Meaningful Music in Health Care

(MiMiC)

Curriculum description

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HanzeResearch
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Contents

Introduction

This document describes the Meaningful Music in Health Care (MiMiC) module, a master module that aims to prepare musicians with particular musical and interpersonal skills needed when working in (surgical) hospital wards. The document first presents an outline of MiMiC – the practice; that is the existing artistic practice that nurtured the module development and that will stay connected to the module for student training opportunities. Then it continues with describing the MiMiC module, including learning objectives and outcomes, entry conditions for students, learning content, teaching methods, literature and course material, assessment and assessment criteria, number of EC's and lesson series outline and profile of a MiMiC teacher. This document is meant for education programmers, teachers and students considering to implement or take part in the module.

This document is one of the outcomes of the MiMiC project by the research group Lifelong Learning in Music in cooperation with the University Medical Center Groningen (UMCG). This project received financial contributions from Prins Bernhard Cultuurfonds and Fonds Sluyterman van Loo. The authors wish to thank the patients and staff members of the wards J2, K4 and C4 of the UMCG for their hospitality and generosity of sharing their music.

1. What is MiMiC – the practice?

1.1 Meaningful music in a complex context

> "Music helps. You don't get much to do here otherwise. Your visit is like a beautiful present." (Patient at pilot 1)

Meaningful Music in Health Care is an artistic practice in which musicians make music for and with patients and members of staff at hospital wards. Informed by conversations and interactions with people in the moment, the musicians use person-centred music-making including musical improvisation, a set of arrangements of existing repertoire of multiple genres, as well as solo pieces to shape musical moments that can be meaningful. The practice was developed by the research group Lifelong Learning in Music (LLM) in collaboration with three surgical wards and the department of surgery of the University Medical Center Groningen (UMCG). In late 2015, two explorative pre-pilots took place. In 2016-2017, a total of six pilots took place of which the last three involved four master students, each taking part in one pilot as a member of a team of three. These explorations, which are underpinned by qualitative research activities (see MiMiC Research Plan, 2016), formed the basis for what is now MiMiC – the practice, and MiMiC – the module.

When hospitalised, people tend to have an increased risk of becoming vulnerable because of illness or the undergoing of different procedures. The unfamiliarity of the environment and being cared for of may further impair one's sense of control: it is predominantly nurses, doctors and other care professionals determining what a patient's day will look like. Also, being out of one's daily rhythm, away from home and the diminished chance of engaging in familiar activities enhance the chance of perceiving a hospital stay as an unpleasant experience. In the development of MiMiC – the practice, elderly patients were a particular point of attention, as it is known that they undergo about 50 different interventions daily and that they are more likely to develop symptoms of delirium when hospitalised. MiMiC addresses the complex reality of all patients. As the quote of one patient at the beginning of this section suggests, bringing an activity such as MiMiC close to the patient that distracts and potentially reminds of the positive and beautiful sides of life, may help to cope with the difficulties of the actual reality in the hospital.

MiMiC, however, not only may mean a moment of connection or peace and quiet for patients, it also aims to use music as a catalyst of support for healthcare professionals in the hectic and unpredictability of a ward in general. The high-demand work and potential

vocational stress have been found to diminish the work satisfaction and may cause symptoms of burnout in medical nurses. Members of staff, particularly the nurses that care for the patients on a daily basis, are therefore encouraged to join the music as participants. This may potentially support staff with the demanding working conditions. Conversation, dialogue and interaction around and through the music is important, and may contribute to the already existing partnerships between patients and staff, helping to support the human aspect in this often challenging setting. To this end, a MiMiC musician team will develop a musical interaction in patient rooms with whoever there is present. In contrast to the regular concert experience, MiMiC aims to provide tailor-made music and musical interaction by involving people in inspiring, creating and leading the musicians to improvise or play existing repertoire. It is through the playing of live music in a tailor-made way that MiMiC aims to foster musical moments that are meaningful to all involved: to one or more patients, members of staff, volunteers, visitors and the musicians themselves.

MiMiC is an artistic practice with the intention to create and celebrate music in a collaborative way. Although it is not aiming to facilitate healing or therapeutic effects, it is expected that the interactions elicit effects on people's wellbeing nevertheless (see joint systematic review and foreseen research outcomes UMCG). As a practice with an artistic intention, MiMiC strives for the highest artistic quality. This does not mean that high art is preferred above popular art. The quality lies in delivering an aesthetically high-quality performance that is appropriate and well-informed in connection to the place and to the people with whom the performance takes place.

1.2 Format and principles of the MiMiC practice at the UMCG

The MiMiC practice at the UMCG surgical wards takes the shape of projects in which a group musicians visits a ward every day on six consecutive days. Each day consists of the musicians briefly visiting the nurses' coffee break and greeting the ward staff musically, followed by a brief with the coordinating nurse (regieverpleegkundige) of the day to receive up-to-date information about the patients, after which the music making in the patient rooms starts. Once all rooms that wish to have music are visited, the musician team meets up again with the coordinating nurse for a debrief about the session.

