Original article

What training do artists need to work in healthcare settings?

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ABSTRACT

Given the increased attention paid to the development of arts in healthcare settings, the need for a formalised training framework to enable artists to work comfortably and safely in healthcare settings has become pressing. This paper sets out a review of literature and best practice regarding the training of professional artists wishing to work in healthcare settings. The authors' research confirms the gap in the arts sector with regard to such training. Very little formal training is currently available internationally for artists wishing to work in healthcare settings outside of the arts therapies professions. There is a need for the health sector to formalise a currently ad hoc approach to employing artists in healthcare settings. There are a number of best-practice models of arts and health practice from which we can learn but relatively scant literature on course development. The arts therapies are relatively expert in the domain of using the arts in healthcare and while there are different aims and intentions to this work, it is important that any establishment of arts and health training recognises the contribution and expertise of arts therapists in the healthcare arena. A culture of mutual learning between the arts therapies and the arts and health specialists is recommended.

The formal recognition of the role of the arts in health settings is a relatively new and developing phenomenon, and the biomedical literature is relatively underdeveloped in this area. While professional training in the arts therapies (art, music, drama and dance therapy) is well established in a number of countries, a large number of artists (of all art forms) find themselves working in healthcare settings outside of the model of arts therapies (for example, artists in residence, performers, writers in residence and designers). Although a need for appropriate training has been identified by artists in the field in the UK and Ireland,[1 2] the healthcare literature offers little guidance on the content or delivery of such training.

The lack of such literature, along with the experience of the small number of relevant training courses in existence internationally, indicates a need for training courses to be developed for these professionals. It is important that artists are adequately prepared for work with vulnerable people in healthcare settings. The needs of the patients are paramount and artists need to supplement their artistic skills with a range of skills common to health professionals of all disciplines. We wished to create a template for a postgraduate training course for artists wishing to work in healthcare settings, based on literature review, examples of best practice and an extensive consultation process.

This paper sets out the literature review, examples of best practice and the consultation process carried out to create this new course. The review included a focus group of 51 artists and healthcare providers in Ireland. A template course was then created, based on the research and recommendations, and the core elements of a training course for artists were set out.

BACKGROUND TO THE STUDY

A consortium involving a university teaching hospital (the Adelaide and Meath Hospital, Incorporating the National Children's Hospital (AMNCH)), a school of art and design (the Institute of Art Design and Technology, Dun Laoghaire (IADT)) and a national development agency for collaborative arts (CREATE) was commissioned by the Arts Council of Ireland to research, develop and implement a course that would be mutually beneficial for both artists and healthcare organisations. These partners represented a mix of expertise in the areas of arts programming, arts and health management, innovative training, collaborative arts practice,[3] academic research and course development.

The project consisted of two parts: the first part, described in this paper, was a literature review and consultation process. The second was the development and delivery of a course based on this research.

It was agreed at the start of the study that such a course must be of a recognised professional level and have a consistency and standard that enables validation and accreditation to standards of third-level education: in Ireland such standards are overseen by the Higher Education and Training Awards Council (HETAC). Members of the consortium had had difficulties when inexperienced artists in health settings made unrealistic requests, misunderstood issues such as patient confidentiality or did not relay important information to members of the multidisciplinary team while in the healthcare settings. It was also understood from previous consultation exercises that artists themselves were keen to be on an ''equal'' footing with their colleagues in health settings and to undergo training that would equip them to work better in this specialised area.[2] It was believed that artists working directly with patients or interacting with them at any level within healthcare organisations need to be trained to cope with the complexity of the environment. Healthcare professionals and managers also need a clear framework for understanding the scope and practice of arts in health practitioners. An accredited professional qualification was felt to be most desirable to meet both these needs.

