe deeply, and drink water.

If you find yourself in an uncomfortable situation at the bedside

Say to the patient, "I apologize but I need to excuse myself. Let me leave you with complimentary art supplies from Arts in Medicine. I will also leave you with our referral card to call to request another visit or more art supplies." Make sure to tell your Artist in Residence right away, and notify the AIM Volunteer coordinator.

For A +eamers, one volunteer can leave the room to go get the nurse, who can come in and get you out of the situation. A healthcare practitioner can come in to alleviate your situation with the patient.

3. Welcome to the workshop

Suggestions in the 'Welcome to the Bedside' section for inviting, engaging and exiting the creative arts session will be useful and applicable to the workshop setting. All infection control policies and procedures must be carefully followed in the workshop setting including, but not limited to, hand washing before and after each workshop session.

Setting up for a group activity

Wipe down table surfaces with Virex spray or Sani-wipes and cover with plastic tablecloths. Wear gloves when cleaning with either. Set paper towels out for wet projects, brushes, paint and any other supplies that may be appropriate to the workshop. Fill all water cups only one-third of the way full to avoid cleaning up more dirty paint water in case of spills.

Maintain control of supply use including paint, paper towels, wipes, scissors, plates, and other supplies not of the patient's creative ideas. Make up a paint plate with paint colors per patient's request. Again with children, this will eliminate accidental drips of paint on clothes and in the room. Be sure to clean up paint spills immediately. The acrylic paints that Arts in Medicine uses will stain clothes.

When making paint plates remember to keep warm (red, yellow, orange) and cool (green, blue, purple) colors separate as to not have a mix of brown paint on the plate.

Closing a workshop

Leave the room better than how you found it. Clean the tables, chairs and supplies with Virex spray or Sani-wipes and put all supplies back on the art cart. Fold tablecloths and place them neatly on the art cart. Make sure tables and chairs are arranged nicely in the room.

Do not leave any art supplies out on the table unattended without the Artist in Residence or another volunteer present. If you volunteer with AIM Kids, leave wet artwork on one of the counters in the playroom. Patients can come back to pick it up when it is dry.

When the workshop is over or patients are finished, walk patients back to their room if not accompanied by a family member, friend or healthcare professional. Patients may also be excited to share their artwork with staff on the unit, so you may have an opportunity to walk the patient back while they hold up their own moving art display.

Straightening the art cart/putting supplies away

Please make sure you leave the art cart organized for the next person to use. Please keep the art table in the art room clear for making art kits and filling paint cups. It is a tremendous help when the room is kept clean, neat and organized.

What to do if there aren't any patients to see

If you do not have any patient referrals, please assemble art kits, fill acrylic paint cups or clean and organize the art room.

When the Arts in Medicine team confirms that you are ready to work on your own or with another volunteer, there are no referrals, and you have already assembled art kits/paint cups as needed, you may visit units where you have previously built communication with nursing staff or other healthcare workers. If these staff are not too busy, you could ask if they have any patients who might appreciate a visit or some art supplies today. You can check-in with these patients per the staffs' recommendations and see if they would like any Arts in Medicine services.

4. Self-care for caregivers

Debriefing/processing the volunteer experience

Every AIM volunteer has a unique experience when providing Arts in Medicine to patients, families and/or others in the healthcare setting. You may end the day with a feeling of euphoria from knowing that you have connected significantly with a patient and helped enhance his health. Or you may feel emotionally drained and need support. Expressing these feelings, while honoring the patient's confidentiality in compliance with HIPAA regulations, can be helpful.

It is a good practice to process with an Artist in Residence mentor in the art room—using first names only. It can also be helpful to write or draw in a journal or use music or dance to express images or emotions experienced following your volunteer time. In keeping a journal, give the patient a pseudonym in order to be compliant with

HIPAA regulations. Keeping a journal of experiences can help you to reflect and become aware of your own performance. Journaling may also be a way for some individuals to debrief intense or emotional experiences from the hospital.



Self-care before, during and after volunteering

Preparing yourself to bring creative experiences to hospitalized patients is really synonymous with developing and maintaining your own creative potential. The work you do to become a volunteer will simultaneously nourish your personal creativity or artistry and your own health and wellbeing on physical, mental, emotional and spiritual levels.

Develop a comfort level with working in the hospital environment. **Identify quick personal rituals (such as a hand washing ritual, simple breathing exercise, or visualization) or totems for courage, inner strength and grounding as you enter the hospital and/or specific rooms.** Identify and practice personal rituals for letting go of intense hospital experiences as you depart for the other parts of your life. Please utilize a seasoned Artist in Residence for support as you begin your volunteer practice.

Become comfortable with yourself as a creative human being. Deepen your understanding of your art form(s) and familiarize yourself with the many ways one can access creative process. Having comfort and grounding in your own creativity and artistic discipline can broaden your capacity to engage patients. Nourish and exercise your creative process to maintain that easy access to your imagination, spontaneity, flexibility and adaptability. Develop, nourish and exercise your “people skills,” especially listening and being “other-centered.” Cultivate a rich repertoire of ideas symbols, and images that can be used to stimulate the creative process and imagination of others.

5. Glossary of terms

AIM – Arts in Medicine

AIR – Artist in Residence

BMTU – Bone Marrow Transplant Unit

CAM – Center for Arts in Medicine

CCRC – Criser Cancer Resource Center

CNA – Certified Nursing Assistant

ED – Emergency Department

ICU – Intensive Care Unit

MBSR – Mind Body Stress Reduction

NICU – Neonatal Intensive Care Unit

PCA – Patient Care Assistant

PICU – Pediatric Intensive Care Unit

RN – Registered Nurse