When entering a patient room for a musical visit, the first question to be asked is whether the patient wants music, and if yes, whether the timing is convenient for him/her. The musicians then decide what is appropriate in the moment. Possible approaches for person-centred music-making are a meaningful piece of repertoire or improvising on a

landscape, mood or colour the patient would like to hear. The musicians may also invite the patient to conduct them, which means that, based on the patient's movements with a baton, the musicians will improvise. Sometimes the musicians and patients chat quite extensively, for instance about the shared love for music or about the musical instruments presented to the patients. Sometimes a patient is lying with the eyes closed, and enjoys the music in a silent way. Other times they may join the music making through singing along or clapping and tapping. Usually, one to three pieces are made in a room, depending on the patient's condition or mood, as well as the number of patients occupying the room. The musicians act flexibly and try to be aware as much as possible of the verbal and non-verbal signals that patients give off to the musicians. If there are two or more patients in the room and not all wish to have music, there is the possibility to move the musical visit to a separate guest room. At times, the whole room including the care staff takes part in the music making by each person giving input to the music improvisations or discussing the music as a group.

A musician team consists of three musicians. The composition of the team is ideally mixed in gender to best meet the patients in all ages and sexes, and the repertoire is carefully composed for the instrumentation of three voices. These voices are however only fixed in the repertoire arrangements because in the improvisations each musician may freely take a leading or an accompanying role, or create different kinds of soundscapes. A team usually contains one or two instruments with a bass range, complemented with one or two instruments that have a higher-pitched range and can therefore take on more of a soloist and/or melodic role. It is important for a team to be able to vary in colouration. Prior to a project, the musician team will meet up at least once to tune in as a team through improvisation and for rehearsing the repertoire. Furthermore, every day before the session, the team of musicians meets to fine-tune their music and find each other musically in improvisation.

1.3 Cooperation with care team

As MiMiC is a complementary activity to the ward's main task of care, cooperation and transparent communication with the nursing team of the ward is paramount. Building trust and appropriately involving nurses in the practice are effective strategies to make sure that they are on board of the project. A MiMiC team has a few fixed points of communication with the staff. Firstly, the musicians may visit the nurses' coffee break and play music just for them. The aim is to build relationships with the staff members and exchange ideas on the uses of music on the ward. Secondly, the coordinating nurse (regieverpleegkundige) sits

together with the MiMiC team before (brief) and after (debrief) the music making session. These briefings are intended to inform the musicians about aspects that may influence the musician-patient interaction (such as hearing impairments, sight impairment and cognitive impairments) as well as any logistical issues that may influence the route, and for sharing impressions and feedback of interactions with patients. A mediator of the MiMiC team (see section 1.4 below) will lead the briefings and will also be introduced to nursing staff as the contact person to the MiMiC team.

1.4 Role of the mediator

The musician team is accompanied by a mediator. A mediator's primary purpose is to support the musicians' interactions in the context by taking on the following responsibilities:

- Functioning as a contact person for the care team on behalf of the musicians;
- Setting out the route for the music session at the ward as informed by the care team;
- Inquiring whether the music is wanted in the patient rooms and introducing the musicians to the patients on first encounters;
- Logging the visits and interactions during the sessions on a notebook;
- Managing logistics: carrying extra instruments, baton, small gadgets and/or other possible musical tools such as an end pint slide stop for the cello;
- Holding a de-brief after every session with the musicians and ward staff; and
- Feeding information of each session back via email to head nurse, through whom the entire ward staff is informed about the musicians' patient encounters.

The mediator's presence as a facilitator of communication between musicians, ward staff and patients is especially crucial in the beginning of the project, when the musicians are making their first contacts with patients. However, the role is flexible. This means that during the project, as the musicians establish contact with patients, the mediator may move from an active participant role to becoming a peripheral by-listener. Depending on each unique intervention, the mediator will participate in the interactions in a way that he/she finds most appropriate. For example, sometimes the mediator might sit close to the patient and share the music listening with them as a co-listener. In other occasions, the mediator may observe the interactions by the doorway of the patient room, he/she may sing along to pieces or in other occasions stay outside the rooms allowing more intimacy for the

encounter between the musicians and the patients. It is crucial that the mediator gives attention to each interaction to see how much the musicians require mediation.

The way the mediator participates in the interactions is decided in the moment with sensitivity and understanding of the appropriateness of the musical encounter for the patient's situation. As a participant in the sessions, the mediator observes the musicians' interactions from an outside perspective, which may provide such insight that the musicians are unable to attain from an inside point-of-view. The mediator's observations about the music or the communication with patients may be helpful to discuss with the musicians in a de-brief after the session. For this reason, it is essential that the mediator holds a fundamental level of knowledge about music (i.e. tempo, balance, dynamics) to be able to give suggestions to the musicians when necessary. The mediator also gives emotional support for the musicians when needed. It should be noted that although the mediator's may have practical and musical remarks and observations for the musicians, all musical decisions are made independently by the musician team.