It was also accepted that the course, while emphatically not a course in art therapy or music therapy, needed to recognise and facilitate good working relationships between those working in arts in health and arts therapists. Arts therapists are trained clinical professionals who "integrate the experience of a given art form with the theories and practice of psychology, psychotherapy and psychiatry as a unique form of therapeutic intervention". Arts practices "focus on artistic practices and artistic outcomes for their own sake".[4]

METHODOLOGY

The research took the following steps:

- Literature review
- Review of already existing courses with best practice in arts and health, nationally and internationally
- Creation of a draft course outline and its approval by the steering group, to form the basis of consultation with national and international arts and health organisations, third-level training institutions, artists, artists' organisations, healthcare providers and clinical staff in healthcare settings
- Preliminary research regarding HETAC accreditation requirements.

Literature review

A literature review was carried out in June 2009 to find existing publications about arts and health training courses around the world and to identify examples of best practice of existing current training. The dates included were 1996 to June 2009.

Four methods of reviewing literature were used: an OVID review (http://ovidsp.ovid.com), Google and Google Scholar internet searches and an electronic search of the healthcare library of the Society for the Arts, USA (http://www.thesah.org). These were supplemented by relevant literature supplied by experts in the field who were involved in the consultation process.

The search terms used for all of these searches were:

- *art and health training*
- *arts and health training*
- *training artists in health care*
- combined searches using the words *artists, education, training and healthcare*
- *arts and health courses*

Due to the very sparse amount of literature on any of these topics and the limited range of articles, the researcher then added the following search terms:

- *art therapy training*
- *art therapy courses*

The literature review also manually and electronically searched for publications on previous and existing work in Ireland in the development of arts and health training.[2 4–6]

Identifying best practice

We identified organisations as exemplifying international best practice in training in arts and health on the following criteria:

a. at least three results in the literature review searches
b. a well-documented history of training, research and development in arts and health practice
c. personal experience within the consortium of the quality, practice and experience of these organisations
d. specific expertise in *training* in arts and health as opposed to purely practice excellence.

National examples of good practice, in terms of *training artists to work in healthcare settings*, arose from the consultation process. The criteria used were:

a. a well-documented history of arts and health practice, research and development
b. personal experience within the consortium of the quality, practice and experience or these organizations
c. specific expertise in *training* in arts and health where possible, as opposed to purely practice excellence.

Consultation process

An extensive consultation process was undertaken with 50 institutions and individuals, including national (6) and international (6) arts and health organisations, university-level training institutions (7), artists (14), artists' organisations (8), healthcare providers and clinical staff in healthcare settings (9): among the latter group were two nurses and nurse managers, a hospital director, two health service managers, two occupational therapists, a speech therapist and a Senior Health Promotions Officer.

The aim of the consultation phase was to conduct interviews with national and international experts regarding the development of a course for artists wishing to work in healthcare settings. The interviews included questions on course content, previous experience of training artists wishing to work in healthcare settings, course delivery and scheduling, mentors and placements, knowledge of existing courses with relevance to arts in health and any other information.

RESULTS

Literature review

Extremely few references were discovered using the original search terms. In the OVID search, for example, *art and health training* brought up only 25 references, only three of which were relevant to arts and health. These references referred to an editorial discussion in *Art Therapy: Journal of the American Art Therapy Association* regarding the licensing of art therapists and the merits of doing so in terms of professionalism and standards.[7] These were not directly relevant to *training* arts and health practitioners but were relevant to arts and health practice. *Training artists in health care* recovered no relevant references. When the combined search was used (using the terms *artists, education, training and health care*), 15 references were recovered, but only five were directly relevant to arts and health practice and none to *training* artists to work in health settings. Four of the five relevant articles related to the role of clinical placements in art therapy,[8] the role of clinical supervision for art therapists,[9] the integration of art and therapy[10] and the goals and benefits of an undergraduate art therapy programme.[11] The fifth reference discusses the difference between clinical art therapy and artist-in-residence programmes.[12] There were no references in medical literature related to developing training courses for artists wishing to work in healthcare settings. The search term *arts and health courses* recovered only three references, one of which was relevant to arts and health but, again, not training.[13]

