



MUSIC THERAPY INTERNSHIP PROGRAM

(specialisation in Neonatology)

2014

The Royal Children's Hospital
50 Flemington Rd., Parkville, Victoria 3052
AUSTRALIA

Music Therapy Team Leader
Internship Coordinator

Ms Beth Dun MMus RMT
Tel: +61 3 9345 4127
Email: beth.dun@rch.org.au

Internship Supervisor

Dr Helen Shoemark RMT
Tel: +61 3 9936 6590
Mobile: 0413 584 798
Email: helen.shoemark@rch.org.au
Clinical days: Monday, Tuesday
Research days: Wednesday, Thursday

Contents

Music Therapy Team.....	4
Service definition.....	4
Values and Principles	4
Referral Patterns	5
Service Delivery	5
Clinical caseloads	6
Pre-internship requirements.....	7
Professional Behaviour – see also Orientation: professional conduct.....	7
Privacy and Confidentiality – see also Orientation: professional conduct.....	7
Infection Control – see also Orientation: procedures	8
Occupational Health and Safety – see also Orientation: procedures.....	8
The Internship.....	9
Internship Objectives.....	9
Internship Orientation.....	9
a. Observations	9
b. Orientation supervision	9
c. Orientation assignment	9
Internship caseload	9
Schedule	10
Written Work.....	10
Hospital requirements.....	10
Project work.....	11
Case presentations	11
Attendance	11
Absences – Illness, recreation leave, public holidays	11
Allied Health Shared office space; HELP student area; lockers	12
Computer usage	12
After hours supervisor contact.....	12
Role of the Supervisor	13
Observation.....	13
Supervision sessions	13
Intern’s goals	13
Assessment	14

Music Therapy Team

The music therapy team comprises:

Beth Dun	MT Team Leader	Children's Cancer Centre
Helen Shoemark	Grade 3	Neonate & infant program
Meagan Hunt	Grade 3	Centre for Adolescent Health
Janeen Bower	Grade 2	Neuroscience & Rehabilitation
Lauren Miller	Grade 1	Children Cancer Centre

The Music Therapy Team is part of the Educational Play & Music Therapy Department.

The Manager of Educational Play & Music Therapy is Louise Marbina.

The Educational Play Therapists (EPTs) are Olivia Larkens, Madeleine Wilson, Jessica Russo, Judie McGough, Siobhan Greene, Frances Piccolo, Anne Marie Leahy, Marnie Little (mat leave), Amber Hill.

Service definition

Music Therapy is "the planned and creative use of music to attain and maintain health and well being. People of any age or ability may benefit from a music therapy programme regardless of musical skill or background.

Music therapy may address physical, psychological, emotional, cognitive and social needs of individuals within a therapeutic relationship. It focuses on meeting therapeutic aims, which distinguishes it from musical entertainment or music education." (Australian Music Therapy Association Inc.).

Music therapists are registered with the Australian Music Therapy Association. They must be proficient musicians before undertaking one of the tertiary training courses accredited with the Australian Music Therapy Association. (www.austmta.org.au)

Values and Principles

Music is a familiar part of life for children in Australia. They are exposed to recorded music on radio, television, compact discs and mp3. Many still share in making music at kindergarten and school. Music is a part of a child's healthy life.

The music therapist engages that healthy part of the patient to help him/her cope with the illness, disorder, disease or other medical crisis which has caused them to be hospitalised.

Music therapy can benefit every patient, irrespective of age, severity of illness or disability.

Based on the patient's medical and developmental status, music can be employed in structured ways (familiar songs, song-writing) to help contain or clarify emotions and empower the child. It may also be framed (improvised instrument playing) to allow a totally free, but supported expression of emotion. In these ways the music therapist helps to alleviate distress and anxiety and aids pain control through refocusing attention and/or relaxation.

Referral Patterns

At RCH, the goals of Music Therapy are to use the experience of music to aid the patient in attaining, maintaining, or regaining optimum levels of functioning or adaptation in all areas of health and development. This is achieved through a range of face-to-face services, resourcing, and team participation.

