

Service Learning Handbook



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1. What is Arts in Medicine (AIM)?



The field of arts in medicine, referred to broadly as arts in health, is a diverse, multidisciplinary field dedicated to transforming health and healthcare environments through the arts. The field integrates literary, performing, visual arts, healthcare design, and health messaging into a variety of healthcare and community settings.

a) 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.

b) About the UF Center for Arts in Medicine

UF Center for Arts in Medicine is committed to advancing research, education, and outreach in the field of arts in health, locally and globally. The Center for Arts in Medicine (CAM) was formally established in 1999. Housed in UF's College of the Arts, the Center's mission is three-fold, encompassing education and training in the use of the arts to enhance health, research of the arts in health, and outreach to promote art and creativity as catalysts for wellbeing.

c) Who's Who at UF Health Shands Arts in Medicine

Arts in Medicine Administration --The arts in medicine administrative team consists of a Director, Program Manager, Service Learning Manager, Nurse Coordinator, Administrative Assistant and Operations Assistant. This staff manages operations, finances and personnel.

As a practicum student in the AIM program, you will primarily be interfacing with the Service Learning Manager and your artist in residence.

Artists in Residence (AIR) – Artists in Residence are a multidisciplinary team of practicing, professional artists or performers providing Arts in Medicine workshops and the arts at the bedside, as well as facilitating creation of artwork for exhibit and program development.

Creative Arts Therapies - Creative Arts Therapists facilitate the arts as a therapeutic tool to address the physical, emotional, social, psychological and spiritual needs during the healthcare process. The Arts Therapies are services provided by Masters-level Board Certified professionals specifically trained to facilitate Art Therapy, Dance/Movement Therapy, Music Therapy, Drama Therapy and/or Poetry Therapy.

2. What is a UF Health Shands Arts in Medicine Practicum Student?

a) Primary Roles of an AIM Practicum Student

Arts in Medicine (AIM) practicum students may find placement in public performance or have direct contact with pediatric and/or adult patients using a variety of artistic disciplines. Some AIM practicum students join Artists in Residence to support regularly scheduled group activities called "workshops" for patients, family members and staff. If a student is more experienced and demonstrates a commitment to AIM, opportunities may be presented to respond to specific patient requests and/or staff referrals for AIM by visiting with patients at their bedsides. Additionally, pending approval by CAM Practicum professor, AIM's Service Learning Manager and partnered site supervisor, students may qualify for paired or independent arts in health service at a partnered non-AIM facilitated placement.

As a practicum student, Arts in Medicine can provide volunteer contact hours that can be applied to some of your requirements of your coursework through the Center for AIM.

b) Description of other AIM Volunteer Role

- UF Health Volunteers – UF Health Volunteers may find placement in public performance or have direct contact with pediatric and/or adult patients using a variety of artistic disciplines. They will always be placed at a UF Health or affiliated site and have an AIM artist in residence as their designated site supervisor. Some UF

Health volunteers join Artists in Residence to support regularly scheduled group activities called "workshops" for patients, family members and staff. If a volunteer is more experienced and demonstrates a commitment to AIM, opportunities may be presented to respond to specific patient requests and/or staff referrals for AIM by visiting with patients at their bedsides.

- A+eam – A+eam students are seasoned AIM volunteers identified by Artists in Residence to respond to patient requests and staff referrals for bedside visits. The Service Learning Manager will schedule you with another experienced volunteer or student to work in pairs and/or to continue in partnership with an Artist in Residence. A+eamers work independently or in partnership with another A+eam member under the guidance of an AIR.
- Guest Performing Artists – Performing artists perform in public spaces such as the atrium, lobbies, and tunnels. Interested performers audition and schedule with the Artist in Residence of the same discipline. Guest performing artists are required to complete a volunteer orientation if they volunteer more than 2 times annually at the hospital. Performers are accompanied by UF Health Shands Arts in Medicine staff member when in clinical areas.

c) Getting Started as a UF Health Shands Arts in Medicine Practicum Student

We appreciate the time you have taken to interview with AIM's Service Learning Manager and complete your service learning checklist. This Arts in Medicine Service Learning Handbook has been created to provide guidance, policy, protocol and further details and considerations as they relate to placement within our programming. Make sure you review this handbook in its entirety.