Furthermore, it is crucial for the mediator's role to coordinate the musicians' route in the ward without making them rushed from room to room. On the other hand, planning the interventions should be done so that as many encounters as possible can be set up. In terms of unexpected circumstances, the mediator also needs to sufficiently communicate and consult with the ward staff in case IV drips or monitors start signalling in the patient rooms or if the patient is observed to have a very strong response to the music.
It is helpful if the mediator is accustomed to interacting with patients, knows the ward well in advance of the project and has some understanding of care procedures. The mediator should also have musical interest, as earlier presented, and understanding of the musical approaches taken in the sessions by the musicians. Also, the mediator is very well-informed about the student training components prior to the students' internship in the hospital. Likewise, the mediator should also have gained understanding of the MiMiC-practice through taking part in a short training and/or observations of the practice on site.

Regular external care assistants of the hospital, such as volunteers and retired ward staff could be considered for the function of the mediator in the MiMiC-practice due to their knowledge and experience of hospital care and interacting with patients. This is, if the previously mentioned conditions of understanding musical processes are met. The training of mediator includes an introduction to the structure of the MiMiC-session and a full MiMiC-project, explanation of the selection of musical approaches, as well as a detailed overview of the role and responsibilities of the mediator.

1.5 Underpinned by research

As earlier mentioned, MiMiC practice is developed through a joint research of the research group Lifelong Learning in Music (LLM) and researchers of UMCG combining qualitative and quantitative research methods. The researchers of UMCG aim to explore how interactive live music sessions can contribute to the well-being and recovery of elderly surgical patients. The research of the LLM group seeks to explore how interactive music sessions can contribute to the well-being of health care professionals working on hospital wards, what are the necessary professional skills that musicians need for interacting within this context, as well as what kind of learning and professional development takes place for musicians participating in the MiMiC pilot projects.

Research data was collected on six MiMiC pilot projects on three different surgical wards of the UMCG between September 2016 and May 2017. These wards were: J2 (traumatology and orthopaedic surgery), C4 (hepatobiliary and vascular surgery) and K4 (oncological surgery). The quantitative data collection of the UMCG research consisted of physical measurements, scales and questionnaires of volunteering elderly patients on their experienced pain, stress and anxiety before, during and after each music intervention. The qualitative data collection of the research of LLM consisted of participant observation reports, episodic interviews and group discussions with healthcare professionals on each ward, episodic interviews with musicians, and musicians' reflective journals.

The findings of the research and the developed practice were presented and demonstrated during a joint symposium of UMCG and LLM on December 8, 2017 in the Prince Claus Conservatoire.

1.6 Connection to MiMiC – the module

As an important outcome of the research, LLM has developed a new music practice for professional musicians, as well as a new elective module for the master programme of the Prince Claus Conservatoire. During the development period of the practice, master students and recently graduated students of Prince Claus Conservatoire participated in pilot projects 4-6 in January-May 2017. Their participation in the practice and a training period that preceded it have contributed to giving shape to the final form of the elective module.

In the elective module, students first complete a MiMiC training period and then take part in an internship at the MiMiC practice. Within the training period, each student takes part in an observation on site during a MiMiC session to gain first hand understanding of the nature of the practice as well as the practical settings and musical

approaches of it. The internship at the practice that follows the training period takes place during six sequential days on one hospital ward at a time. Thus, the MiMiC-module is closely connected to the MiMiC-practice taking place in the hospital. Furthermore, there is a possibility for students to potentially go on to develop their own projects outside of the MiMiC practice after being trained to work within the hospital ward context.

2. Learning objectives and outcomes

At the end of the MiMiC-module, the student is able to:

- Understand the contextual pre-requisites and conditions of the MiMiC-practice and adjust their social and musical participation accordingly,
- Collaborate in a MiMiC musician team,
- Develop sensitivity in their musical approaches and interactions in the context of a hospital,
- Musically interact with patients and staff of a hospital ward through improvisation and existing repertoire within verbal and/or non-verbal interactions, and
- Reflect on his participation in a MiMiC project by indicating what s/he learnt and how this will influence their musicianship and professional development.

Through the training[1], the student is expected to develop highly sensitive skills in applied person-centred music-making in different ways. Person-centred music-making in this context means that each musical decision is tailor-made for the person(s) in the room. In improvisatory music-making, first, the student will learn to observe and read the patient or group of listeners while playing and react on the atmosphere or mood in the room, or the way that people carry themselves physically. This skill of person-centred improvisation forms the core of the training. Second, the student learns to interpret and play music improvisations with a conductor's baton operated by a patient and co-create music in the moment with the patient. Third, the student will learn to create improvised pieces of music by verbal input from the patient, a group of patients, or members of the ward staff, e.g. by creating musical landscapes with help of verbal descriptions. Finally, the student will develop skills in playing improvisations in different tonalities or tonal harmonic loops, such as the blues chart.

The student learns to flexibly take and adapt to different roles in the ensemble, and perform both person-centred improvisations and repertoire on a high-quality level of playing. Each choice of musical approach, whether repertoire or improvisation, is tailor-made for the moment.

[1] The MiMiC-training is partly joint with the Music and Dementia-module in respect of the shared learning objectives on person-centred improvisation and musical interaction with vulnerable elderly people.

