

Waterford Healing Arts Trust

Artist in Residence 2016

Caroline Schofield



Paper flowers made with patient on Med 5

Introduction

The Waterford Healing Arts Trust (WHAT) has been running an Artist in Residence programme since 1994 as a means of engaging hospital users in contemporary arts practice and offering opportunities to emerging artists for professional development within a healthcare context.

The focus of the residency is the artist's engagement with patients in University Hospital Waterford in participatory / collaborative arts experiences. The artist is given a studio space for a six month period with access to a digital darkroom, arts and health library, dance floor in the multi-use studio space, internet and administrative support as requested. Mentoring support is provided by WHAT staff.

This residency is funded by the Arts Council.

Caroline Schofield was the Artist in Residence in 2016.

See www.waterfordhealingarts.com for further information on WHAT.

The Residency

My initial proposal was to engage with the hospital community and to explore their relationship with cloth/objects that create narrative and intrinsic value. I proposed to work with a number of different patient groups but following a meeting with Mary Grehan, Arts Director WHAT and Claire Meaney, Assistant Arts Director WHAT I decided to concentrate on one group, Dementia patients in Medical 5. A relationship had already been set up between WHAT with Medical 5 due to a 'Dementia Interest Group' that met monthly at University Hospital Waterford.

Before I officially began the residency I attended the course 'Enhancing & Enabling Quality of Care for the Person with Dementia' in UHW. This gave me an insight into Dementia and I met staff working in the hospital. I also attended a Dementia Interest Group meeting (I attended a meeting every month for the course of my residency) and I had a meeting with Maire Caulfield, Occupational Therapist with an interest in Dementia.

This meant that when I officially started my residency I had already met people who were helpful to me during my residency and I had a basic knowledge of Dementia.

The Ward

Med 5 is an acute ward with a Stroke Unit. It mainly has older patients and those with Dementia. The ward has a tagging system for Dementia patients which locks the wards and sets off an alarm if the patient tries to leave the ward. Often there is security in the corridor to prevent patients leaving or to restrain aggressive patients. The only place for patients to walk is a long busy corridor. Patients on this ward can be there for longer than most wards because they are awaiting placements in nursing homes.

Process

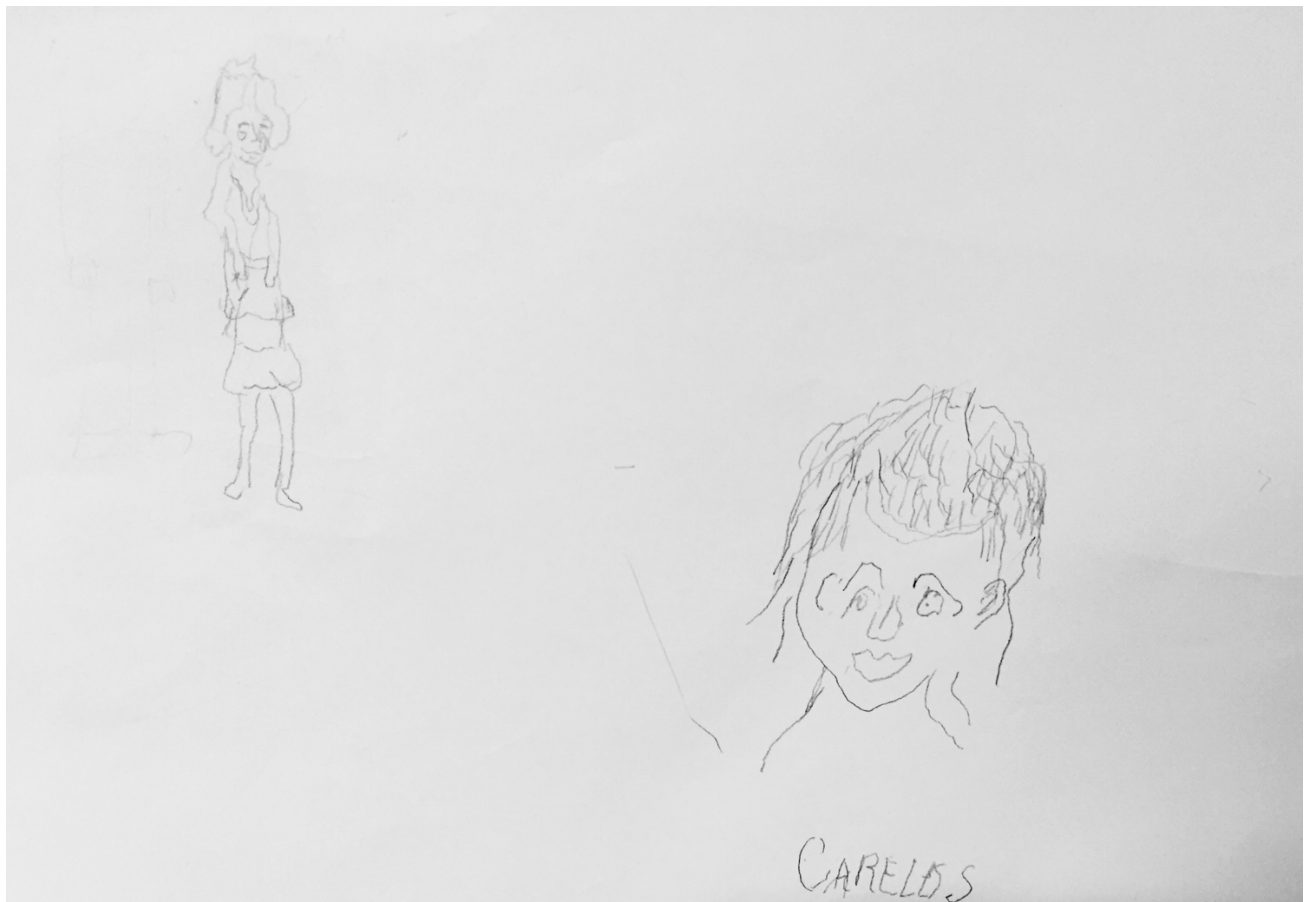
As an artist, my background is in Craft and Textiles, and I am interested in materials such as industrial steel, stone, fabric, string, paper and found objects and how they help us to connect with each other. These materials create conversations, for example on Med 5 a ball of string helped me to start a conversation with a patient about his life as a grocer. Paper flowers triggered another conversation with a woman about her garden full of flowers. A book of poetry got one man talking about his life as a school teacher. When I began stitching patients' names onto fabric, this generated memory for patients about the women who had stitched in their lives. A particularly beautiful moment was with a woman who let me stitch her name onto fabric. As I stitched she spelt aloud the letters and said with delight 'that's my name'.



