

# **AN INDEPENDENT EVALUATION OF THE IMPACT OF A COMPOSER IN RESIDENCE IN THE STROKE UNIT**

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## **EXECUTIVE SUMMARY**

From September 2010 to November 2010 composer Ian Wilson undertook a 10 week residency in the stroke unit of the Adelaide and Meath Hospital, Incorporating the National Children's Hospital, Dublin (AMNCH). During this residency he composed a new seven movement composition informed by and inspired by the nature and experience of stroke, stroke care and treatment. This was the first time a composer was in residence in the hospital.

The main aim of the residency was to present a new perspective of the experience of stroke through the medium of music and to bring greater understanding of this experience and the realities of living with stroke to the general public.

The National Centre for Arts and Health commissioned Nicola Dunne to carry out an independent evaluation of the impact of an artists' residency in a stroke unit, for patients and staff, the artist and their practice.

The overall conclusion from the findings of this evaluation was that the project was successful. The findings revealed that patients, staff and the composer benefited from the residency on several levels and all of the project objectives which were measurable within the scope of this evaluation were achieved. The residency also fulfilled the objectives of the artist.

### **Key findings included:**

- A residency in the Stroke Unit developed the composer's practice conceptually and also had positive impact on his personal development.
- The new composition helped staff to understand the emotional and psychological issues a patient with stroke may experience.
- Live music performance by professional musicians improved the moods of patients, and enriched their experience of hospital treatment and care.
- The shared experience of music performance enhanced relationships and communication between patients, and between staff and patients.
- The project increased patients' access to the arts and improved their understanding of performance, music composition and the rehearsal process.
- Live music performance enhanced the working environment for the staff.

## **INTRODUCTION**

The National Centre for Arts and Health exists to improve patient care and to promote the benefits of the arts in health. Situated in The Adelaide and Meath Hospital, Incorporating the National Children's Hospital, the centre aims to improve the hospital experience for patients, to explore the therapeutic potential of the arts, to build positive links with the local community and to make the arts accessible to patients who cannot access traditional arts venues. The current arts programme includes exhibitions, live performances, creative writing classes, arts therapies, design projects and participatory art sessions on wards and in waiting rooms. The art programme is free for everyone attending the hospital and all art programmes are tailored to the needs of individual patients and clinical departments. The hospital arts programme features a number of national innovations and strives to promote best practice in arts and health, through professional development, evaluation and research. The centre also offers consultation and advice to services establishing arts and health programmes and regularly gives presentations on its work, within both medical and arts settings.

## **PROJECT BACKGROUND**

### **Project Genesis**

This residency has its origins in a conference presentation attended by Hilary Moss, the hospital Director of Arts and Health, in the USA. During this presentation, a chamber group performed a new work written by a composer in response to her daughter's migraines. It was an innovative and novel concept that she hadn't come across before in Ireland.

AMNCH had previously hosted a residency with the Irish Chamber Orchestra (ICO) in 2005-2006. The focus of this residency was to bring live music to patients who could not access traditional concert venues. This was the first time an orchestra was in residence in a hospital in the Republic of Ireland. On foot of the success of this residency, the hospital were keen to bring the ICO back to the hospital and to continue to develop the concept and potential of live professional performances in an acute hospital context. Therefore following her experience of the conference presentation, it was hoped to develop a project to host a composer in residence in AMNCH, which would also involve the ICO.

At the same time, consultants in the Age Related Health Care Unit had developed a strong interest and programme of work related to arts in health. It was agreed to host the composer in this area. Medical consultants in the unit had expressed an interest in hosting an artist in residence in the stroke unit, to develop an artistic narrative of the experience of stroke, from the perspective of not only the patient, but also of the carer, healthcare professional and the hospital. In their opinion the experience of stroke is not well understood by the general public and it was hoped an artistic interpretation of the experience, particularly through music, could bring fresh insight and understanding.

This sense that there is an inarticulacy and ambiguity about the experience of stroke was shared by other stakeholders consulted during the course of the evaluation. As another staff member explained,

"I think stroke is a misunderstood and neglected illness...it kills more people than breast cancer, lung cancer and bowel cancer combined. The narratives are just quite extraordinary and they've been neglected. It's a very complex illness, when the general public thinks of a stroke they think of a weak arm and leg.... What really matters is how it affects your intellect, your language, your sense of space, it's a sophisticated disease that's been treated as a simple disease."