Once you have been fully cleared through UF Health's Occupational Health and AIM's Service Learning Manager, the Service Learning Manager will connect you with each of your site supervisors by email. You will be asked to reach out to them at least 72 hours prior to your official start date to introduce yourself and coordinate the details of your first meeting. Musical performers are required to submit their repertoire 72 business hours prior to your start date. Your first day of volunteering begins with orientation to the hospital, the AIM program and your placements. Mentorship with your AIM Artist in Residence or site supervisor will be provided throughout your time with AIM or partnered site. Attention to your uniform and dress code, hospital policy and procedure, scheduled meeting times and good communication will ensure a smooth start to your placement.

Practicum/volunteer orientation is required annually. Practicum students interested in continuing with AIM after their practicum course is completed are required to continue as a UF Health Volunteer. They must submit an AIM Volunteer Application, AIM forms and go through the UF Health Volunteer Services onboarding process prior to the semester. Deadlines and details can be found through AIM's Website [HERE](#) and the Volunteer Information Center (VIC).

d) Schedule

Each practicum student will work with the Service Learning Manager prior to the semester to determine which placement(s) and how many will result in achieving their required number of contact hours for the Practicum course. Details of what constitutes "contact hours" and



quantity required per semester is decided by the CAM Practicum teacher and is communicated to the Service Learning Manager. Each Practicum student commits to maintain a set schedule for the duration of one semester. The Service Learning Manager and student will work together to ensure contact hours gained are as close to CAM's requirement as possible. That being said, even if a

practicum student achieves their hours early, they are still expected to commit to their placement for the rest of the semester. It is very important to maintain consistency and punctuality, as our students are a vital part of making our program run smoothly.

- Signing in for your shift:
 - Students placed at a UF Health Shands hospital site will sign in on a paper attendance log that you artist will direct you to
 - Students placed at a UF Health Shands affiliate location or partnered location are expected to log your hours yourself.
 - All students are expected to keep track of their own hours as the semester progresses to ensure that they are meeting their projections and will be able to fulfill contact hours requirements.
 - If a student finds that they are falling short on hours, it is their responsibility to reach out to the Service Learning Manager and their Practicum teacher to discuss make-up opportunities or supplemental placements. Students must not wait until the last few weeks of the semester to attempt to arrange these opportunities, if at all possible.

e) Absences

Keep in mind, that any absences, regardless of whether they are excused or not, should be factored into your overall log of contact hours.

- Excused Absences:
 - Holidays- UF approved holidays and federal holidays. If you would like to volunteer for a shift that falls on a holiday date, check with your artist to see if that they are able to host you.
 - Shift Cancellations- cancellation of a workshop or shift due to artist in residence absence will be considered excused.
- Personal Absences (unexcused). 2 personal absences are permitted per semester. Accumulation of more than 2 absences in one semester may result in dismissal from the AIM program if the shifts are not made up. Personal absences should be reported at least 24 hours in advance or as soon as you possibly can. You will need to notify your artist in residence and the Service Learning Manager. Personal absences may include:
 - Illness-it is vital that you do not come in for your shift if you are ill and unfit to volunteer.
 - Vacations
 - Class schedule conflicts
 - Family emergencies
- Make Up Shifts- Reach out to AIM's Service Learning Manager as soon as you know you will need a make up shift to see if there are any opportunities with your artist in residence or in a different placement.

f) Illness

If you have any of the following symptoms, do NOT come to your volunteer shift:

- Fever (100.4° F, 38° C).
- Cold – sneezing, coughing, runny nose, sore throat.
- Communicable/Infectious disease such as Pink eye, shingles.
- Skin rash, draining lesions and oxidative dermatitis, open incisions, draining wounds, boils, abscesses, and skin infections.
- Enteric infections (diarrhea, vomiting).