3. Entry conditions and procedure

3.1. Entry conditions and requirements

The students need to meet personal and musical requirements to take part in the training based on the following factors. First, students are studying in the degree programme Master of Music or have previously completed master level studies in music. Second, they are expected to have genuine interest in the practice and sensitivity for encountering people in a vulnerable position. They need to exhibit preparedness to be confronted with illness, trauma and grief in the hospital, and show stamina to be able to handle these possible situations. Qualities of modesty and compassion are also required, because the students must be non-judgemental towards people's various musical preferences and understand that people have strong emotional responses to music from all traditions. It is essential to be respectful and sensitive towards the meaning of any type of music for the patients at all times.

Third, the students will also need excellent communication skills to be able to interact with the patients, their visitors, the ward staff and the other members of the team of musicians in an authentic way. The students need to have basic conversational skills in Dutch in order to be able to engage themselves in interactions with the patients and staff. Fourth, the students are also required to reflect on the continuous development of their own musicianship and professional practice through the training and engagement in the new occupational context.

Musically, candidate students are required to have advanced cross-genre improvisation skills both in free-tonal and tonal music. They also need to have excellent capacity to perform music "on the spot" in different styles, including solo repertoire such as works of Bach. As no sheet music is used in the practice, students need to be able to study repertoire so that they can play it by heart.

Both classical students and jazz-students, as well as musicians from other traditions such as world music or folk music can be eligible candidates for the module, under the condition that their instruments are applicable for the practice (soft-pitched, portable and mobile) and depending on the sensitivity and extent of the musical knowledge and skills (incl. some classical music) of the player. This excludes piano and loud percussion due to limitations of sound, size of instruments or mobility issues. Singers are equally as eligible to take part in the module. In later stages of the course, the students will be involved in arranging chosen pieces of repertoire together as the team of musicians. Arranging skills are

therefore highly beneficial for the module. Previous experience of work with vulnerable people in different or similar contexts is also considered favourable.

3.2. Entry/selection procedure

The students are selected through a trial "taster" workshop, where they gain understanding of the nature of the practice, the contextual demands it presents, as well as the musical approaches used in the practice. In the taster workshop, the candidate's interaction skills in the Dutch language are assessed. Furthermore, their readiness to improvise is tested in group improvisation assignments using both tonal and free-tonal frameworks. The candidates take part in interactive exercises, where their ability to build authentic relationships and to collaborate with other musicians is assessed. Also, the student's ability to follow a team leader musically and non-musically during interactive exercises will be assessed. Finally, the candidates are asked to arrange a fragment of a piece of music for a small ensemble and find a part for themselves in it. This is to assess their adaptive skills in music-making and arrangements.

After the taster workshop, the suitable candidates will be interviewed to determine their motivations and interests in entering this module, as well as to find their current understandings and expectations of the module.

In total, at most 4 students are enrolled in the module at one time. These selected students will form smaller groups of maximum 2 students and 2 MiMiC-musicians that will enter the hospital after the completion of training in sessions. The set-up of the musician teams including students in these internship projects require flexibility as the number of enrolling students each year cannot be foreknown (see more on p. 18).

The entry procedure and areas of assessment:

- Taster workshop
    - Improvisation skills: person-centred improvisation skills, tonal and free-tonal improvisation, technical capacity of improvisation;
    - Ensemble skills: responsiveness and sensitivity towards other musicians;
    - Collaboration skills: agreeability and adaptivity to work in a trio led by a trainer-musician;
    - Interaction skills: sensitivity and authenticy of verbal and non-verbal communication;

    - Language skills: necessary conversational Dutch language skills, preliminary facilitation skills;
    - Arrangement skills: ability to make a part for oneself to a familiar piece of music.
- Interview/conversation
    - Motivation and mind-set: Interest and genuine curiosity towards the practice;
    - Contextual understanding: Expectations and understanding of the nature of the practice;
    - Reflectivity: Ability for critical awareness and to make sense of the meaning of the practice for oneself.

4. Learning content

The learning content of the module consists of raising contextual awareness of the hospital as the place for the practice, development of person-centred music-making skills including improvisational approaches and tailor-made repertoire, development of communicative competences, as well as leadership and facilitation skills.

4.1 Working in the context of a hospital

In the beginning of the training, the students are provided a presentation on the context of the practice. This presentation gives understanding of the wards: the population in the hospital and in the specific wards, the day structures of the wards, missions of the staff as well as specific knowledge of patients with delirium, addictions, autism etc.

The presentation also prepares the students with practical knowledge, such as disinfection of hands and instruments, and physical proximity with patients in isolation. During the first session, the students also learn what to do if they get sick during the week at the hospital, or if they feel faint in the hospital during the sessions. Furthermore, the introduction highlights the hospital as a verbally orientated organisation, where most information is being passed orally. This emphasis on verbal communication is crucial information for the students, because it highlights the need for excellent communication skills within the MiMiC team.

4.2 Improvisation skills

The core of the musical approaches in the MiMiC-practice is to tune in with the person authentically in the moment. In person-centred improvisation, the musicians read and adjust their musical responses to the patient's physical and verbal cues. This means that in this specific form of applied improvisation, musicians use non-verbal and verbal signals of the participants to translate into their musical play. This approach aims to facilitate meaningful communication with the audience and acts as a catalyst for engagement in the music-making. The improvisations can grow into trio-pieces of different combinations of instrumentation or remain intimate with one-to-one interactions with the patient. Furthermore, conducted improvisation follow the skills of person-centred improvisation.

