

MUSIC THERAPY INTERNSHIP PROGRAM
(specialisation in Neonatology)

MUSIC THERAPY UNIT
ROYAL CHILDREN'S HOSPITAL,
MELBOURNE, VICTORIA

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Music Therapy Unit

The Music Therapy Unit at the Royal Children's Hospital (RCH) was the first music therapy program in an acute paediatric health setting in Australia. With an endowment from the University of Melbourne, the program began in 1991, administered by the Educational Play Therapy Department. The founding clinician Beth Dun provided clinical services across the hospital, but has encouraged clinical specialisations and research within the team.

The Music Therapy Team

The RCH Music Therapy (MT) team currently includes:

Beth Dun	Music Therapy Unit Team Leader Co-ordinator, Clinical Training Program Senior clinician – Children's Cancer Centre
Helen Shoemark	Senior clinician - Neonate and Infant program Co-ordinator, Music Therapy Clinical Research
Meagan Hunt	Senior clinician – Adolescents
Janeen Mackenzie	Clinician - Neurosciences & Rehabilitation

Most of the time, the team also includes two students on placement (two to three days per week) from the University of Melbourne.

Philosophy

Music therapy in the acute paediatric health setting is an intervention to meet a need within the whole child. That need may be related to the child's psychological, physical, social or developmental well-being/progress. The program acknowledges the infant or child in the context of his/her family. Each session acknowledges the whole child in the scheduling, duration, and orientation of activities.

Goals

To aid the patient in attaining, maintaining, or regaining optimum levels of function or adaptation in all areas of development.

Clinical sessions

Individual and group sessions are conducted on the ward on a referral basis. Referrals may be made by any member of staff on the team for that child.

Two group sessions are conducted in the Day Surgery Unit daily at 8.30 am and 1.30 pm. Other group work is provided for the Children's Cancer Centre.

The variable nature of this work requires flexibility and initiative. The population is a transient one and this brings a unique set of circumstances to the work. For example, it is possible that a child's program may contain only one session. Current information about

the patient may be limited at the time needed, or available only minutes before the session. Sessions may be disrupted or cut-short by procedures, or doctor's rounds.

Internship

The Music Therapy Unit at the Royal Children's Hospital, Melbourne offers a Neonatal-Paediatric Music Therapy internship to appropriately qualified graduates residing outside Melbourne. The internship is 6 months (1040 hours). There is no honorarium or wage associated with the internship.

The internship offers a focus on neonates and infants, and equips the graduate to conduct an autonomous program which includes clinical work, basic research, and project work. The supervising music therapist for this internship is Dr Helen Shoemark RMT (resumé attached). The internship will include the following:

- Independent clinical work in the Neonate & Infant Program (0-12 months)
- Independent clinical work with children (aged 1 -18) in groups and individuals
- Co-therapy work with supervisor Helen Shoemark (Neonate & Infant program)
- Access to mentoring from the MT team with regards to paediatric patients
- Resource development
- Projects requiring some basic research skills

Internship Objectives

The intention of the internship is to prepare the graduate for his/her professional career. The internship will provide experiences of clinical work, team work, program development, contextual understanding, and participation in clinical research as appropriate. The specific details of the program will be tailored to the individual intern, utilising current strengths to develop a fully-rounded professionalism.

The clinical focus of this internship is neonatology. This means that the majority of the clinical caseload will be with neonates and infants. However, the intern will also provide clinical services to the Day Surgery Unit, and children and adolescents on other wards at the discretion of the supervisor.