We aim to:

1. Ease adjustment to illness/ hospitalisation
2. Build and maintain skills to sustain healthy development and relationships
3. Promote Change of State contributing to a more positive recovery trajectory
4. Support increased compliance with medical and therapeutic/developmental goals

Service Delivery

Music therapy is a service that works as part of a wider multi disciplinary team, intended to meet identified needs within the patient as part of the family unit. The need may be related to the patient's psychological, physical, social or developmental health and well-being / progress within the hospital environment.

1. Services may be delivered directly to the patient; to the patient in the context of the family or peer group; or to the parents as assessed by the music therapist.
2. We work with musicality as a pre-existing healthy aspect of the patient as the family knew them, as we know them, and with the patient as a whole person. The music therapist makes use of the patient's innate musicality, interest or enthusiasm for music making, performance skills and pre-existing social experience of music.

This allows us to work in a way that accommodates each individual health journey within the scope of what is undertaken.

Clinical caseloads

Music therapy is currently an inpatient service. All work is referral-based. Any member of staff on the team for that child may make a referral.

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.

Pre-internship requirements

The intern will complete the RCH on-line Student Orientation program prior to commencement. Please follow the link <http://www.rch.org.au/studentorientation/>

The training covers:

1. Getting to know RCH
2. Preparing for placement – Getting to RCH, Around RCH, Essential paperwork, preparing for practice, professional behaviour, attendance and absenteeism, immunisations.
3. Coming to RCH – video
4. Professional conduct – professional behaviour, RCH Policies
5. Children and Adults - guide to differences
6. Child Rights
7. Patient and family-centred care
8. Procedures – Occupational Health and Safety, infection control, immunisation listing, emergency procedures
9. Effects of hospitalisation
10. Health professional roles

Professional Behaviour – see also Orientation: professional conduct

<http://www.rch.org.au/studentorientation/>

The following are expectations of the student as a training healthcare professional:

- be punctual and reliable
- behave in a responsible, reliable and dependable manner
- project a professional image in your 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 identification badges on a 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 students
- 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 – see also Orientation: professional conduct

<http://www.rch.org.au/studentorientation/>

The students adhere strictly to the RCH policy on patient confidentiality (access to the Policy is available on the RCH Intranet website). This placement is also bound by the AMTA Inc. Supervisor/Student Code of Ethics. The supervisor will discuss the student's progress only with the other music therapists at RCH and University staff, when necessary. The student will likewise maintain confidentiality with regard to the supervisor. If any problems should arise for the student regarding the supervisor, the student 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 students 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 eg names, family members, conditions when discussing cases outside the hospital or with colleagues
- disposing of identifying details eg Patient Record Stickers (UR stickers), 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

Infection Control – see also Orientation: procedures

<http://www.rch.org.au/studentorientation/>

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 student will be taught to use Universal Hand-washing, and instructed in the cleaning of musical instruments. It is the student's responsibility to maintain the highest standards of infection control at all times.

Occupational Health and Safety – see also Orientation: procedures

<http://www.rch.org.au/studentorientation/>

For reasons of occupational health and safety, students are advised to wear closed-toe shoes, and to keep long hair tied back.

The Internship

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 capability.

Internship Orientation

The internship will begin with a period of observation, reading, and discussion. This period is usually 2-4 weeks.

a. Observations

The intern will observe music therapy sessions with each member of the music therapy team. The purpose of observations is to help the intern to absorb the experience of the child and family in various contexts, and begin to appreciate the role of the music therapist in that experience. The expectation is that the intern will observe, interpret, inquire and resolve a range of knowledge from the observation experience.

During observations there may be some opportunity for participation and co-leading at the discretion of the music therapist. The intern should be aware that the music therapists will discuss their evaluation of the intern with the internship supervisor.

b. Orientation supervision

During the orientation, the intern will engage in frequent discussions with the supervisor to:

- Build a shared understanding of the work itself
- Consider the relevant theories and evidence for thinking about the work
- Confirm all requirements and expectations of the internship

c. Orientation assignment

The intern will complete an assignment which promotes reflection on observations, discussions, analyses, internship goals and self-development.