Patients bed and art work Med 5

When the stitched pieces of fabric, drawings and photographs I had been making with patients were finished, they were temporarily displayed on the wall next to the patient's bed. This created a second layer of conversation with staff, patients and visitors admiring the work.

It could take a number of weeks to initiate a conversation with a patient. By having an artist in the ward patients could be viewed differently. One example of this was a patient who staff told me had end stage Alzheimer's and wouldn't be able to work with me. One day I asked him if he would like to draw. He said yes and proceeded to do a pencil drawing of me. This created a conversation for him with his family and with the staff on the ward. His family had forgotten he could draw and it drew together memories of his past and new memories. Medical staff would come in to see him draw.



Photograph of patients drawing – Med 5

Conversations with patients were based on our creative connection. Each time I went to a new patient I had no idea where our conversation would lead us but I hoped it would take us away from the medical ward for a few minutes. It could take weeks to build up trust and knowledge to work together.

During my residency Katriina Bent, Assistant Curator at WHAT took a Dementia Champions course. As part of the course she piloted an activities programme for two weeks in Med 5. We worked together with a number of different patients and shared information and resources. One of the activities organized with Katriina and Marie Doyle, Clinical Placement Co-ordinator was a visit from a guide dog to a patient. This fed into a project with the patient which included photographs, drawing and his making clay dogs.



Images of making clay dogs and guide dog Siofra's visit

Katriina and I also worked together on two events – a Tea Party and a Christmas Party with the staff of Med 5 and WHAT. The Tea Party had china cups and saucers and old fashioned music. The staff from Med 5 cooked and came and sat down with patients. A patient said afterwards that it was good to have a conversation with nurses about things that had nothing to do with the hospital or their care.

The second event a Christmas Party held in the physiotherapy room on Med 5 was even more successful with a visit from Santa, Ger Hayes, Art Installer WHAT and singing by Alan Browne, Music Co-ordinator WHAT. Mary O'Neill Care Assistant from Med 5 bought Christmas Presents for all the patients from Med 5's donated funds and the ward staff made food. The parties created conversations and laughter changing the atmosphere on the ward for a small time.