Internship Orientation

The internship will begin with a period of observation, preparations, and discussion.

a. The intern will observe music therapy sessions with each member of the music therapy team. Observations will most likely include:

- Neonatal Unit & Cardiac Unit with Helen Shoemark
- Children's Cancer Centre with Beth Dun
- Adolescents with Meagan Hunt
- Neuroscience/ Rehabilitation with Janeen Mackenzie
- Day Surgery

The purpose of the observation is to help the intern to absorb the experience of the child in context, and begin to appreciate the role of the music therapist in that experience. While observation is the primary goal, there may be some opportunity for participation and co-leading at the music therapist's discretion. The other music therapists will discuss these sessions with the supervisor.

b. The intern will complete an assignment which affords the intern an opportunity to reflect on observations, discussions, analyses, internship goals and self-development. The intern will prepare age-appropriate repertoire in anticipation of conducting sessions on the wards.

c. During the orientation, the intern will engage in frequent discussions with the supervisor to build a shared understanding of how to:

- maximise the internship experience at RCH
- confirm all requirements and expectations of the internship, and
- confirm the intern's caseload and schedule.

Clinical responsibilities

After the orientation period the intern will commence service delivery, engage in regular supervision with the supervisor and independently work towards a folio of project work.

Schedule

The work day is 8.00am – 4.00pm. The Health Professionals Agreement allows for a half hour lunch-break and a fifteen minute morning tea break. Most MT team members combine these, skip the morning tea break and take a 45 min lunch break.

After the period of orientation, the intern's schedule will be:

Four days per week - clinical work

08.30 - 09.30 Paediatric Day Surgery

10.00 - 12.00 Referrals for Neonate and Paediatric Inpatient Programs

12.00 - 12.30 Documentation, preparation

12.30 - 13.15 Lunch

13.15 - 16.00 Referrals for Neonate and Paediatric Inpatient Programs

16.00 - 16.30 Preparation; supervision; additional meetings; documentation (varies day-to-day)

Fifth day of the week – projects and preparation

Clinical projects; case study preparation

Caseload responsibilities

The caseload will focus on work with infants and families, but will also include group and individual work with children.

The intern will plan and take full responsibility for allocated case work in consultation with the supervisor. The intern is expected to take on a case list of up to 12 patients. From this list, the intern is expected to conduct at least 3- 4 individual sessions per day (in addition to day surgery sessions).

The intern will:

- take allocated referrals
- schedule sessions with child or family, in consultation with child's nurse
- liaise with staff to ensure maximum information available to complete session, and then give feedback afterwards
- implement the program, being guided by the child's state/energy level for the duration and complexity of the session content
- chart progress notes in the patient's file to be countersigned by supervisor
- maintain appropriate documentation to be countersigned by supervisor
- discuss with supervisor any concerns or successes regarding the sessions
- inform staff, patients and families of any absence of MT services when necessary

Documentation

The intern is expected to:

- complete all required written reports for the University or professional program under which the internship is completed. A copy of this work will be provided to the supervisor upon request.
- Complete progress notes for all patients. The notes are written in the patient's file and are considered legal documents. They can be viewed by staff or parents, and may be called as evidence in a court of law. Instruction provided.
- Maintain statistical data on the IBA computer system. Instruction provided.
- Maintain diary of feelings and impressions of placement (not viewed by the supervisor).

The supervisor will devise a set of projects to promote the intern's opportunities to meet his/her stated objectives. This may include (but is not restricted to) investigation of a common medical condition, particular theoretical approaches to practice, specific methods. These topics will be written up and may form the basis for a conference presentation or a formal article to be submitted for publication.

Case presentations

The intern will be expected to present case studies during allocated presentation times. Case presentations provide an opportunity for interns to develop skills in the oral presentation of patient assessment and treatment.

Recordings

Patients at RCH are protected by policies of privacy and confidentiality. As a teaching/research public hospital, the patients at RCH are called upon to participate in a wide range of projects. Therefore additional involvements are kept to a minimum to avoid additional strain. All recordings (audio, moving image, still image) are treated as privileged material and are subject to prior written consent from the patient's family. Images may be viewed by an additional supervisor in the intern's home country, but no additional copy should be provided, nor may it be used for any other purpose than specifically stated on the consent form.