If the AIM administrative staff or Artist in Residence feels that you are not fit to volunteer, you will be sent home.

You may need to be cleared by Occupational Health before you return to volunteering, if you have an illness or injury that causes you to be absent for two weeks in a row, if you have been diagnosed with a communicable illness (i.e. the flu, strep throat, mono, COVID, pink eye) or if you have recently been prescribed antibiotics for an infection

g) Uniform

The AIM Practicum uniform is specific to your placement. Details and examples can be found on our website [HERE](#)

h) Dress Code

Clothing should be professional, clean, wrinkle free, and in good repair. Sleeveless, spaghetti strap, strapless or midriff-bearing garments will not be permitted. The AIM apron must be taken home and washed between shifts. It is 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.

i) Artist in Residence Mentorship

AIM Practicum students are individually assigned to an AIM Artist in Residence who will mentor each student and oversee workshop content and participant interaction. Once you have completed all UF Health Shands service learning orientation requirements, you will be connected with your Artist in Residence mentor and it will be your responsibility to arrange a meeting place and time for your first shift. Do not just assume your artist will respond to the initial email; be sure to connect so that your AIR knows to meet you. If you have specific learning or independence objectives for the semester, you will need to clearly communicate this with you artist as soon as you begin. You will both determine whether your objectives are feasible or if adaptations can be made in your proposal.

3. Navigating UF Health Shands Healthcare System



a) Who's Who in the Healthcare System

Listed below are the roles and responsibilities of clinical staff and practitioners in the healthcare system that students may encounter.

- Support Tech – Support Techs provide clerical support, mobility, and comfort. They can help to locate a patient's room and identify which nurse is assigned to a patient.
- Unit Assistant (UA) – Unit Assistants perform a wide range of clerical duties and direct patient care activities, depending on the need of the unit. The UA may help with overseeing regularly scheduled volunteers.
- Patient Care Associate (PCA)/Certified Nursing Assistant (CNA) – The PCA assists the nurse by taking the patient's vital signs and helping patients with needs like eating, bathing or dressing. They can provide a volunteer with information about a patient's general physical capabilities.
- Registered Nurse (RN) – The Registered Nurse is responsible for guiding care of the patient based upon an individualized plan. Ask them 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 patient care on the unit. Check in with the charge nurse before doing an activity, so as not to disrupt the flow of care on the unit.
- Nurse Manager – The nurse manager coordinates the unit's financial and business operations. The nurse manager oversees and approves the implementation of regularly scheduled volunteers on the unit. If you cannot find a patient's nurse, you can ask the charge nurse about any special precautions before making a bedside visit.
- Clinical Leader – The Clinical Leader coordinates the efforts of interdisciplinary patient care teams to keep everyone on the unit in accord with the patient's condition and care plan.
- Case Managers – Case Managers 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.

- Guest Services – Guest Service Specialists provide hospitality services, answer visitors' questions, and give directions and 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 in an environment that will support normal growth and development of children and young adults.
- 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.
- 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.
- 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.

b) 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. Practicum Students 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 or audio.
- Do not exchange contact information with patients.
- No social networking with patients.

Please discuss with an Artist in Residence mentor or Service Learning Manager if you have any questions.

c) 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 One ID 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.

d) Incident reporting

If an incident such as falling, fainting, injury, or exposure to bodily fluids should occur, immediately notify your Artist in Residence, the charge nurse on the unit or clinical area, and the AIM administrative office. Depending on the circumstances, you may need to report to Occupational Health if directed by the Service Learning Manager. Additionally, UF Health has an incident reporting policy for these types of events.

If you witness incidents/accidents involving a patient, report the incident to the patient's nurse immediately. Even things that may seem minor could have a big impact, and it's important for nurses to know about incidents/accidents and make note of it in patient records.

e) Parking

UF students are not allowed to use hospital parking while on site for meetings of their regular placement. The method of transportation you use to get to campus for classes should be the same method used for getting to your shift. Please visit the UF Transportation and Parking website for parking maps and information about how to get from campus to the hospital, including the Campus Connector. UF students found using hospital parking or valet services while volunteering will be subject to disciplinary actions. See Disciplinary Actions/Processes.

