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Wishing Well Music in Healthcare

Competencies and Values

Our intention is to have a competency framework which the Wishing Well team can use as part of our reflective work with each other in session debriefs and as a training tool for supporting our work with mentees. It is not a “fixed” or “definitive” document and will evolve with us as we continue our journeys with Music in Healthcare practice. It highlights the behaviours and skills inherent in Music in Healthcare practice that we value highly in our work.

This framework was put together in collaboration with Well Within Reach and is structured in the same way as the evaluation report; beginning, developing and ending relationships.

Please do let us know if there are areas important to you that are missing or that could be worded more clearly or that feel unhelpful.

Area	Participant voice	Assessment
Policies and Procedures		
<p>An understanding of our child and vulnerable adult safeguarding and confidentiality policies which you read as part of your induction with Rhythmix. If anything causes you concern you must contact the project manager and your point of contact at the hospital as soon as you can.</p>	<p>Help to keep me safe.</p>	
<p>Your first session at any new healthcare setting will include an Induction with a member of the healthcare team. You should know who to talk to if you see or hear anything that causes you concern. The Induction will include hospital policies on hygiene and infection control.</p>		
These can differ slightly but include:		
<p>Instruments and equipment that are safe to use. Infection control around hand-washing, sterilising instruments and sharing instruments.</p>	<p>Protect my best interests.</p>	
<p>Appropriate clothing and appearance e.g. hair needs to be tied back, shoes need to have a heel strap (no flip flops), arms bare to the elbow, avoid scarves and jewellery that could be grabbed or may dangle over beds. Know what is right for your setting, check in with your contact on the ward or the project manager if in doubt.</p>		
<p>Illness. We cannot work on wards with any symptoms that may indicate contagious colds/flu or stomach bugs. Advice varies in different settings so if you are in any doubt, check. Generally speaking, if you have a “running” cold and are coughing and sneezing do not go in. Some settings are fine for you to work if you have a “non-running” cold but do check. If you have V and D, you must wait 48 hours after your symptoms have passed before working. Open wounds should be covered with waterproof dressings.</p> <p>Identification. Some Trusts award “Honorary Contracts” and ID cards. The PM will let you know when your Contracts are due for renewal and support this process. Your ID cards are your responsibility and must be kept up to date by you. In settings where Honorary Contracts are not awarded, please make sure you wear your Wishing Well ID badge.</p>	<p>Help me get better and stay better.</p>	

Area	Participant voice	Assessment
<p data-bbox="107 153 315 188">Musicianship</p> <p data-bbox="107 201 958 421">We really value the range of person-centred music making choices that are offered as part of the programme. One of the most important elements is what you bring to this practice; your unique, authentic, creative self; the music you play that makes you light up. Even more important is the music that you make in pairs; your sound that puts you both in a creative zone and enables you to draw people into your world.</p> <p data-bbox="107 456 640 485">In addition to this, we feel it is vital that</p> <ul data-bbox="107 491 958 1422" style="list-style-type: none"> <li data-bbox="107 491 958 616">• You feel confident and expressive on at least one instrument (which may be your voice), enabling you to use your music-making to connect with your participants. You need to be comfortable using your voice. <li data-bbox="107 622 958 746">• You can use a range of accessible instruments to encourage participation, particularly with people whose engagement may be sensory based. These instruments should at the very least include an iPad and a range of percussion instruments. <li data-bbox="107 753 958 813">• You have appropriate repertoire for your setting and ongoing commitment to keep expanding it. <li data-bbox="107 820 958 1005">• You can move between using familiar repertoire and creative improvisation in your one to one and group interactions. Familiar repertoire is important but people are stimulated in different ways when they are “in the moment” making music. Find as many ways as possible, within the musical relationship to both connect and help people to express themselves. <li data-bbox="107 1011 958 1165">• Understand how to adapt repertoire in response to your participants - this may involve playing with tempo and time signature, repeating one part of the song to “hook someone in”, changing lyrics perhaps to include someone’s name in the song or to avoid inappropriate lyrics. <li data-bbox="107 1171 958 1356">• Use all your resources to follow your participants musical lead in terms of repertoire choice and improvisation. This could include for example, accessing material online that you cannot play but that you can still use for music-based conversation or committing to learning songs that were requested for the session the following week. <li data-bbox="107 1362 958 1422">• Awareness of sound-levels and how to adapt your playing accordingly 	<p data-bbox="974 201 1245 386">Bring your entire, authentic self; your commitment, belief, energy and creativity; and your Music as your gift to me.</p> <p data-bbox="974 424 1236 517">Be committed to developing what you bring to me.</p> <p data-bbox="974 555 1245 647">Be as flexible, diverse and dynamic as we are as participants.</p> <p data-bbox="974 686 1211 715">Really listen to me.</p>	