To support tonal improvisation in different genres, idioms and styles, short repeated tonal loop-structures can be rehearsed to serve as a base for the improvisations. Harmonic frameworks make it possible to build confidence in playing solos and different characters of accompaniment, when there is an established tonal base for the music. Possible tonal structures are e.g. the blues chart, repeated basslines, or harmonic structures such as "La Follia".

4.3 Repertoire knowledge

To meet the musical needs of as many people as possible in the sessions, the students will build a firm knowledge-base on repertoire of different styles. During the training sessions, the students are introduced to a selection of suggested repertoire, which have previously been played in the hospital wards. Based on the suggested repertoire and the students' own musical catalogues, they will select existing music that they are closely familiar to, and make arrangements of that music for the instrumentation of their trio-ensemble. They will learn to play these pieces as an ensemble by heart. The suggested selection of repertoire is based on the popularity of the music performed in the pre-pilots run in 2015. In the pilots of 2016, the repertoire included pieces from the classical music tradition, such as Bach, Vivaldi, Ravel and Bartok, as well as non-classical pieces by Beatles, Coldplay, Queen and Elvis among others. This set is subject to change as the practice evolves and is flexible for the students' musical background, meaning that each student is encouraged to add their own music of choice to the repertoire of their ensemble. As the existing repertoire catalogue is arranged for trios consisting of a bass-instrument, an instrument of mid-register and a soprano-register instrument, they may have to be re-arranged for upcoming instrumentations.

It is important to emphasise that to avoid pressure to perform unfamiliar music, no student should be expected or asked to prepare repertoire that they have no previous knowledge or familiarity of. Rather, the students build their own repertoire based on their interests and musical backgrounds together with their trio so that they are comfortable playing it by heart for the patients and healthcare professionals.

4.4 Interpersonal communication and facilitation skills

As earlier mentioned, the practice builds upon communication through musical interactions. For this reason, there is a strong emphasis on developing highly sensitive communicational skills for the context. Students come to observe the practice on site before they start their internship period in order to learn about the social situations during the sessions as well as to witness the music making processes beforehand.

The students will learn to make contact with the patients in three ways: entering in the room, musical negotiations and discussions, and leaving the room. The students will also learn to position themselves in the room so that they can maintain contact with possibly a larger number of patients in the room, as well as to make personal contact with individual patients and their fellow musicians, too. The students do not only learn to interact and communicate with the patients and their ensemble, but also, they will learn skills of facilitation in the music sessions. The skill of facilitation is an integral part of connecting to people. Facilitation is a skill in all the small actions: arranging seating in patient rooms, giving introductions, presenting ideas, responding and adjusting, ending sessions etc. The students will interact in Dutch or in English, if the patients are not native Dutch-speakers.
Musically speaking, in order to maintain contact with the members of the musician team while playing and interacting with the patients and ward staff, the students will learn to apply their chamber music skills in to the practice; breathing together, maintaining eye-contact and moving to a common pulse.

4.5 Collaboration and leadership skills

In the group sessions of the training, the students learn to take different roles in improvisations, leading roles, accompanying roles and soloist roles etc. through shadowing experienced MiMiC musicians. If the student demonstrates leadership skills and it is for the benefit of the learner to try out with a leadership role, students may co-lead within the music-making, but also take leadership of the pieces for example in ending or beginning them, or changing the character of the piece during playing.

The students also learn how to follow each other's leading and respond to it flexibly. For example, the students are advised and encouraged to react quickly to each other's attempts to change roles within the improvisations in order to create more dynamic and musically varied pieces. Finally, during their internship sessions at the hospital wards, the students are encouraged to take leadership in the musical processes and initiate musical decision-making and ideas within the group. Musical leadership is also a key aspect in the improvisations with a person holding the baton. In these improvisations, the student learns to respond to the movements of the baton, and in that reciprocal process with the patient, co-lead the musical creation.

5. Teaching methods

The MiMiC curriculum consists of a module including 9 (internal) sessions at the conservatoire, observations during a MiMiC project and an internship. Reflection and mentoring are constant factors in all these elements.

The teaching methods of the MiMiC sessions build on group learning in group sessions, where contextual knowledge is shared continuously on each session, and where the students learn to improvise in different small ensembles combinations with their peers and module teacher(s). During the sessions, the students are taught by using stories of real life-like social situations in the hospital context and through role-play, which help to frame the musical exercises. The students then are encouraged to develop their improvisations with these stories. Students receive suggestions on their choices for musical language and interactions with each other after each short improvisation piece. This way they are continuously challenged and encouraged to develop more fine-tuned response and reaction skills, broader musical vocabulary, larger capacity for tonal improvisations, and clarity of roles within the group music-making.