4. Welcome to the artist's office

a) Accepting New Referrals

Referrals are carefully screened for appropriateness for AIM service by our artists in residence and our AIM administrative team. Your artist in residence should take the lead in documenting new referrals. If you find yourself without your artist and someone insists on placing an AIM referral through you, you may take their name, room number and services requested to pass along to your artist as a potential referral. It's very important to communicate to those placing the referral through you that a visit is not guaranteed as the AIM offices will need to follow up with additional questions.

b) Recording New Referrals

Most Practicum students will conduct all of their visits in tandem with their AIR. If a student advances to A+eam or independent status, they may be granted access to the AIM Referral Cloud. Your artist will train you thoroughly in how to read the cloud, help you select which patients to check in with, how to determine the appropriate supplies/engagement for each patient and how to document how each engagement went.

c) Responding to a request for a service that AIM does not provide

If you find yourself working independently, you may be asked for supplies or materials that AIM does not provide. Make sure you familiarize yourself with AIM's services and supplies and your artist can provide some information on whether or not there are other UF Health departments that can. Common requests for services and items outside of our scope include laptops, game systems, pet visits, books, DVDs 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 browse our selection of donated fiction books that are free to take.

d) 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 pen/pencil, a notepad, and AIM referral stickers 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.

e) 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.

f) Donations

Please talk with Program Manager 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 direct them to AIM's donation page of our website: [Donate to Arts in Medicine](#)

5. Welcome to the bedside

a) 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.

b) Infection control (hand hygiene, PPE, appropriate handling of supplies)



Proper hand hygiene is the single most important method of protecting yourself and the patient from spreading infection. You should use alcohol-based hand rubs for routine decontamination of hands as you enter and exit patient rooms when hands are not visibly soiled. If your hands are visibly soiled, you must wash your hands with soap and water. 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.

Your artist will train you in how to read isolations precaution signage on patient units and how to don and doff personal protective equipment (PPE).

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, Bluetooth players or sewing machines must be cleaned using hospital-approved germicidal/Virex Sanicloths or spray before putting back in the appropriate storage area. Make sure to wipe down this type of equipment before and after entering a unit to work with patients.

c) 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.

d) Inviting a patient to participate

To enter a patient room, knock gently and upon invitation by the patient, slowly open the door. If you can see that the patient is sleeping, do not wake them. 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 volunteer 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.

e) 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. Avoid talking too much about yourself and especially extracurricular activities, as this may serve as a reminder of opportunities that patients are unable to participate in. 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.

f) Exiting the patient's room

Know when to leave – never make promises

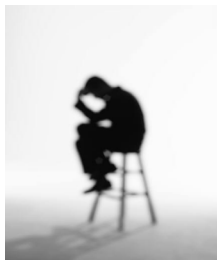
Leaving a patient's room may be one of the harder things to do once the patient is engaged in the creative process. Finding a natural way to wrap up and leave the patient's room is just as important as introductions and engaging in a creative activity. Give a warning that you need to leave the room to 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 cloud for someone to bring to you?” Make sure to leave the appropriate referral sticker 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 may 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 sticker 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.

g) Troubleshooting

Notify your Artist in Residence and the AIM Service Learning Manager 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. You should additionally debrief with your artists and the Service Learning Manager.

If a patient wants to adjust their own 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 Service Learning Manager.

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.

6. 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.

a) 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.

b) 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.

c) 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.

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

If you do not have any patient referrals, consult with your artists. They may ask you to assemble art kits, fill acrylic paint cups or clean and organize the art room.

****Consult with your artist to see if the following aligns with current AIM practice**** When the Arts in Medicine team confirms that you are ready to work on your own or with another volunteer or student, 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 are appropriate for AIM's services and if they 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.

7. Self-care

a) 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 their 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 or private office space—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.



b) 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 service learning 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.

8. 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