The Google and Google Scholar searches brought similar results, again using the same search terms above. Most of the useful sites that were found, however, recovered examples of arts in health in *practice* (for example, *Vital Arts* (http://www.vitalarts.org.uk/site/about.html) and *Performing Medicine* (www.performingmedicine.com/home.htm) in the UK) or arts components within medical or nursing training (www.performingmedicine.com/home.htm).[14] However, very few were

running *training courses* for artists who want to work in healthcare settings, which was the primary search for this study. Arts and health courses at Birmingham City University and Canterbury Christ Church University were recovered. This seems to confirm that the current situation in Ireland—where there is currently much high-quality practice but there are relatively few recognised formal training courses for artists working in arts and health settings—is common elsewhere.

Three international organisations featured frequently in the search results. The first was the Society for the Arts in Healthcare, which is the US national organisation for arts in healthcare. Their website for members holds an extensive electronic database of their library of relevant literature. The second organisation was the Centre for Arts and Health Research (CAHRE) at the University of Florida and the Shands Hospital (www.arts-ufl.edu/cahre/). The third organisation highlighted frequently in the search was Performing Medicine, a theatre-based company in the UK that carries out training and education programmes for medical students. 9

The expanded search terms using *art therapy* recovered 46 references under the OVID search, many of which were relevant to designing a course for artists working in a healthcare setting. In the Google search, three references appeared relating to art therapy publications, which were extremely relevant to setting up training using art in healthcare.[15–17] All three books were useful in terms of their chapters on different aspects of both training art therapists and using art in different healthcare situations. For example in *Art therapy: an introduction*,[17] Rubin breaks down the key issues for artists working in healthcare into the following chapters, all of which could be relevant to an art and health course content: Mapping the territory—personal styles; Cultural perspectives and societal issues; Portraits and vignettes [examples of practice];What is art therapy?, History of the movement; The basics—the art part, the health part; The necessary conditions; The framework, doing art therapy; Why art therapy?; Individual and group work; Assessment techniques; People we serve, places we work; Accountability—planning, standards, evaluation, research ethics; and Resources.

In summary, the literature review indicates very little original or data-based research in the biomedical literature. A number of practical documents such as Arts Council (UK) publications exist but these do not recommend specific training courses for artists.

Best practice

Five organisations were selected as international best-practice organisations in training in arts and health. These organisations had a track record of providing courses and training to artists wishing to work in health settings, at various levels ranging from introductory to Masters. Some also had experience of researching to postdoctoral level in arts and health. Each organisation had valuable information on course content in particular, which was used to inform our own course design. The five organisations were:

- CAHRE
- Performing Medicine
- Manchester Metropolitan University (www.artsforhealth.org/)
- Centre for Arts and Humanities in Health and Medicine, Durham, UK (CAHHM) (www.dur.ac.uk/cahhm)
- ArtFull—Scotland (www.artfull.org/)

These organisations were not the only relevant organisations and there is an element of subjectivity in this choice, based on the experience of the researchers. It is also important to note that there are a number of organisations offering training to MA level in arts and health but these were not documented in academic literature. A number of academic centres for arts and health research in England (including the University of the West of England and the Sidney de Haan Research Centre for Arts and Health, Canterbury Christ Church University) were mentioned but training courses were not detailed in academic literature.[18] 10

Six national examples of good practice were chosen, including Age and Opportunity (www.olderinireland.ie/artsandculture/arttsincare.htm), Music Network (www.musicnetwork.ie), University of Limerick (www.ul.ie/~iwmc/programmes/mamt/index), Crawford College, Cork (www.cit.ie), The Adelaide and Meath Hospital (www.amnch.ie/departments/arts/home.htm) and the Waterford Institute of Technology and Waterford Healing Arts Trust (www.waterfordhealingarts.com/). These organisations also had experience of running or developing training for artists, some of which is in arts therapy but most of which is in arts and health training. Again, course content and structure were of interest and informed the development of our own course. 11 12