Supervision

During the course of the internship, the intern will participate in regular supervision at the discretion of the supervisor. This will be conducted at a mutually convenient time to the supervisor and intern. It is expected that the intern will have reflected on his/her progress prior to each supervision session. The session will focus on recognition of strengths developed over the previous week and look towards encouraging the intern to set individual goals for the following week. It will also provide opportunities for the intern to raise any issues s/he feels are relevant to the placement and to discuss these with the supervisor. The supervisor will require the intern to bring case notes, other written work, or evidence of reading etc. It is expected that the intern will show initiative in preparing for, and maximising the use of this time.

These sessions are integral in professional development and it is up to the intern to maximise these learning opportunities by coming prepared to supervision with questions, goals, experiences to share. These sessions can be quite intensive and the intern should be prepared for vigorous discussion.

Further expectations

The Music Therapy team will treat the intern as a junior member of the professional team, and therefore she should behave in a professional manner at all times.

Attendance

Lateness is unacceptable and unprofessional. Repeated lateness may result in an alteration to the placement. Of course, there are times when lateness is unavoidable (delays in public transport or traffic congestion). In these cases, a text message to the supervisor's mobile is acceptable notification.

Absences – Illness, recreation leave, public holidays

The intern is afforded similar rights to those offered to employed staff under the Allied Health Professionals Agreement. The intern will be entitled to some leave during the internship. These days are not counted towards the total hours. The days include:

- Two recreation leave days. These will require at least two week's notice in writing. The intern is responsible for informing patients and relevant staff of the impending absence.
- One sick leave day without a medical certificate.

Any sick leave that consists of two or more consecutive days will require a medical certificate. If the intern is unwell, s/he is required, as in a normal work situation, to notify the workplace as early as possible. This means calling the music therapy office and speaking to the supervisor, **and** notifying relevant wards of absence.

The intern is entitled to the public holidays.

Professional Behaviour

As a junior healthcare professional, the intern is expected to:

- be punctual and reliable
- behave in a responsible and dependable manner
- project a professional image in manner, dress, speech, and interpersonal relationships
- treat other health professionals with respect and courtesy
- place concern for clients above personal requirements for study and social activities
- wear your identification badge on provided lanyard at all times
- be aware that supervisor and other music therapists at RCH need to meet their daily work requirements in addition to providing learning opportunities for interns
- be aware of and follow the guidelines of the Privacy Act especially when dealing with patients in order to protect their privacy (see below).

Privacy and Confidentiality

The intern must adhere strictly to the RCH policy on patient confidentiality (access to the policy is available on the RCH Intranet website). The supervisor is bound by the Australian Music Therapy Association Inc. Supervisor/Intern Code of Ethics. The supervisor will discuss the intern's progress only with the other music therapists at RCH and University staff, when necessary. The intern will likewise maintain confidentiality with regard to the supervisor. If any problems should arise for the intern regarding the supervisor, the intern should first discuss these with the supervisor, and, if further action is necessary, consult with University staff.

Patient confidentiality and privacy is governed by the Privacy Act 2000 – a legally binding document and as such it is mandatory that all interns maintain patient confidentiality at all times, both in and out of the hospital. Patient privacy must be respected at all times and failure to adhere to privacy legislation may result in legal action against the individual. The maintenance of patient confidentiality involves the following:

- not taking any medical histories or reports out of the hospital.
- refraining from disclosing identifiable details e.g., names, family members, conditions when discussing cases outside the hospital or with colleagues
- disposing of identifying details e.g., Unit Record stickers (UR sticker), patient names, in appropriate waste disposal (usually a bin specifically nominated for shredding)
- refrain from disclosing any patient information to ward visitors or members of the public
- refrain from discussing patients in areas where conversations can be overheard
- refrain from taking photos of patients

Occupational Health and Safety

For reasons of occupational health and safety, interns are advised to wear closed-toe shoes, and to keep long hair tied back. The student will be required to complete other OH&S reading and requirements including the completion of emergency procedures training at the commencement of the internship. All OH & S requirements are outlined on the hospital website.