Internship caseload

The 2013 internship is in the Neonate & Infant Program, under the supervision of Dr Helen Shoemark. The caseload will focus on work with infants and families from the Butterfly (NICU), Sugarglider (General Medical) and other wards as required. The age range for the patient caseload is infants and toddlers aged newborn to 18 months.

The intern will eventually carry the same load as a Grade 1 clinician. The intern will plan and take full responsibility for an allocated case work in consultation with the supervisor. The intern caseload will be confirmed after the orientation period.

The intern will:

- take allocated referrals
- schedule sessions with child or family, in consultation with the bedside nurse
- liaise with staff to ensure she has maximum information available to complete session, and give feedback afterwards
- implement the program, being guided by the infant and/or parent'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

Schedule

The work day is 8.30am – 4.00pm with a 30 minute lunch-break and a 15 minute morning tea break. Most MT team members combine these two breaks to take a 45 minute lunch break.

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

4 days per week - Clinical caseload

08.30 - 09.00 Triage referrals; confirm daily schedule

09.00 - 12.00 Referrals from the Neonate and Paediatric Inpatient Programs

12.00 - 12.30 Documentation

12.30 - 13.00 Lunch

13.00 - 16.00 Preparations; Referrals from Neonate and Paediatric Inpatient Programs

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

Day 5 - Project work

Clinical projects; case study preparation (off campus)

Written Work

Hospital requirements

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 will be provided.
- Maintain diary of feelings and impressions of placement (not viewed by the supervisor).

Project work

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 common medical conditions, particular theoretical approaches to practice, specific methods.

These projects 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.

Attendance

The day is officially 7.5 hours per day. Variations in time may be negotiated with the supervisor.

Lunch break: For the music therapists, the Health Professionals Award allows for a half hour (unpaid) lunch break and fifteen minute (paid) morning tea break. Most MT team members combine these and take a 45 min lunch break. Likewise, interns may take their breaks in any way they choose, providing service provision is maintained.

Lateness is unacceptable and unprofessional. Consistent lateness will result in significant consequences for the placement and marks deducted on the final assessment. Of course, there are times when lateness is unavoidable (delays in public transport or traffic congestion). In these cases, an SMS to the supervisor's mobile is acceptable notification.

Absences – Illness, recreation leave, public holidays

RCH affords the intern similar rights to those offered in the Allied Health Professionals Award. The intern is responsible for informing their patients and relevant staff of any impending absence.

The intern will be entitled to two days recreation leave during the internship.

One sick leave day without a medical certificate is permitted. Any sick leave that consists of two or more days will require a medical certificate.

When interns are unwell they are required, as in a normal work situation, to notify the workplace as early as possible. This means *calling* and *speaking* to the supervisor or

another RMT, not just leaving a message (the supervisor may be absent too, and not pick up the message,), **and** notifying relevant wards of absence. *Sending an SMS for illness related absence is unacceptable.*

Failure to do the above is considered discourteous and unprofessional and will result in deduction of marks in the final assessment.

Allied Health Shared office space; HELP student area; lockers

Music therapy has access to three lockers in the HELP precinct for student/intern use. Beth Dun will arrange access.

The designated Allied Health student area consists of 6 desks and a table which will seat 14. The intention is that students and interns may use the area for short periods of time (for instance up to one hour, whilst waiting for clinicians etc).

Students who are studying, preparing course work or completing other more substantial work will undertake these activities in the hospital education and learning precinct (HELP) on level 1 of the West Building.

Students who are leaving the area even for short periods of time will log off computers and remove their belongings to a pigeon hole.

The RCH library is available to students at any time for reading, writing up notes, etc

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.

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 text message 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 phone. Please respect the supervisor's privacy in these situations and if possible only call in placement hours.

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. This relationship is bound by the Australian Music Therapy Code of Ethics (Section 4: Ethical responsibilities in Education and Training). 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 the Music Therapy Team Leader, then University staff.

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

Once the orientation period has concluded, the intern will participate in a one hour supervision on a weekly basis. 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 important for 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. Additional time for supervision is always available on request.

The supervisor is always available for debriefing, or issues which require immediate discussion.

Intern's goals

The supervisor will support the intern in developing realistic goals and building a program of tasks by which those goals will be met. Completion of those 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.

Last revised Dec 2013