Area	Participant voice	Assessment
Establishing relationships - saying "Hello" well		
<p>Introduce the music: let people know you are on the ward by playing around the space, allowing music to gently drift down corridors before you start offering one to one interactions. Use "hello" songs or rituals to begin sessions with participants where appropriate</p>	<p>Help me know what you expect from me.</p>	
<p>Quickly assess different needs: some people may need you to be very close if they are visually or hearing impaired. Some people need touch to be able to understand you are there. Some people need more distance to help them feel safe, and to have their boundaries respected.</p>	<p>Give me time and space.</p>	
<p>Consciously use simple relationship building skills such as smiles, open, relaxed body language and "soft eyes" to communicate warmth, acceptance and intent. Look for and respond to the smallest signs of "welcome" even though these may be atypical or very subtle.</p>	<p>Show your commitment in a gentle way.</p>	
<p>Be conscious of the approach and read how people (including family members or staff) respond to you; attune to facial expressions, body language, lack of response and other cues that may indicate distressed and/or emotional vulnerability. Take it slowly if need be and enjoy playing with your co-musician, until you feel you are invited to approach, "Modelling" an enjoyment of playing music together can be a powerful way of drawing participants into your musicking.</p>	<p>Recognise when I'm finding things difficult.</p> <p>Support my discomfort.</p>	
<p>Be aware of what's going on in the space and position yourself accordingly. For example, do not block access for nurses or doctors, and respect the privacy or quiet of other people on the ward.</p>	<p>Plan to avoid disruption to my time with you.</p>	
<p>In the face of dismissal or decline, 'leave the door a little more open' to help you make the 'offer' again next time you visit the ward.</p>	<p>Respect my right to say no, but also to change my mind.</p>	
Developing the Relationship		
Reflecting on the skills involved in developing music making interactions may help highlight strengths and areas to work on.		
<p>Be "present"; observe and attune to the diversity of responses to your presence so you can build on your own 'cause-and-effect' behaviours.</p>	<p>Let me be interested, and take an interest in me.</p>	

Area	Participant voice	Assessment
Model behaviours and characteristics to support engagement, especially by those who are anxious or otherwise resistant to participating.	Help me participate.	
Adapt your approach; be flexible and fluid in the ways you offer musical interaction, how you offer guidance; how many people you work with, how you move around the space, whether you verbalise or not.	Adapt to my needs.	
Be conscious of being participant-led and fostering a reciprocal relationship. Know what you are doing when and why. Are you playing "for" or "with"? What do these 2 approaches mean to you?	Give me choice and voice.	
Recognise, acknowledge and encourage the strengths exhibited by your participants and praise both verbally and non-verbally.	Give me positive feedback.	
Build on those strengths; offer engagement with different instruments, improvisation, follow song suggestions, enable them to "lead" the interaction.	Help me to use my strengths.	
'Own Your Space' on the ward; Pay attention to how you maintain your 'authority' as part of the multidisciplinary team that supports patient wellbeing and engagement while remaining flexible and respectful of the needs of the healthcare team around you.	Stand up for my right to receive what you bring.	
Ending the Relationship - saying "Goodbye" well		
Recognise when a participant is ready to bring the interaction to a close; be prepared for non-verbal cues such as signs of tiredness or agitation, diminishing engagement or interest.	Recognise when I've had enough, or when it's time to leave.	
Gently manage endings when your participant is immersed in the activity but time constraints or other factors (e.g. the need for a medical intervention) mean that you need to close the interaction; i.e. use "closing rituals" or songs to end the interaction. Respond respectfully to staff requests for the interaction to stop but 'close' sensitively so as not to disrupt the quality of the participants' experience.	Sensitively manage closure of my enjoyment and engagement.	
Recognise the parameters of a professional relationship and maintain professional boundaries, especially in the face of highly vulnerable and often traumatised individuals. Attune to your own emotional states to ensure that what you need from the interaction does not supersede or dominate what the participant needs.	Manage your boundaries; the time and emotions you share with me.	
Acknowledge the ending positively; be mindful that verbal interactions stay within the territory of the music making that has just happened.	Close the session and leave well.	

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<p>We reflect often on the fact that we often do not have time to make music with everyone on the ward and that sometimes we have to make decisions about having a larger number of short interactions or longer interactions with a smaller number of people. There is no right or wrong answer to this; there is huge value in allowing time for interactions to really develop and spending longer with people who, for example, have been in hospital for a long time or who are really responding well to music but it can feel unfair to those who have not had an opportunity to engage at all. A useful thing may just be to be aware of how you are practicing and to reflect on the benefits and challenges of this part of the work.</p>		
<p>Being part of the Wishing Well team.</p>		
<p>Reporting: your reports are read by the whole team at Rhythmix. They enable us to respond to issues, share, celebrate and learn from your work. We use your reports in funding applications, evaluations and for advocacy. We share an overview of them with the Board and they massively inform the development of the programme. They bring your work to life for people who can't actually be on the ward with you and are valued so highly.</p>	<p>Learn from our time together; how much you make things better for me, and people like me.</p>	
<p>Advocacy: you are an "ambassador" for the Rhythmix, Wishing Well programme and should be confident talking broadly about our aims and the role of the "Musician in Healthcare". If people are interested to know more about the programme, it's helpful if you can hand out our postcards or direct people to our website.</p>	<p>Share what you learn from me.</p>	
<p>CPD: we have learned so much since the programme first started but in some ways we have only just scratched the surface!</p> <p>We value your commitment to your ongoing professional development in terms of Music in Healthcare practice and your musicianship; your belief in the positive impact of music making intervention whilst retaining a reflective practice and commitment to ongoing learning.</p> <p>Your ideas and input into themes for training or development days are very welcome.</p>	<p>Keep improving yourself so you can keep improving things for people like me.</p>	

Area	Participant voice	Assessment
<p>Self-care: Being aware of your own emotional and physical state and how this may impact your participants and co-musician. We value an open dialogue during times when, for whatever reason, you may need to not work in certain settings or need extra support. We highly recommend that you access supervision to help process your work, not just when things feel difficult but as part of regular practice. We acknowledge that this work can be highly impactful for all sorts of reasons. "Soldiering on" is not a competency; asking for support is.</p>	<p>Take good care of yourself, so you can help take care of people like me.</p>	
<p>Reflective Practice: debrief time is factored into your contracts so that you can "unhook" from the session, reflect on highlights and challenges and plan for the next visit. Openly discussing your practice, giving and receiving feedback and sharing thoughts openly is a valued element of being part of the Wishing Well team.</p>	<p>Keep getting better, so you can help make things better for people like me.</p>	