Therefore this staff member expressed the belief that hosting an artists' residency in the unit could also provide recognition and validation of the experience of stroke and of its significance not only for patients, families and staff but also for wider society.

Following a recommendation from the Royal Irish Academy of Music, Hilary Moss approached the composer Ian Wilson, renowned as an artist with a distinguished career and experience of working in a community context. A member of Aosdána, Ian Wilson has written almost one hundred works including two chamber operas, concertos for organ, cello, alto saxophone, violin (three), marimba and piano, orchestral pieces, ten string quartets and many other chamber, vocal and multi-media works. He has participated in a number of public art projects including a one-year artist's residency in the Glencullen electoral area of Dun Laoghaire Rathdown County Council and more recently, between April and October 2010 he was artist-in-the-community with the Donegal Chamber Orchestra, which resulted in the creation of a new piece, An tIarthar, performed by the DCO and Spain's Concerto Málaga. The residency in AMNCH was his first in a hospital context.

The hospital and the composer collaboratively developed the project proposal and funding for the residency was secured through an Arts Participation Award received from the Arts Council in 2010.

The objectives of the project were:

- 1.To host and facilitate a residency with composer Ian Wilson in the Stroke Unit of AMNCH.
- 2.To produce a new composition informed by and inspired by the nature and experience of stroke, stroke care and treatment and the hospital itself.
- 3.Building on the success of a residency in 2006, to bring the ICO back to the hospital, and to continue developing the concept of live professional performances an acute hospital context.

4. To present a new perspective of the experience of stroke through the medium of music, and bring greater understanding of this experience and the realities of living with stroke to the general public.

The objectives of the artist were:

1. To gain a broad view of the nature and experience of treatment in the Stroke Unit from the perspective of patients and staff.
2. To compose a new composition inspired by and informed by these observations and experiences.

## **Project Concept**

It was proposed that a residency would be developed where the artist would become an integral part of the medical team in the Stroke Unit so they could experience and shadow all aspects of the stroke service. Therefore the artist would accompany the team on their rounds of wards and would be witness not only to the experience of the healthcare professional but also to the perspective and experience of the patient. In the words of a staff member in the unit,

"As a healthcare professional...you see so much of the bared emotions and raw human state of people when they're ill. That's a huge privilege for people to see. This experience is potentially like liquid gold to someone who has a creative mind, who may not have experienced something like this before, because it's probably going to hit them in a very powerful way."

This staff member also believed that the impact of such interaction between the artist and staff would not be limited exclusively to the artist. He also believed that through artistic interpretation, an artist in residence has potential to give healthcare staff fresh perspective of the experience of their patients, the experience of treatment and the unit itself. Aspects of the experience and treatment which strikes an artist may not be those anticipated by staff and may be overlooked in terms of significance to patients, family members or colleagues.

Besides joining the ward rounds, the artist would also have opportunity to interview patients and staff on a one to one basis and sit in on treatment sessions, exposing them to as broad an experience of stroke treatment as possible. This interaction and collaborative process between the composer, patients and healthcare professionals would then culminate in the creation of a substantial new work (25-30 minutes) for soprano and string quartet inspired by and based on this experience. The new composition would be premiered in the hospital on completion of the residency.

## **Project Structure**

From September 2010 to November 2010, Ian Wilson, made ten weekly 3-hour visits to the Stroke Unit where he undertook recorded interviews with patients and staff and experienced many aspects of the stroke service including ward rounds, team meetings, X-ray conferences, and treatment sessions in physiotherapy and speech therapy. Stroke patients were also visited in ICU and the Accident and Emergency Department. Over this period, the composer's observations, and the thoughts and feelings of participants were transcribed to form the basis of instrumental and song movements for a new composition for soprano and quartet.

Each fortnight during the project, four members of the Irish Chamber Orchestra and soprano Deirdre Moynihan gave an open rehearsal of the latest movement of the work for patients and staff in the Charlie O'Toole Day Hospital, an age related unit. Ian Wilson introduced each new movement and explained the background to the piece, sharing the experience or conversation which inspired it.