Consultation process

The consultation process was extensive and wide ranging. We identified a number of key themes that emerged during the consultation, including ethics, the environment in hospital and healthcare settings, patient-/client-centred care, self-awareness and motivation, the value of arts and health/best practice, placements and mentors, overview of the nature of disease, facilitation or group work skills, the nature of collaborative practice, research, language and communication, project planning and development, arts and health overview and standards of practice. 13

Key themes arising from the consultation with health professionals included how the health system works and the role of different professionals; understanding the clinical team and how it works; the importance and individuality of the patient and understanding that the medical needs of the patient comes first; how to relate to people and work in different situations; how to deal with people who are ill and vulnerable; communication skills within healthcare settings; confidentiality and ethics; professional conduct within a healthcare organisation; awareness of the health service resources and barriers to getting funding; realistic expectations of patients and staff; hospital and health facility policies; roles and aims of arts and health work; self-awareness and motivation; common diagnoses; facilitation skills and group dynamics.

Issues arising within the consultation included how to communicate effectively given the difference in language within the health and art worlds, the importance of flexibility of both artist and health service, the needs of people from different cultures and the challenge of convincing health professionals of the value of the art work.

Course structure

A synthesis of the findings was used as a basis of a course content and structure. The initial course offered was a professional development course for artists with a primary degree in their artform. Accreditation was sought alongside this pilot course for a future course consistent with a HETAC standard of a postgraduate certificate or diploma. The course consisted of six whole-day seminars (appendix A), placements

of 18 hours including shadowing an experienced arts and health practitioner, and a written assignment.

DISCUSSION

Our research confirms the gap in the arts sector with regard to training artists to work in healthcare settings. Very little formal training is currently available internationally for artists wishing to work in healthcare settings outside of the arts therapies professions. There is a need for the health sector to formalise a currently ad hoc approach to employing artists in healthcare settings. There are a number of best-practice models of arts and health practice from which we can learn but there is relatively scant literature on course development.

The consultation process undertaken to develop this course identified that artists themselves wished to receive training regarding their work in health settings. It appears that the emphasis needs to be on developing an understanding of the healthcare environment while maintaining the importance of artistic freedom. A concern arises that the development of training courses for artists might restrict their creativity and risk limiting the artistic freedom that is essential to their work. However, healthcare providers involved in the consultation were also clear that they are keen to have artists working as freely as possible but that artists also need to understand patient-centred care and the priorities of the healthcare service in which they seek to work. Artists themselves were seeking training in order to develop communication with healthcare workers so that their needs were understood more fully by healthcare staff. Thus artists would be better supported when in residence in healthcare settings, as well as understanding the environment more fully. The absence of accredited training for artists makes it difficult to ensure high-quality standards in this field. For example, how can healthcare managers be sure they select ''good'' artists? How can they ensure the safety of patients who are engaging in art activities with an artist in residence? At present there are both excellent artists working in health settings and mavericks who can and do cause quite serious problems for patients. Accredited training is essential both to regulate this area of work and to allow artists the opportunity to work freely and effectively in this setting.

Arising from the literature review, it is clear that there is considerable commonality between course development in the relatively well-established courses in arts therapies and the emerging themes in the consultation process and literature review on arts and health training. It is likely that we can draw from the work done by the arts therapy professions and use it to inform us. For example, much of our course content overlaps with course content in arts therapy training. A healthy relationship between arts and health education and arts therapies should therefore be encouraged and developed. There is, however, a distinct difference between arts therapies and arts and health practice, and there is currently a lack of training and development for arts and health practitioners. Their work, however, needs to be recognised as separate and entirely different from that of arts therapists and it needs to balance patient and service needs with the demands of artistic integrity and independence. Any training course for artists needs to take account of the difference of these roles within a healthcare setting. Clarification of roles is needed, both through development of training courses for arts and health practitioners and the strengthening of professional associations and identities for both professional groups.