In the group sessions, the teachers also employ exercises for warm-ups in the group, as well as exercises for recognising physical space and the physical boundaries of others. The students will also take the place of a patient in exercises where they get to experience how it feels to have a musical piece created in the moment for them. Likewise, the students practice together playing on the movements of another person on body movements or by using the baton. This is an exercise of mirroring and translating movement into music. Finally, the students will learn by heart tonal harmony loops and a carefully selected set of classical and non-classical repertoire, which they can play during their internships at the

hospital. Each piece is arranged for a trio of musicians, and is divided in low, middle and high registers. The students will learn their roles in the repertoire pieces and to move flexibly from one role to another in different improvisation pieces.

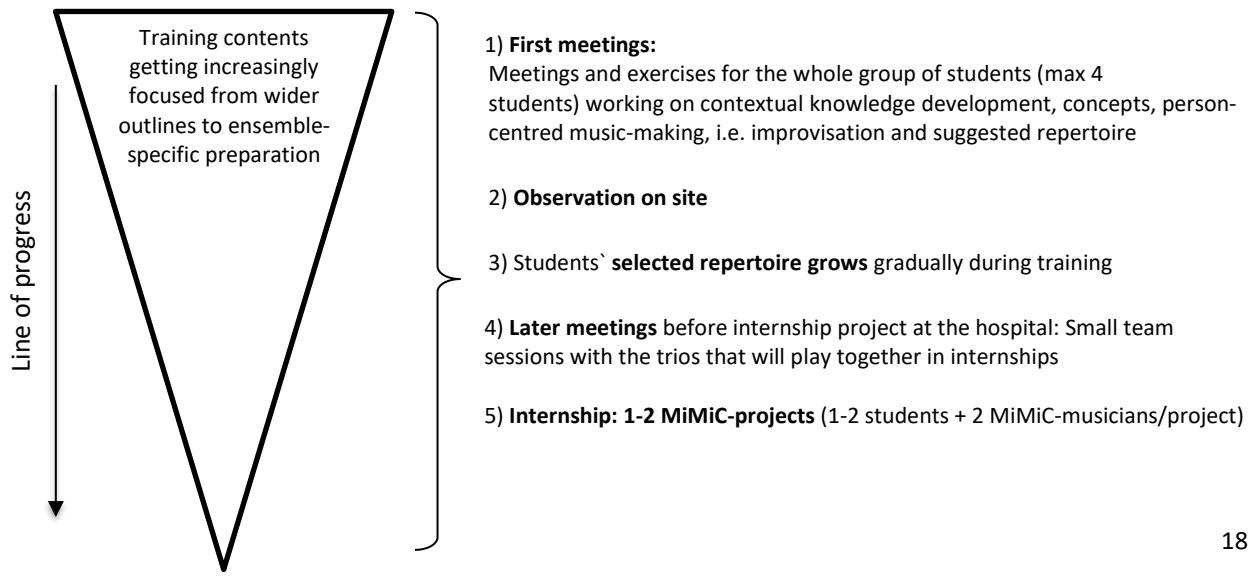
Observation during a project on site is meant to build the students' understanding of the context and the social and musical situations within practice before they participate in the MIMiC-projects as members of the musician team.

Later in the module and after completing the training sessions, each student participates in a MiMiC-project as an internship at the hospital. Each year, two internship projects will be carried out. Thus, depending on the number of enrolled students in the MiMiC-module, each internship project will accommodate one or two master students. Although preferable to have one master student per team, each internship project can be carried out by two students and two experienced musicians. It is crucial that the students have a chance to shadow the work of the professional MiMiC-musicians and take turns to observe the musical interactions without the necessity of playing in each of them. Hence, observation is an important part of the internships, which helps the students to gain understanding of the practice through playing and witnessing the work of others up close.

The students are continuously mentored by the module teacher(s) in group sessions and in the hospital during the observation and internship. Mentoring has great significance in assuring the well-being of the students when they meet potentially confronting situations in the patient rooms. Furthermore, it is important for the mentors to discuss the daily improvisations during the internship with the students.

In the end of the module, after the internship, students write a final reflection in which they make sense of their own learning processes and knowledge development during the module, as well as what that means for their professional growth as portfolio musicians.

Figure 1: The training model of MiMiC



- **Breakdown of training sessions and contents**

Date	Contents, focus	Session leader	Notions
Session 1 Date and time	2h: -Introduction (+MiMiC film) -Contextual knowledge development -Hospital presentation -Introduction to ensemble improvisation -Article discussion (Bernatzky et al., 2012)	Course leader(s) and possible medical professional guest presenter	Introduction, context, practice and working methods, first improvisations as ensemble
Session 2 Date and time	2h: -Deepening contextual understanding -Ensemble improvisation (three roles: melody, harmony, rhythm)	Course leader(s)	Focus on context and basics of ensemble improvisation
Session 3 Date and time	2h: -Introduction to person-centred improvisations: Playing to verbal input and physical signals -Baton -Free improvisation in trios (landscapes, soundscapes)	Course leader(s)	Focus on approaches to person-centred improvisation in different forms
Session 4 Date and time	2h: -Person-centred improvisations in trios (incl. interaction exercises) -Improvisations in tonality -Blues chart (C,G,F), -Descending harmony (a,d,e)	Course leader(s)	Focus on person-centred improvisations, tonal improvisations
Session 5 Date and time	2h: -Check-up on development of repertoire -Tonal improvisation with structures from i.e. *Once Upon a Ground*-book (2013)	Course leader(s)	Focus on repertoire and tonal improvisation
Session 6 Date and time	2h: -Check-up on development of repertoire -Genre-based improvisation -Communication and facilitation exercises -dealing with uncomfortable situations -opening conversations, ending conversations -introducing music to patients	Course leader(s)	Focus on repertoire and genre-based loops, communication and facilitation exercises