During these open rehearsals, the musicians and soprano also performed popular works to entertain the audience from a more familiar repertoire including Handel, Vivaldi, Bach and Strauss. Members of the orchestra introduced the music and talked with patients in the audience between playing. On average twelve patients attended each of the four sessions which lasted one hour. Patients and staff freely moved in and out of the room during the performances and occasionally patients from other wards and units of the hospital also attended.

After four open rehearsals, 'Bewitched', the new seven movement composition was premiered by Deirdre Moynihan and members of the ICO in the Day Hospital on 24 November 2010, to an audience of patients, staff and invited guests.

## **EVALUATION OBJECTIVES**

The agreed objectives of the independent evaluation were to:

1. Evaluate the impact of a composer in residence, and collaboration with the artist on patients and staff.
2. Evaluate the impact of a residency in an acute hospital on the artist and their practice.
3. Indicate best practice for facilitating a composer in residence and to contribute to higher standards regarding the role of artists' residencies in hospitals in the future.

## **EVALUATION METHODOLOGY**

The independent evaluation was qualitative in nature. Following a number of detailed briefings with the hospital Director of Arts and Health, an approach was agreed which would invite comment from representatives of all the key stakeholders involved in the project. The evaluator identified that the project had four key stakeholder groups; the project promoter (AMNCH Arts Office), the staff of the Stroke Unit and Day Hospital, the patients of the units involved, and the composer in residence. The hospital required qualitative information in terms of participant views and experience of the residency. In addition the evaluator also sought to identify the needs and requirements which the project stakeholders may need to accommodate and consider for future planning and work in this area.

With this in mind interviews were carried out with ten patients and two staff members in the Charlie O'Toole Day Hospital. Interviews were also carried out with two medical consultants and a staff member of the Stroke Unit. The composer in residence was interviewed and the evaluator was also granted access to the composer's project journal. A focus group involving four of the participating musicians from the Irish Chamber Orchestra and the soprano Deirdre Moynihan was also undertaken.

The evaluation plan also included interviewing patients in the Stroke Unit who had participated in the project. However attaining access to interview these patients proved unfeasible during the period of this evaluation and therefore feedback could not be received directly from these participants.

# FINDINGS

## IMPACT ON PATIENTS

### Benefits

#### Improved Mood

All the patients interviewed in the Day Hospital gave qualitative feedback that indicated a perceived positive change in their mood after hearing the music during the open rehearsals. Some patients described how beforehand they felt bored or apprehensive about their treatment. One explained how he felt sceptical because he didn't think the genre of music to be performed would be of interest to him. After hearing the music, patients' reactions included:

"Delighted with myself and delighted that I knew some of it even though it was chamber. I recognised some of the tunes. "

"I felt better after, it's very relaxing."

"I felt elated, it was beautiful."

"I felt happy because I love music."

"It gives you a boost."

No one stated any negative feeling as a result of listening to the music. The majority felt the one hour duration of the rehearsal was perfect, no one felt it was too long.

#### Enhanced Experience of Treatment

Feedback from patients and staff also indicated that the live performances enriched their experience of hospital treatment and care. Patients came to look forward to the rehearsals which took place once a fortnight. As one patient explained:

"The music was lovely and I think it's necessary. We're at home now but there's loads of things we can't do, if we come in here and we have music it's marvelous."

The majority of patients were unaware of the music programme in the hospital prior to attending a rehearsal. However several concurred that it was appropriate to have live music performance in a hospital context.

One patient asked the nurse manager if he would be still attending the unit at the next rehearsal. Another patient who was discharged during this period asked his daughter to take leave from work so she could bring him back to the unit to attend another rehearsal. Anecdotal evidence suggests that this is the first time that a patient has returned to visit the Charlie O'Toole Day Hospital after discharge.

### **Enhanced Relationships**

Patients interviewed also had a sense that their fellow patients enjoyed the sessions and both they and staff remarked on how the music rehearsals had sparked conversation in the unit between patients. Therefore relationships between patients also deepened as people shared stories of their experiences and musical skills and got to know one another in a different way.