It would seem that, given the lack of pre-existing literature and examples of arts and health training internationally, a useful anchor for building courses for artists who wish to work in healthcare environments is to combine examples of best practice of arts and health practice internationally with carefully selected elements of pre-existing art therapy courses as summarised in this paper, while still acknowledging the important differences in aims and approaches between arts and health practitioners and arts therapists. There is relatively sparse literature on arts in health internationally and there are very few pre-existing courses in this area. However, there is a wealth of knowledge and experience of training artists and musicians to become art or music therapists, which is a useful information resource for arts and health courses. This should be combined with international examples of best practice and consultation to develop courses for arts and health practitioners.

Those practising arts therapies are relatively expert in the domain of using the arts in healthcare, and, while this work has different aims and intentions, it is important that any establishment of arts and health training recognises the contribution and expertise of arts therapists in the healthcare arena. A culture of mutual learning is recommended between the arts therapies and the arts and health specialists.

Above all, the research process highlighted an awareness of the vulnerability of patients and clients of health services and the need for artists to be flexible and adapt their practice to meet patient needs. The need for an evidence-based approach to any arts intervention in healthcare settings and a rigorous, research-based approach is vital to ensure high standards of practice. The development of standards of arts and health practice would also serve to ensure countrywide consistency and equality of provision of arts practice for patients and artists working in health settings.

The consultation process was extremely useful in developing the course content. We recommend further consultation with artists in the field. Focus groups would have been a useful addition to the research process.

Core themes were identified that are central for any proposed courses for arts and health. These themes were ethics; hospital and healthcare settings environment; patient-/client-centred care; self-awareness and motivation; value of arts and health/best practice; therapy; overview of nature of disease; facilitation/group work skills; the nature of collaborative practice; research skills; language and communication skills; project planning and development skills; and an overview of arts and health. Placements and mentors were identified as crucial to successful implementation of such courses.

Pressure for the development of suitable courses arises from the growing arts and health practice under way in health services. In the absence of systematic professional training courses to ensure quality input for patients, it is possible that the quality of intervention by artists could vary, and at times this might pose a risk to patients through breach of confidentiality or unawareness of emotional supports needed for patients engaging in arts activities. The research, especially the consultation process, indicates strong interest in and demand for a recognised training course for arts practitioners.

The development of such professional training courses in arts and health should conform to standard accreditation for academic and professional courses so as to engage with the standards, requirements and accreditation processes of the health service. In this way, the skills of arts and health practitioners would also be more easily recognised by other professional groups working in the health service who have also completed relevant professional training, usually to a third-level standard (for example, occupational therapists, arts therapists,

chaplains, healthcare assistants, and so on). In addition to adequate training and qualification, arts practitioners need to establish a system of supervision or mentoring to ensure that continuous professional development and standards of practice are upheld. There is a need to develop a cadre of trained artists
15 in healthcare who can carry out research on the impact, role and effects of arts in healthcare. A Masters-level course might be a catalyst and foundation for developing research and might provide leadership for arts and health as an emerging theme in healthcare. Finally, a recognised association of practitioners would allow for the profession to be represented within health settings, promoting the benefits of arts in healthcare, clarifying the nature and duration of artistic interventions, and promoting
16 a research base for arts and health activities.

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APPENDIX A

Course structure—six whole-day seminars

Day 1
Overview of course
Arts and health overview
Value of arts and health—best practice
Day 2
Ethical issues
Patient-/client-centred care
Day 3
Healthcare settings
Language and communication: building relationships of trust
Day 4
County contexts: case study, Sligo
Working in the field: artist's perspective
Day 5
Placements—working in residence
Methodologies of evaluation
Day 6
Artist-led discussion
Project planning and development