Open Studio 20th October

This Is Me

During my first week in the residency I attended a working lunch where a form called 'This is Me' was introduced to nursing staff. It is used by the hospital to get families of patients with dementia to fill in questions to get to know the patient's interests and life to help with their care. It gave me an insight into the patients' previous interests, particularly those who find it difficult to speak or for me to understand them. As my residency proceeded, I found that it's not always objects that trigger memory. Sometimes finding a piece of music the patient loves or a piece of poetry helped me to make a connection. Sometimes those points of connection come from unexpected places.

An image of cattle, a patient photographing the staff with my camera and marching up and down the ward with a man who has been in a marching band for the past 60 years all created new memories for the patients and for me.

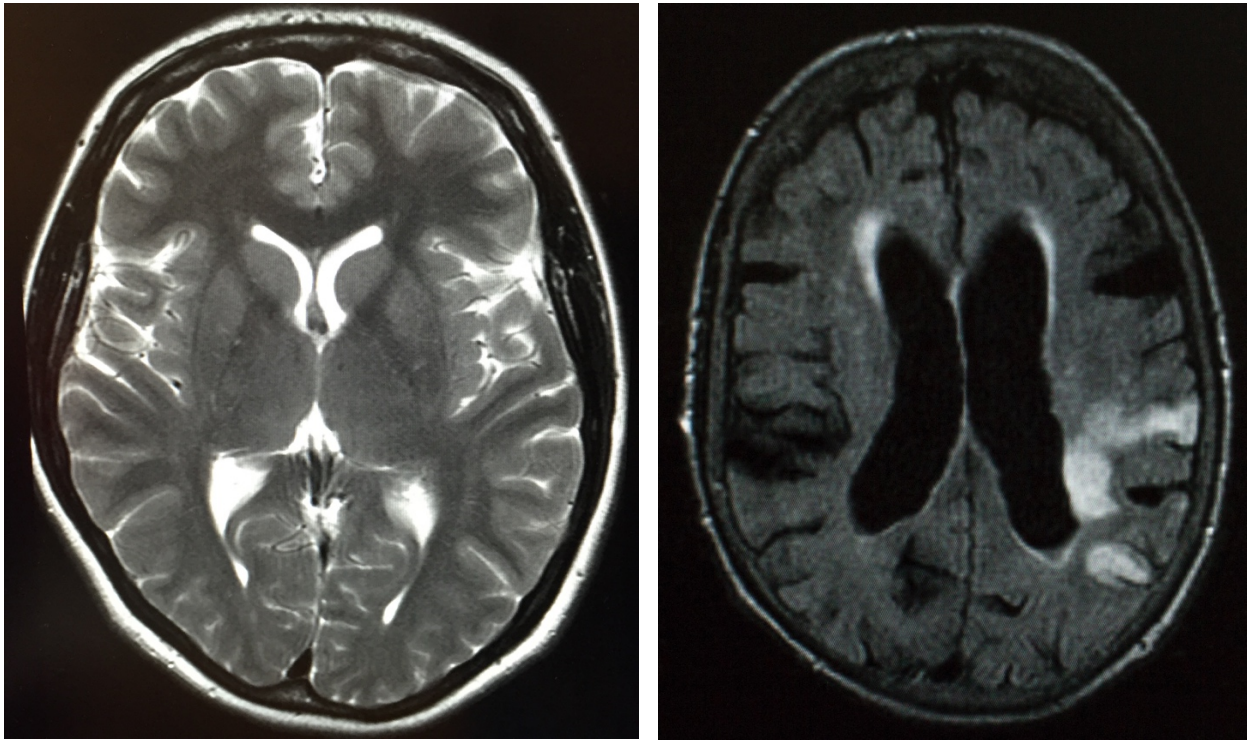
As the residency proceeded I initiated the filling of these forms with the staff and families. The Dementia Interest Group eventually negotiated the use of them by the consultants as a tool making them more likely to be filled in.

The forms and the question 'the name I like to be called' initiated a new piece of work which I started at my Open Studio Day. Participants were initially invited to write and stitch the name they like to be called onto a fabric map of the four floors of the hospital. They could place themselves where I met them in the hospital or in another space. The work became a document of the people I met in the hospital and the spaces I visited. Due to time constraints on the wards, I mainly collected signatures written on the fabric and then I stitched them either in the studio or on Med 5. The work created a conversation for me with the hospital staff and patients and another conversation when I sat and stitched the names on the ward in Med 5. Sitting in an area and stitching is something I would like to explore further in other settings. The project ended up becoming more than I could finish during the residency. I met and collected signatures from 483 people from the hospital community. I would probably need over twice that to have a visual effect. I would also like to work into these pieces of fabrics but found due to time running out and a personal difficulty about the ownership of the work I couldn't during the residency. I felt the piece was owned by the people who put their signatures on the fabric and therefore it was difficult to work into or mark.