Some of the benefits for patients were not anticipated – for example, conversation after one rehearsal amongst patients and staff led to an impromptu singing session. Therefore one could conclude that the rehearsals also helped patients and staff to communicate and interact with each other as it provided a common point of discussion and experience.

### **Increased Access to the Arts**

The rehearsals also gave patients insight into the rehearsal process and for some it was their first experience of live performance of chamber music. They reported that this exposure improved their understanding and appreciation of music, rehearsals, and live performance.

### **Opportunity for Expression**

In the opinion of a staff member in the stroke unit, patients in the Stroke Unit who participated in the project, enjoyed speaking to the composer and the opportunity to express their feelings and experience to someone who was not a family member or healthcare professional.

### **Other Comments**

Other comments made by patients interviewed included:

“I was disappointed when it was over. I hope I'm here when they come again.”

“I look forward to Wednesday when the music is on. Everyone seems to enjoy it, not that they say it but they seem to enjoy it.”

"I thought it was beautiful."

“It was gorgeous, like a red letter day.”

## **Challenges**

The majority of patients interviewed (80%) stated that there was nothing they didn't enjoy about the experience.

## **Personal Preferences**

One patient said she did not enjoy the new composition as she preferred music that was familiar to her. However another patient stated she found the new composition the most enjoyable aspect of the rehearsal. She said this after hearing an instrumental movement inspired by the disjointed rhythm of an irregular heartbeat. She explained that because she herself is suffering from an irregular heartbeat, she felt she could recognise and relate to this experience.

## **Audience Expectations**

Feedback received by the staff from patients after the first rehearsal in the Day Hospital suggested that some did not enjoy the rehearsal of the new composition. Staff believed that this was because the composition did not relate to the expectations of this particular group of listeners. The composer received this feedback from staff. In response to this, he changed the concept of the new composition in consideration of this audience who were mostly older patients and not regular concert goers.

During a physiotherapy session, he had observed that recordings of Doris Day and Rat Pack songs were played in the background, as this is the music that's familiar and popular amongst the patients. Inspired by this, he realised this music could help him to connect with their musical experience. Therefore he decided that each movement of the new piece would at its end segue into a Doris Day song, linking the unknown and the familiar for the audience.

According to staff, once the new composition included music patients recognised they found it more palatable and enjoyable and this was confirmed by interviews with patients, as one explained:

“I'm very conservative and I thought regarding the composition, I don't like that sort of thing. I enjoyed when he brought in the Doris Day that I knew”

This issue highlights the need to consider potential audiences and consult with them so their expectations and experience can be considered when developing and planning a residency.

Staff interviewed also stressed the importance when scheduling music in hospital of giving patients the opportunity to opt out of performances and to leave the room easily. Two patients asked to leave the room during the first rehearsal.

## **IMPACT ON STAFF**

### **Benefits**

#### **Improved Working Environment**

Staff and consultants in the Stroke Unit reported an interest amongst colleagues in the project, an excitement given its innovative nature, and a curiosity about its outcomes and how the composer would express the experience of stroke in musical terms. According to one staff member there was a general buzz about the residency and he felt staff were very pleased that it had occurred.

Another Day Hospital staff member reported that the open rehearsals lifted her mood and she felt in better form as a result. Therefore she felt the live music enhanced the working environment. The performers also observed staff dropping into the rehearsals for a few minutes to listen to the music between treatments with patients and received feedback from staff suggesting that they enjoyed hearing the music in their workplace.

#### **Developed Understanding of the Experience of Patients**

When interviewed after the premiere of the new composition 'Bewitched', a staff member of the Stroke Unit felt the piece helped her and her colleagues to reconnect with the emotional aspects of stroke, and gave them better understanding of how their patients are experiencing stroke and how they are dealing with the emotional fallout of their illness.

“A lot of what we do is very clinical and objective and we can get immersed in that but stroke holistically affects people. We've a lot to gain or understand from looking at the wider picture and the holistic picture of the experience of stroke....the music was a really nice way of capturing that and reconnecting at that level with the emotional experience of stroke. I think it only adds to our understanding of stroke.”

