

Touching Heritage Objects to Healthcare

Volunteer Training Manual



Contents

1. Conducting museum activities in healthcare?

- 1.1 Reasons to work in healthcare
- 1.2 What museums can offer
- 1.3 Aims of Heritage in Healthcare

2. Recruiting Participants

- 2.1 Things to remember
- 2.2 Gaining consent
- 2.3 Reassurance and follow-up

3. Object Handling: Safe practice

- 3.1 Safeguarding participants
- 3.2 Safeguarding collections
- 3.3 Safeguarding yourself

4. Facilitating Object-handling sessions

- 4.1 Overview
- 4.2 A basic guide to facilitation
- 4.3 Things to remember

5. Documentation and Evaluation

- 5.1 Evaluating participant experiences
- 5.2 Evaluating volunteer experiences
- 5.3 Things to remember

6. Staying Connected

Introduction

This manual is aimed at volunteers who are conducting outreach activities in hospitals and other healthcare settings. It covers object-handling protocols, facilitation techniques and evaluation procedures for object-handling sessions.

The manual was developed for the purposes of building sustainable and best practice for volunteer-led Heritage in Healthcare programmes. In particular, this manual is for volunteers working on the Touching Heritage: Objects to Healthcare programme, supported by the National Lottery through the Heritage Lottery Fund.



This volunteer training manual draws from material published in the best practice guide to Heritage in Health by University College London researchers. The original guide was developed from a three-year (2008-2011) programme of research carried out by University College London (UCL) Museums & Public Engagement called *Heritage in Hospitals*.

Researchers took museum objects into a variety of healthcare settings including acute and chronic care wards of a large inner London NHS Foundation Trust hospital, a psychiatric hospital, two neurological rehabilitation units (inpatient and outpatient) and a care home for older adults. The project explored the health and wellbeing benefits of bedside object handling sessions with patients and care home residents.

1. Conducting museum activities in healthcare

1.1 *Reasons to work in healthcare*

- The Government and museum funders regard 'health and wellbeing' a priority and working in healthcare environments provides a way by which museums address this outcome.
- *Heritage in Hospitals* research showed that an object handling activity had significant benefits on patients' wellbeing by improving mental/physical functioning and providing a positive experience during the hospital stay.
- Taking objects into hospitals is a way of introducing patients with less access to museums as a result of long-term physical or mental illness to collections and opening museums to a new audience.
- Hospitals and other healthcare organisations increasingly use multi-agency approaches to achieve their aims and are looking to the third and voluntary sectors.

1.2 What museums can offer

- Social, cultural, intellectual and even spiritual and philosophical interaction to bed-bound or ward-bound patients.
- Stimulation of the lesser-used senses such as touch and smell.
- Improvement of motor co-ordination through handling objects.
- Improvement of communication between patients, carers and staff.



1.3 Aims of Heritage in Healthcare

- To engage participants in interesting, intriguing and inspiring, cultural activities.
- To increase activity and reduce passivity.
- To relieve boredom and isolation.
- To distract participants from painful and uncomfortable circumstances.
- To encourage participation in a more meaningful activity than is often provided in healthcare settings (e.g. television, other media).
- To encourage participants to not feel like hospital patients, instead to engage in activities using their pre-morbid identity and personality.



- To give participants the feeling of being in control and participating in an activity in an equal and dignified manner.
- To let participants use objects to make connections with previous experiences.
- To allow participants feel and release emotions through the objects or the meaning engendered by the objects.
- To increase communication between participants, visitors and staff and create dialogues to promote understanding about a patient's life and personality.
- To improve participants' ability to explore and discover objects and develop object analysis skills.
- To enhance participants' sensory stimulation particularly for the sense of touch (which is rare in hospital).
- To give participants the opportunity to learn something new.
- To stimulate participants' interest in topics introduced through objects.
- To persuade participants to visit museums in the future.
- To change participants' attitudes to museums and museum object handling.

2. Recruiting participants

2.1 Things to remember

- The health of patients can change on an hourly basis and whilst individuals may have been happy to participate in a museum activity in the morning they may not feel well enough to take part in the afternoon. It is essential that the session facilitator is mindful of this.
- It is vital for a session facilitator to develop a good relationship with healthcare staff who may be able to help identify individuals who are well enough to participate.
- Short-stay patients remain two or three days in hospital so it is better to conduct an activity as soon as possible otherwise however willing the patient appears events might intervene.
- Inpatient hospitals, particularly teaching hospitals, have a high amount of interruptions of a medical nature (e.g. ward rounds, taking medical histories, administering drugs, procedures and scans).

- Long term and rehabilitation patients have timetables with scheduled treatments but it can be difficult to find vacant slots for museum activities as these are likely to be allocated to visits from friends and relatives or seen as 'free time' for watching television or sleeping.