Infection Control

The intern should refer to the hospital policy documents (available on the hospital's website) for all requirements of infection control. Because music therapists work throughout the hospital, they are at risk of carrying infection across several wards. Therefore it is **vital** that they wash their hands, and instruments are cleaned properly after **every** session. The intern will be taught to use Universal Hand-washing, and instructed in the cleaning of musical instruments. It is the intern's responsibility to maintain the highest standards of infection control at all times.

Computer usage

The intern will be required to use the computer to enter statistical information (see below) and may use it to explore internet sources directly related to RCH clinical work. The computer is not for personal use. Computers are shared by several staff members so access is limited.

Telephone Usage

Use of the music therapy office phone is restricted to in-hospital and internship related outside phone calls only. Personal outside calls may be made from public phones outside wards and in the main foyer of the hospital. Mobile phones interfere with medical equipment and can only be used outside of ward areas. Mobile phones should be switched off when interns are on the wards and interns are asked to limit mobile phone usage as much as possible during placement hours. Mobile phones left in the music therapy office while interns are on the wards should be switched off or put on "silent" mode.

Music Therapy Office access

The intern will be provided with desk space in the Music Therapy offices. The RCH library is available to interns at any time for reading, writing up notes, etc.

After hours supervisor contact

There may be times when the intern needs to contact the supervisor out of work hours. In these situations, it is preferable for the intern to contact the supervisor before 9pm or after 7.30am via email, or if not possible via email, then via SMS or leave a message on the work phone number. During placement hours, there are times when the supervisor may have left for the day and the intern is unsupervised and may need to debrief about urgent issues that arise relating to the placement. *In these situations only*, the intern may contact the supervisor on her mobile. Please respect the supervisor's privacy in these situations and if possible only call in placement hours.

Contact detail: helen.shoemark@rch.org.au
Mobile phone: 0413 584 798
Work Phone: 9345 4127

Role of the Supervisor

The supervisor is responsible for ensuring the safety and development of the intern while on placement at The Royal Children's Hospital, Melbourne. This relationship is bound by the Australian Music Therapy Code of Ethics (Section 4: Ethical responsibilities in Education and Training) and guiding documents of the affiliate university partner.

Observation

The supervisor will observe the intern as regularly as possible. A variety of sessions will be observed over the internship to ensure that an accurate picture of clinical skills is obtained. Observation may be pre-arranged, or spontaneous, and will include observation of intern interactions with patients, families, and staff. The supervisor will discuss the session with the intern on that day as soon as is practicable.

Supervision sessions

Initially, considerable time will be given to supervision but this will decrease as the intern begins to work more autonomously. Ultimately, the supervisor will provide an individual supervision session each week. As needed, the supervisor will assist the intern with documentation, treatment planning, reports concerning patient care, and other pertinent concerns of the intern. The intern can also request additional time with the supervisor for debriefing, or if pertinent issues should arise requiring immediate discussion.

Intern's goals

The supervisor will support the intern in developing realistic goals and building a program of experiences by which those goals will be met. Completion of assigned tasks will contribute to the supervisor's assessment of the intern's progress.

Assessment

The supervisor will complete formal assessments as required by the intern's University or professional program.

Helen Shoemark
September, 2008

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Qualifications

PhD - National Music Therapy Research Unit, University of Melbourne	2007
Master of Music Education Degree - University of Kansas, USA	1988
Bachelor of Music Degree (Therapy) - University of Melbourne	1981
Other qualifications:	
Music Therapy in the Newborn Intensive Care Unit Certificate, Infant and Child Medical Music Therapy Institute, Florida State University	2006
Registration with the Australian Music Therapy Association Inc.	1982

Current professional position

Royal Children's Hospital, Melbourne	1995 -
Co-ordinator of Music Therapy Research program	
Honorary Research Fellow, Murdoch Children's Research Institute	
Senior clinician for the hospital-wide Music Therapy Neonate & Infant Program	
Co-ordinator of RCH Music in Health program	