#### **Enhanced Communication and Relationships with Patients**

The open rehearsals in the Day Hospital also enhanced communication and relationships between staff and patients. As previously mentioned the rehearsals sparked conversation and provided a common point of discussion in the unit, giving staff new insight into the individual preferences, experiences and musical skills of patients.

#### **Enhanced Appreciation of Patients as Individuals**

One staff member acknowledged how this shared experience of the rehearsal could enhance the staff's awareness and appreciation of patients as individuals,

“People need to be treated with more than just physio or OT, they need to be treated as individuals with their own likes and dislikes. It's amazing some of the things you find out through sessions like this that you would never find out at another stage.”

## **Challenges**

Staff interviewed in the Stroke Unit did not consider the residency to present any challenge or interference with their schedule of work or the day to day running of the unit. They did not report any challenges or issues regarding accommodating the composer or participating in the project. They also commented on how they found the composer very personable, how easily he assimilated into the staff team and how they were mostly unconscious of his presence when he attended ward rounds or therapy sessions.

## **Time Constraints**

The main challenge reported by staff in the Day Hospital was the impact the project had on the staff team's time management. Staff felt a need to be more prepared and organised than usual on rehearsal days to accommodate the rehearsal in a schedule of treatments and therapies. However the staff felt that this was feasible due to the short term duration of the project and frequency of the rehearsals. If the rehearsals had occurred more frequently than once every two weeks, staff interviewed felt accommodating the rehearsals whilst ensuring patients received necessary treatment and care may have presented a more substantial challenge.

Typically it is a stipulation for any artist facilitating programmes in the Day Hospital that patients can freely move in and out of a session to accommodate treatments. However during this project, staff tried to avoid removing patients from the room during rehearsals as much as possible because of the project's short term duration.

## **IMPACT ON THE ARTIST IN RESIDENCE**

### **Benefits**

On conclusion of the residency the composer reported that the experience had benefited his artistic and personal development.

### **Artistic Development**

This residency was his first in healthcare context and he found that the experience had challenged his artistic process and approach. In his opinion the project did not develop his compositional practice technically but conceptually he had to modify his way of

working. He considered the need to think differently and modify accordingly as a very positive development.

Following feedback received from staff after the first rehearsal, he realised that he would have to modify the concept of the composition to engage with his audience who were mostly older patients attending the Day Hospital. Typically he would not write a new piece with an audience in mind. However in this case, regardless of any future public performances, the first performance was to be given in the Day Hospital and thus he identified the need to consider the expectations and experience of this particular group of listeners. Therefore in response to this, each movement he wrote segued into a Doris Day song providing a link between the audience's musical experience and the new composition.

When interviewed after the first performance, he shared his belief that the juxtaposition of these elements strengthened the new composition and made it conceptually a more interesting work.

### **Personal Development**

On a personal level, the composer found the residency a very humbling and inspirational experience as he witnessed the patient's journeys and in particular the remarkable recovery of two of younger patients who had experienced stroke.

### **Strengths**

On completion of the residency the composer also identified a number of strengths of the project which had facilitated its success.

#### **Broad Range of Experiences and Access**

The composer reported that he had sufficient access to patients and staff, a sufficient diversity of experiences and support during the ten week period.

#### **Supportive Environment**

He felt that a key factor in gaining access to patients and staff was the level of support for the project demonstrated by staff particularly at management level and the extent of support at organisational level within AMNCH.

#### **Project Intensity**

In his opinion, the ten week duration of the residency led to an intensive experience. However he felt this intensity brought focus to the work in hand. He also believed that the frequency of weekly visits helped to develop a stronger connection between himself and the staff and patients in the Stroke Unit.

## **Challenges**

### **Gathering Perspectives**

Aside from the new challenge of writing for a specific audience, the composer reported that interviewing patients and staff had proved challenging. He reported that in some cases if an interviewee was not particularly forthcoming, he felt pressure to interview as effectively as possible to gather material within the timeframe of the project.

### **Exclusion of Patients with Communication or Cognitive Difficulties**

One limitation of using interviews as a method to engage and interact with stroke patients was it could only be used to access patients who were able to communicate verbally. Therefore this method prevented inclusion of patients in the residency whose communication, language or cognitive functioning had been affected by stroke.