2.2 Gaining consent

- Patient Information Leaflets can be distributed to potential participants on each visit.
- Some people might want to know more information about the project. Having a conversation is often the best way to get people interested.
- Each participant needs to consent to being part of the project, and there are consent forms that need to be distributed and correctly filled in by any participant prior to taking part in an object-handling session.

- As we record many of our sessions, and will use photography as a documentation medium too, it is essential to gain consent from participants to collect this information. We have media consent forms that need to be filled out by any participant we are photographing, or recording.

2.3 Reassurance and follow-up

- Many new participants may be wary of taking part in any activity that might jeopardise their care experience in hospital. It is important to reassure patients that the project is intended for their benefit and that you are there to offer a service to them.
- Someone might be interested to participate, but other factors prevent them from being involved. Keeping participants involved in the project after their session is a really good way of building relationships and sustaining the project.

3. Object Handling: Safe Practice

3.1 Safeguarding participants

- Infection control procedures are vital when objects are passed between participants and venues. Ensuring no transmission of infection between participants is achieved by rigorous washing of hands with soap and water or alcohol gel before and after handling.
- It is essential to work closely with healthcare staff to make sure that it is suitable for patients to take part in sessions. Those who require barrier nursing, have tested positively for MRSA or have been exposed to radiation within their current course of treatment should not be invited to participate. This is for patients' own safety.
- Try to allay any feelings of nervousness, inadequacy or boredom in participants by being reassuring and supportive of their involvement.
- Be considerate about where you sit with respect to participants. It is a good idea to appear friendly but be careful not to intimidate.
- Some of the objects you are going to handle are fragile so it is important to build confidence in participants by modelling handling behaviours for participants to copy.



3.2 Safeguarding collections

- It is essential to make sure hands are washed before and after object handling.
- It is vital that hands are dry before coming into contact with objects.
- Before beginning a session, it is a good idea to inspect objects for any changes in condition. If anything happens to an object during a session, it is vital that you alert the Outreach Co-ordinator so that the museum conservationist can inspect the object.

- You should not eat or drink while handling objects.
- Place objects on a clean and stable surface with a 'safety net' in place before the session begins.
- Only work with a single object at any one time. Before moving on to a new object, make sure all objects are safely stored.
- Object-handling is mostly common-sense. Hold and pass objects using good handling procedures and encourage participants to do the same.
- Store and transport objects in conservation grade foam within robust carrying cases.



3.3 Safeguarding yourself

- Materials, such as those for interpretation and packaging, need to be washed and regularly cleaned. Laminated object information sheets can be cleaned easily.
- Before a session, remove all jewellery including necklaces to minimise potential risk to the objects.
- Make sure you are comfortable before starting a session. Avoid handling objects while standing.

4. Facilitating Object-handling sessions

4.1 Overview

- Facilitation of the session should ensure a flow of dialogue so that participants know what the object is and how it should be handled but also how to explore it and get the most from it.
- Facilitators need to understand that hospital patients and older adults may have weaknesses in their hands, which means they cannot either grip objects or hold onto them for very long.
- Participants who are not museum visitors or who have been asked to join in at the last minute are often afraid they will say something wrong or act inappropriately. Friendly, confident and encouraging facilitation can help build security and confidence.
- Participant attention spans differ and in healthcare contexts there are often physiological, emotional or physical reasons why attention is limited. A facilitator should be alert to attention deficits and try to extend the attention or make sure the session moves on to engage the participant in another way.

- Knowing when to stop is equally important; a short session can still be beneficial without tiring the patient.
- Encouraging exploration and recall of participants' own experiences is an equally important part of facilitation and strengthens the distraction and stimulation elements important for wellbeing. Even those who outwardly seem to knowledgeable about a topic may have little experience in analysing three-dimensional objects.
- Participants often need to be asked directly to touch, handle and turn the objects over, etc. Alternatively, they can be asked questions that can only be answered by exploring the objects in this way.



4.2 A basic guide to facilitation

The following is a step-by-step guide that you can refer to when facilitating a session.

1. Introduce yourself and make sure you have chosen a good time for a session.
2. Wash hands or antibacterial gel.
3. Introduce the objects in the box to patient. Ask patient to decide on an object to start with.
4. Handle and discuss object.
5. Some people will be interested in the historical properties of the object. Rather than turning the session into a lesson, it is a good idea to get people thinking creatively about the object. Try and ask the following questions naturally, and allow for conversational tangents to emerge: What do you think the object is? What do you think it is made of? Where might it have come from? How old do you think it is? What could it be used for? What does it remind you of? What does it feel like to touch? How does it make you feel?
6. After you've discussed these questions, introduce the patient to a corresponding information card. If you have some extra knowledge surrounding any object,

feel free to discuss this with the patient. Expect that some patients will want to know more information. If you don't know the answer, you could try and find out and bring the information back to the patient, or you could encourage 'imagining' what might be the answer.