Current research projects (in prep)

The influence of recorded music on aEEG in neonates (Neonatal Neurology team, RCH)

The impact of maternal presence on the first presentation of recorded music to the premature infant (Mercy Hospital for Women)

A comparison of improvisation and familiar song for children in acute coma recovery (RCH)

Publications

Hanson-Abromeit, D., Shoemark, H., & Loewy, J. V. (2008). Newborn Intensive Care. In D. Hanson-Abromeit, & C. Colwell (Eds.). *Effective Clinical Practice in Music Therapy: Medical Music Therapy for Pediatrics in Hospital Settings*, pp. 15-69. AMTA Monograph Series. Washington DC: AMTA

Shoemark, H. & Dearn, T. (2008). Keeping the family at the centre of family-centred music therapy with hospitalised infants. *Australian Journal of Music Therapy*, 19, 3-24.

Shoemark, Helen (2008). Mapping progress within an individual music therapy session with full-term hospitalized infants. *Music Therapy Perspectives* 26, 39-46.

Shoemark, H., Malloch, S., Newnham, C., Paul, C., Prior, M., Črnčec, R. & Coward, S. (2007). An investigation of intersubjectivity: Music therapy and hospitalised infants [Abstract]. *Journal of Paediatrics and Child Health*, 43(Suppl.1), A135.

Shoemark, Helen (2007). Live singing as an intervention for the hospitalised newborn. In F. Thomson-Salo & C. Paul (Eds.), *The baby as subject: New directions in Infant-Parent*

therapy from the Royal Children's Hospital, Melbourne (2nd ed.), (pp. 43-53). Melbourne: Stonnington Press.

Shoemark, H. (2007) *Music in health: Guidelines for musicians in hospitals*. Royal Children's Hospital & the Melbourne Symphony Orchestra Outreach Program.

Shoemark, Helen (2006). Infant-directed singing as a vehicle for regulation rehearsal in the medically fragile full-term infant. *Australian Journal of Music Therapy*, 17, 54-63.

Shoemark, Helen (2004). Family-centred music therapy for infants with complex medical and surgical needs. In M. Nocker (Ed). *Music therapy for premature and newborn infants* (pp.141-157). Gilsum, NH: Barcelona Publisher. [also available in German].

Calabro, L., Wolfe, R. & Shoemark, Helen (2003). The effects of recorded sedative music on the physiology and behaviour of premature infants with a respiratory disorder. *Australian Journal of Music Therapy*, 14, 3-19.

Awards/Grants/Honors

Equity Fred & Vi Lean Charitable Trust grant (\$18,000) *Family Centred Music: Improving the experience through evidence*, 2008-2009.

Ruth Bright Award for Excellence in Conference Presentation. *Sweet melodies: Combining the talents and knowledge of music therapy and elite musicianship*. Paper presented to the 33rd National Conference of the Australian Music Therapy Association, Melbourne, 2007.

The Council for the Humanities, Arts and Social Sciences listed the *Music Therapy for Vulnerable Infants Study* as one of 12 exemplar studies included in the national report titled *Collaborating across the Sectors* (documenting excellence in multi-disciplinary teams combining forces to answers complex questions), 2006.

<http://www.chass.org.au/papers/PAP20061101EA.php>

Awarded Music Therapy in the Newborn Intensive Care Unit Certificate by the Infant and Child Medical Music Therapy Institute, Florida State University in recognition of contribution to research and clinical practice in neonatal music therapy.

ARC Linkage Grant 2001, [team award] "An Investigation of Inter-subjectivity: Music Therapy and Hospitalised Infants" (lay title 'Music therapy for vulnerable infants' study) in conjunction with the MARCS Auditory Laboratories, University of Western Sydney, \$245,000.

Honorary Life member of the Australian Music Therapy Association for services to the profession.