### **Insufficient Rehearsal Time**

Although the project plan included four open rehearsals of the new composition, an additional private rehearsal was facilitated on the morning of the premiere. In the composer's opinion, an allocation of four rehearsals was not sufficient for the performers to prepare for the final performance. Therefore he would recommend including financial provision for additional external rehearsals in proposals for future projects.

## CONCLUSIONS OF THE INDEPENDENT EVALUATOR

The overall conclusion from the findings of this evaluation is that the residency was successful. The findings revealed that patients, staff and the composer experienced benefits from participating in, hosting or facilitating the project on several levels.

According to the findings of this evaluation we can conclude that:

- Live music performance by professional musicians improved the moods of patients, and enriched their experience of hospital treatment and care.
- The shared experience of music performance enhanced relationships and communication between patients, and between staff and patients.
- The project increased patients' access to the arts and improved their understanding of performance, music composition and the rehearsal process.
- The new composition helped staff to understand the emotional and psychological issues a patient with stroke may experience.
- Live music performance enhanced the working environment for the staff.
- A residency in the Stroke Unit developed the composer's practice conceptually and also had positive impact on his personal development.

Through observation, qualitative interviews and review of the artist's journal, the evaluator also concludes that the residency fulfilled the main objectives of the project as follows:

1. A 10 week residency was hosted and facilitated for composer Ian Wilson in the Stroke Unit of AMNCH.
2. A new seven movement composition, 'Bewitched', was composed, inspired by the composer's observations and experiences of stroke care and stroke treatment, and premiered in the hospital.
3. Musicians of the Irish Chamber Orchestra brought live music to patients and staff in an acute hospital context.
4. The new composition presented a new perspective on the experience of stroke and the emotional impact of stroke to hospital staff members.

Regarding the fourth objective of the project, the findings of this evaluation indicate the composition did bring a new perspective and understanding of the experience of stroke to staff members in the Stroke Unit. A patient who had experienced stroke also felt she could identify and recognise her experience in the new piece.

As of December 2010, the new composition had yet to be performed in a public venue. Therefore it was beyond the scope of this evaluation to assess if the residency will bring greater understanding of the experience of stroke to the general public. However during the residency, a journalist from the Irish Times attended an open rehearsal and the project was featured in the newspaper on Tuesday 9 November 2010. This feature profiled the residency and outlined its genesis and objectives. The journalist also included excerpts of the new composition and reactions from patients and staff in the article. Staff interviewed expressed their hope that this feature in a national newspaper would raise awareness of the residency amongst the general public and increase the national profile of the stroke unit, stroke treatment and the experience of stroke for patients and healthcare professionals.

The residency also met the objectives of the artist. On completion of the residency the composer had:

- Gained a broad overview of the nature and experience of treatment in the Stroke Unit of AMNCH from the perspective of patients and staff.
- Developed his understanding of stroke as an illness and the treatment and care of stroke patients.
- Composed a new seven movement composition inspired by and informed by these observations, findings and experiences.

He considered his residency in the Stroke Unit as a very positive experience and the most interesting project he has done to date in a public art context.

## **RECOMMENDATIONS**

The evaluation of this project, from the perspective of the various stakeholders, in terms of its content, structure and overall impact, indicates that the residency is largely held in high regard by its stakeholders. Some challenges encountered during the course of the project have been identified and previously outlined in detail in the findings section of this report. Observations made by the evaluator and qualitative feedback received from the key stakeholders also identified suggestions for future practice.

Therefore, in response to the various themes and findings of this research, the following recommendations are made to guide practice for future artist in residence programmes:

### **Consultation with Patients**

Although patients in the Day Hospital were informed of the residency and rehearsals prior to their attendance, the experience of the first rehearsal and the new composition appeared to be very different to these patients own expectations. Therefore clarification of the expectation of all project stakeholders is an issue to consider for future projects. Participants should be informed not only of the project structure but also of the nature of what they will experience to clarify any expectations they may have. It is recommended that consultation with patients is included in the planning stages of future programmes.

### **Earlier Involvement of Evaluator**

The evaluation plan focused on gathering qualitative information in terms of participant views and experience of the residency from all key stakeholders. However as the project progressed it became apparent that it would not be feasible to interview or gather direct feedback from participating patients in the Stroke Unit. Therefore it is recommended that the evaluation plan is incorporated into the planning phase of future projects to identify potential challenges and negotiate access for external evaluators.