Session 7 Date and time	2h: -Person-centred improvisation approaches revisited in trios -Genre-based improvisation loops -Deepening facilitation skills	Course leader(s)	Focus on person-centred and genre-based improvisations, facilitation exercises
Session 8 Date and time *By session 8, all students have had an observation at the UMCG*	2h: -Check-up on final set of repertoire -Continuous improving of trio/ensemble improvisation -Tonal and free-tonal -Conducted free improvisations with baton	Course leader(s)	Repertoire, ensemble improvisations, person-centred improvisations
Session 9 Date and time	2h: -Discussion on observations on site (UMCG) -Revisiting genre-based improvisations and tonal structures -Check-up on repertoire -Final guidelines on person-centred improvisation	Course leader(s)	All approaches and styles revisited

6. Literature and course material

Bernatzky, Günther; Strickner, Simon; Presch, Daniela; Wendtner, Franz & Kullich, Werner. (2012) Chapter 19: Music as Non-Pharmacological Pain Management in Clinics. In: *Music, Health & Wellbeing*, Raymond MacDonald, Gunter Kreutz & Laura Mitchell (eds.). Pp. 257–75. Oxford University Press: Oxford.

Erhardt, M. (2013). *Once upon a ground*. *Improvisation on Ostinato Basses from the Sixteenth to the Eighteenth Centuries.* Magdeburg: Edition Walhall.

Research group Lifelong Learning in Music: "*Resonans - Meaningful Music in Health Care*" – film about the MiMiC-practice.

Renshaw, P. (2010). *Engaged Passions*. Searches for Quality in Community Contexts. Delft: Eburon Academic Publishers/Research Group Lifelong Learning in Music & the Arts.

Smilde, Rineke; Page, Kate; Alheit, Peter (2014) *While the Music Lasts.* On Music and Dementia. Eburon: Delft.

(PowerPoint)-presentation about hospitals as the context of the practice.

7. Assessment and assessment criteria

The assessment in the end of the module is summative and expressed through pass/fail, but formative during the training sessions and internship. The formative assessment focuses on monitoring the student's learning and development and helping them to identify their strengths and weaknesses in the areas of the practice. The assessment is furthermore holistic, meaning that the student is assessed based on integrated elements of work activity rather than separate specific areas. The student receives formative feedback throughout the module on their individual development. Furthermore, a final discussion between the student and the trainer is held after the completion of the internship project to provide further feedback. However, to pass the assessment, the following summative criteria need to be met:

- Attendance in training sessions: 80% attendance
- Observation on site (1 session) completed with a written reflective report
  - Minimum 1 A4-page, font Times New Roman size 11, spacing 1,15
  - Guiding questions to be answered in the report:

    -What have you experienced during the observed MiMiC-session?

    -What was remarkable about it? What was new or surprising?

    -What did you learn from the observation?
- Completed internship:
  - Active participation in sessions: high-level of musical and communicational engagement and contribution as a team member, as well as sufficient musical preparation prior to the internship (e.g. repertoire knowledge)

    -100% attendance in sessions (unless sick or injured)

    -Appropriate conduct and behaviour: contextual sensitivity, respectful way of working towards staff and patients
- Final reflection: student submits a final reflection after internship
  - Minimum 2 A4-pages, font Times New Roman size 11, spacing 1,15
  - Guiding questions to be answered in the report:

    -What have you experienced during the MiMiC-project?

    -What was remarkable about it? What was new or surprising? What was challenging in the project?

    -How has the experience influenced your professional development as a musician? How could it influence your future professional practice(s)?

The final assessment of the student is determined by the assessment criteria below.

Areas of assessment
Participation *The student attends the training sessions and internship project within set requirements. The student shows an agreeable attitude towards the learning objectives, working methods and team work. The student contributes actively to discussions and the deepening of contextual knowledge, as well as the artistic creative processes. The student shows engagement in the module and takes responsibility of the creation of repertoire arrangements and improvisations.*
Collaboration skills *The student contributes actively in the musical processes as an ensemble member. The student is able to make well-informed musical decisions in the ensemble and shows adaptive skills as a leader and follower in the team.* *The student is flexible and adaptive in unexpected circumstances and takes responsibility of collective decision making in the internship. The student behaves respectfully towards his/her team members.*
Artistic skills *The student has developed skills as a well-rounded improviser. The student is comfortable improvising on tonal structures and harmonies as well as on free-tonal soundscapes. The student has developed sensitivity towards other musicians' playing and can flexibly adjust to different roles in the music.* *The student is able to perform self-selected repertoire on a high musical level. The student shows a variation of dynamic range and character that is appropriate in the moment of music-making.* *The student is able to make appropriate musical decisions in the moment reaching the target audience.*
Interaction skills *The student has developed appropriate strategies to interact both with patients and ward staff. The student uses these strategies to communicate clearly and respectfully through their verbal and non-verbal communication.* *The student engages in short conversations with their audience and facilitates musical interactions appropriately in regard to their facilitation skills and the moment of the interaction.*
Contextual awareness *The student has developed a necessary knowledge base of context he/she is working in.* *The student is capable of critical reflection of the musical processes and interactions in the hospital, and is aware of his/her own strengths and weaknesses in the practice.* *The student is able to reflect on the meaning of the practice for their own development as professional musicians.*