Artist on Call

On the second day of my residency I received an 'Artist on Call' request to meet a patient with a head injury through his Occupational Therapist. Initially the patient was resistant to

making art but we built up a conversation through his love of bikes and he made drawings to explain bikes and their parts and the routes he took when cycling. After six weeks he went to Rehab. This work fell within my initial proposal of object and memory. Later in the residency I was invited by an OT to work with a terminally ill cancer patient. This patient wanted to look and talk about artists and their paintings. She wanted some of the images hung on walls but the only walls she could see were over another patients bed. This patient agreed to the images being hung and a conversation about the work was started among the 3 patients in the ward and their visitors.



MRI of a normal brain & aged brain.

MRI

In September I visited the MRI Unit where I took photographs of MRI's of brains. I was particularly interested in seeing a brain with Dementia versus a normal brain. Dementia patients are not

sent for an MRI so it only shows up if an MRI is taken for another reason such as a tumor or a stroke.

These images raised questions of ethics and the use of the MRI images by an artist. It took time to resolve and stopped me at the time from developing work around them. Eventually it was decided that I could use them as long as I hadn't met the patient and there was no way of identifying the patient from the image. This is work I hope to develop in the future.

Evaluation

During the residency I worked with 370 people in the wards. Because of the collaborative nature of the work I found it difficult to be in my studio when I knew there were patients I could be working with. On reflection it would have been more balanced to have taken set time off from the wards to reflect and work in the studio.

Because there is no expectation of an exhibition at the end of the residency due to its collaborative nature it feels like the residency is unresolved for me without one.

A collaborative residency, particularly one where the artist is in constant contact with patients and the wards could become institutionalised if it went on longer than 6 months. At the beginning I saw everything with new eyes but as it went on I started to become part of the ward.

This Is Me – 483 people gave me their names and chose their place on the map. Many of them have asked me about the work and seeing it displayed. The fabric is a document of the process of meeting/connecting and for many of the people involved they would not usually be included in a group piece of work. I would like in the future to show 'This Is Me' in the hospital to respect the people involved.

Timeline

27 th April	Enhancing & Enabling Quality of care for the person with Dementia. Course held at UHW.
8 th June	Dementia Working Group (I attended all the meetings held on the first Tuesday of every month)
10 th June	Meeting with OT Maire Caulfield
22 nd June	Start Residency
23 rd June	Meet first patient 'Artist on Call'
24 th June	Nurses lunch – 'This Is Me' form introduced
28 th June	First day working with Med 5 patients
30 th June	'Becoming a Creative Dementia Arts Professional Course in Oxford
25 th August	Visit Pinegrove Centre – Anne Marie Veal
8 th August	Visited Memory Clinic –
9 th August	Artist on Call – patient leaves for Rehab
31 st August	Evaluation Meeting – how to evaluate work on Med 5
2 nd September	First MRI visit. I visited MRI to take photographs of MRI's of aged and young brains
6 th September	Dementia Interest Group
8 th September	Katriina Bent starts on ward
20 th September	Artist on Call- New patient
22 nd September	Tea Party – Med 5 using china teacups
17 th October	Edited/wrote piece for NPDU
20 th October	Open Studio – The Name I like to be Called
24 th October	Start visiting all the wards/areas of the hospital to get hospital community to write on 'The Name I like to be Called'. Continues until 5 th December.
28 th October	Halloween Party - Fund raiser in aid of Med 5 The annual fundraising event decided to donate its funds to Med 5 due to the work of the Dementia Interest Group & the work happening on Med 5
15 th November	Guide Dog visit
30 th November	Collect names in staff restaurant
2 nd December	Collect names in staff restaurant
5 th December	New forms in ward giving information on working with Dementia patients. Put on wardrobes making it easier to recognize patients to work with.
8 th December	Christmas Party Med 5
22 nd December	Finish Residency

Contact with patients/staff & hospital visitors during residency.

June	Ardkeen Ward	3
	Med 5	2
July – September	Ardkeen Ward	17
	Med 5	160
	St. Theresa's	1
Oct – Dec	Med 2	7
	Med 3	1
	Med 5	179
This Is Me		483



Stitched work from Med 5