### **Evaluation of Public Perception and Reaction**

A key objective of this project was to inform and improve public understanding of the experience of stroke, stroke care and stroke treatment. It was beyond the scope of this evaluation to effectively assess the extent to which this will be achieved. Therefore it is recommended that evaluation is incorporated into any planned public performance of the new composition to determine public perception, evaluate public reaction to the work and the extent to which it brings insight or understanding.

### **Critical Success Factors for the Project Promoter**

- Incorporate the evaluation plan and consultation with external evaluators in the planning phase of the project.
- Make provision for consultation with all participants including patients in the project plan.

- When informing patients and staff of the residency, explain not only the structure of the project but also the nature of what they will experience, to clarify any expectations they may have.
- Inform all hospital staff members of the project through internal email or intranet systems.
- Exchange direct contact details between artists in residence and participating staff members to facilitate scheduling and communication.
- When planning participatory projects for patients, consider a level of participation which ensures a dignified and comfortable experience for participants.
- Projects should always give patients freedom of choice to opt in and opt out of participation and this should be applied to attendance of performances as well as to participatory projects.
- Support for arts initiatives should be nurtured and secured at all levels of the organisation to ensure a supportive and welcoming environment for artists in residence.
- If a project involves the participation of hospital consultants, they will require considerable notice to ensure their availability during the project.

### **Critical Success Factors for Artists**

- Adhere to the policies, protocols and ethical procedures of the organisation hosting the residency
- Know and comply with organisation's principles of confidentiality at all times.
- When devising projects, consider the contextual situation of how you will present your work and to whom.
- Consider your audience or potential audience, and their expectations, when planning rehearsals or presentations of new work.
- Be flexible and open to reviewing and modifying the project concept or structure throughout the project.
- Welcome and respond to feedback or inputs from patients or staff.
- When planning rehearsal time for a new work, consider the need for external rehearsals and if required, ensure sufficient allocation in the project budget.

## **APPENDIX ONE**

### **Interview Questions for Patients in the Day Hospital**

1. Before today were you aware of the hospital music programme?
2. How would you describe your mood before you heard the music?
3. How would you describe your mood after you heard the music?
4. What did you enjoy the most about the music rehearsal today?
5. What did you enjoy the least about the music rehearsal today?
6. In your opinion was the length of the rehearsal:  
Too long            Too short            Perfect
7. Do you think it's appropriate to have music rehearsals in the hospital?
8. Any other comments you wish to make about your experience today?

## **APPENDIX TWO**

### **Interview Questions for Day Hospital Staff**

1. Why did you agree to take part in the project?
2. Do you feel you were fully briefed and informed at the start of the project?
3. How do you think participating in this project will affect patients and staff members?
4. Did you experience any challenges or issues while participating in this project?
5. Have you received any feedback from colleagues?
6. Have you received any feedback from patients?
7. Would you participate again?
8. If the project occurred again is there anything you would change?
9. Any other comments?

## **APPENDIX THREE**

### **Interview Questions for Stroke Unit Staff**

1. Did you feel fully briefed and informed at the beginning of the project?
2. How do you think participating in this project will affect patients and staff members?
3. Have you received any feedback from your colleagues about the residency?
4. Have you received any feedback from patients?
5. Did you experience any challenges or issues while participating in this project?
6. Do you think it's appropriate to have a residency in the stroke unit?
7. Would you participate in a residency again?
8. If the projected occurred again, is there anything you would change?
9. Any other suggestions or comments?

## **APPENDIX FOUR**

### **Interview Questions for Medical Consultant in Stroke Unit**

1. Why did you wish to host an artists' residency in the stroke unit?
2. Did you feel fully briefed and informed at the planning stage of the project before the project was initiated?
3. How do you think the residency will affect staff and patients in the stroke unit?
4. Have you received any feedback from patients or staff regarding the residency or their experience of participation?
5. Have you identified any issues or challenges arising as a result of hosting a residency in the Stroke Unit?
6. Have you identified any negative implication of participating and being involved in the residency?