8. Number of EC's and lesson series outline

Completing the module during the two semesters, the students will receive 5 EC's for approximately 140 hours of work. These working hours are divided chronologically as below:

SEMESTER 1:

Taster workshop:

-3h

Training:

- 9 x 2h (18h) training sessions
- 4h observation on site
- 6h for reading course material, incl. an article

Rehearsing time outside training sessions:

- 25h ensemble rehearsal time for arrangements of repertoire prior to internship
- 25h individual repertoire practice and preparation time

Semester 1 in total 3 EC's

SEMESTER 2:

Internship:

- 12h session work at UMCG (2h/day)
- 6h debrief and evaluation during each project (1h/day)
- 18h related ensemble/solo rehearsal time on internship project days (3h/day)

Reflection:

- 12h reflective practice during project (2h/day)
- 8h writing a final reflection

Semester 2 in total: 2 EC's

Complete training in total 5 EC's.

9. Profile of a MiMiC teacher

The MiMiC-teacher is a highly skilled improviser with previous experience on person-centred improvisation within work with vulnerable people, such as (surgical) patients in hospitals, people with mental disabilities or people with dementia. It is essential that a MiMiC-teacher has sufficient experience of the MiMiC work itself.

Previous teaching experience is crucial because the MiMiC-teacher must be able to guide the students through dynamic group processes, as well as coach them individually. Pedagogical skills are a necessity. The MiMiC-teacher uses their pedagogical antennae to recognise the students´ individual strengths and areas of development, and aims to support each student individually in their learning processes.

The MiMiC-teacher has also a firm background in leadership in creative processes and has firm skills in facilitating the interventions and social interactions with the patients, ward staff and team of musicians, including the students in training. The teacher has a sense of balance in their own participation in the music-making: supporting the students during internship but allowing space for their growing roles in the team. Good communicational skills and ability to work in Dutch is a necessity, as the MiMiC-teacher is likely to model interactions for the students especially in the beginning of the project.

The MiMiC-teacher has also a broad knowledge of different musical styles and is able to broaden the aesthetic, stylistic and musical languages of the students by introducing a variation of different rhythmical, melodic, tonal and harmonic approaches to the improvisations and repertoire in question. The MiMiC-teacher is also a skilled arranger of music and can, thus, help the students to arrange their own repertoire for the internships.

The MiMIC-teacher has a diverse performance background and is able to perform carefully selected solo repertoire when necessary in the projects. The MiMiC-teacher has also sensitivity and great ethical awareness when giving feedback to the students in the evaluation after each MiMiC-session.

10. Calculation of teaching hours in the MiMiC-module

The module is led by two trainer-teachers. One teacher is involved in the taster workshop, course preparation, all 9 training sessions, MiMiC-internship project and student assessment (training, observation report, project performance, final reflection and final discussion). The other trainer-teacher is involved in the MiMiC-internship project as the second MiMiC-musician incl. preparation and rehearsal time before and during the project, evaluation and co-mentoring during the project, co-assessing the final reflective report and taking part in the final discussion. Below, a breakdown of the anticipated teaching hours in the MiMiC-module:

- Training sessions:
  - Taster workshop: 5h (1h preparation, 3h session, 1h evaluation)
  - Course preparation**:** 3h (incl. course material, communication with students and guest speaker(s), mediator(s) etc.)
  - Training sessions: session time 18h (9 sessions à 2h)
  - Observation report assessment: 1h/student

- Internship:
  - Rehearsing with ensemble and arrangement coaching: 8h
  - Communication and meetings with ward staff and project mediator, preparing flyers for patients etc.: 6h
  - Session work at UMCG: 12h (2h/day)
  - Debrief and evaluation per project: 6h (1h/day)
  - Ensemble tuning-in sessions and rehearsal time during project: 6h (1h/day)
  - Final reflective report assessment: 1h/student
  - Final discussion: 1h/student

In total:

- Teaching hours per first trainer-teacher incl. taster workshop, 9 training sessions, 1 MiMiC-internship project and assessment of 1 student: 67h
- Teaching hours per second trainer-teacher incl. 1 MiMiC-internship project with all related preparation, and assessment of 1 student: 40h

- Combined teaching resources needed per module period for 2 trainer-teachers, 1 complete training cycle of 9 sessions, 1 MiMiC-internship project and full assessment of 1 student: 107h

- If 3-4 students are enrolled in the MiMiC module, two internship projects must be organised. This increases the teaching hours by 40h/teacher, which means 80h of additional work resources as two trainer-teachers are involved in each MiMiC-internship project.