MUSIC THERAPY INTERNSHIP PROGRAM

OUTLINE

MUSIC THERAPY
ROYAL CHILDREN’S HOSPITAL,
MELBOURNE, VICTORIA

Team Leader Music Therapy & Co-ordinator of Clinical Training
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Internship Supervisors
Dr Helen Shoemark RMT
Neonate & Infant Program

Meagan Hunt RMT
Adolescent Program
Music Therapy Services

Music Therapy is currently administered through the Educational Play Therapy Department (EPT), in the Allied Health Service.

The RCH Music Therapy (MT) team currently includes:

- **Beth Dun**  
  Team Leader Music Therapy  
  Co-ordinator, Clinical Training Program  
  Senior clinician – Children’s Cancer Centre

- **Helen Shoemark**  
  Senior clinician - Neonate and Infant program  
  Associate Researcher, Murdoch Children’s Research Institute

- **Meagan Hunt**  
  Senior clinician – Adolescents

- **Janeen Bower**  
  Clinician - Neurosciences & Rehabilitation

- **Pip Barry**  
  Clinician – Children’s Cancer Centre

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 infant’s psychological, physical, social or developmental well-being/progress. The program acknowledges the infant in the context of his/her family. Currently the focus of the service includes:

1. **To increase compliance with medical and therapeutic/developmental goals.**
   - Support children in preparation for a lumbar puncture
   - Provide an appropriate stimulus to decrease agitation in PTA
   - Promoting participation in functional rehabilitation

2. **Build and maintaining skills to sustain normal healthy development and relationships**  
   (providing experiences of normal interaction)
   - Expression of self through song-writing with young people with eating disorders
   - Interactive play in group music making sessions
   - Educating mothers of newborn babies about healthy development

3. **Adjustment to illness/hospitalisation**
   - Helping families adjust expectations about their baby’s interactive ability
   - Expending energy and anxiety in group work
   - Exploring response to experience through song-singing/writing.

4. **Change of State.**
   - Coma arousal- increasing responsiveness of patient is in coma.
   - Change mood- increasing arousal or decreasing anxiety to enable session to progress.

Individual 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. 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.
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.

Internship Orientation
The internship will begin with a period of observation, reading, preparation, and discussion. The intern will observe music therapy sessions with each member of the music therapy team.

The purpose of observation 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. 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 the intern’s participation in these sessions with the internship supervisor.

b. The intern will complete an assignment which affords the intern an opportunity to reflect on observation, 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 Melbourne
  ● 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 and independently work towards a folio of project work.

Schedule
The work day is 8.30am – 4.30pm with a half hour lunch-break and a fifteen minute morning tea break. Most MT team members combine these two breaks to take a 45 min lunch break.

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

Clinical caseload - 4 days per week
8.30 – 9.00 Preparation
9.00 - 12.00 Referrals
12.00 - 12.30 Documentation, preparation
12.30 - 13.00 Lunch
13.30 - 16.00 Referrals
16.00 - 16.30 Preparation; supervision; additional meetings; documentation (varies day-to-day)
Project work – Day 5
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.

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

Written Work

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.

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.

Supervision

During the course of the internship, the intern will participate in supervision on a weekly basis, or 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 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.