7. Regularly 'check-in' with the patient about their enjoyment of the session. You can ask questions like: Are you happy to continue? Did you enjoy handling that object?
8. At the end of the session, wash hands again and carry out a quick evaluation of the session (See Chapter 5).



4.3 Things to remember

Patients will engage with the sessions in a number of different ways, but there are a few key points to think about that might help you to tailor your session.

1. Patients may look to you to be the 'expert' about an object. If you don't know the answer, don't worry! This is a great opportunity to find out more together. What could it be? What does it remind you of? Your own interpretation can really help to ease a patient into creative interpretation.
2. Patients may be the 'expert' of a subject, and know more about the object than you. Resist the impulse to correct a patient, but rather discuss 'facts' as interpretations. Some people are more willing than others to be corrected.
3. There are always going to be distractions that you can not control. A relaxed approach to these distractions will be in your best interest. If you feel there are too many distractions or a patient is losing interest – change direction! A new object might spark a bit more interest, or suggesting a rest might help.
4. Patients are often wary of handling objects because they are worried about damage that may occur to the

objects. It is important to encourage touching of the objects, while sharing the 'value' of the object with the patient. Patients often see the opportunity to touch the objects as a privilege, and this is a positive response that can certainly work in your favour.

5. You are meeting patients at a vulnerable time in their lives. Patients may disclose personal information to you that may make you feel uncomfortable. You can be empathetic without counselling the patient. Listen, and try and use the object-handling session as a distractive device.
6. If anything out of the ordinary happens in a session, make a note of the incident and share the information with the relevant person. If something happens to an object – alert the Outreach Co-ordinator straight away. If something happens to a patient – alert the hospital staff. If something happens to you – report the incident and follow our incident report procedures.

5. Documentation and Evaluation

5.1 Evaluating Participant Experiences

Before beginning a session with a participant, there are some questions that you should ask.

1. Do you go to museums or galleries regularly? If so, why do you go?
2. What is your favourite museum memory?

After your session, some general feedback questions should be asked too.

1. What objects were of most interest to you?
2. What did you like about the session?
3. What would you change?
4. What else would you like to see as a museum activity?
5. Do you have any further comments or questions?



5.2 Evaluating volunteer experiences

Your experience as a volunteer is really important to us. We want to know how your skills are developing, and what is working best in your object-handling sessions. At the end of each session, there are three things you should do:

1. Take a moment to reflect on the session and your own performance. Ask yourself: what worked well in the session? What could be improved? What objects worked best for you? And, what objects worked best for patients? Think about why particular objects might have worked better than others.
2. Listen back to the recording of your session. Write down three examples of conversation arising from the session: a moment where the session went really well; a moment where the session went badly, or you lost momentum; and an interesting moment of exchange between yourself and the patient.
3. In each session, you will be working with a team of volunteers. You will all have different experiences of object-handling sessions. Learning from each other is a great way to improve technique. Talk to each other about what is working well, or not working well.

4. Reflect on each session. You can reflect in a range of ways. You could write a poem or a story, draw a picture, write a short blog or journal entry, or make a word-map. Whatever medium you choose, try to be reflexive rather than reflective. This means thinking critically about your role as facilitator, your experience of the session, and the experience of the participant simultaneously.



5.3 Things to remember

- If you record a session, make sure you have the patient's consent.
- Sometimes, your session won't go to plan. For example, you may be interrupted by extraneous circumstances like a doctor visiting or a family member; a patient may have been interested in a session but has changed their mind. These things will happen and it is ok if they do.
- If patients want to stay connected to the project, you could give them more information about the UCL Museums, or suggest other museums. If they have questions, you can pass on the Outreach Co-ordinator's details. If they want to know about the research findings of the project, you can give them links to the UCL Museums & Public Engagement website. Remember that your confidentiality is important too.

6. Staying Connected

The Touching Heritage Project aims to be a sustainable model of Heritage in Healthcare.

The commitment and contributions of our volunteers are essential to the project. We welcome any feedback you may have throughout the process and you can address your feedback directly to:

Dr Helen Chatterjee, via email: h.chatterjee@ucl.ac.uk

If you are interested in learning more about other areas of the project, or any of the other work that UCL Museums & Public Engagement are currently involved in, please visit our website:

<http://www.ucl.ac.uk/museums/research/touch/heritageinhospitals>

Throughout the project, there will be regular blog posts uploaded to the UCL Museums & Public Engagement blog. The link is:

<http://blogs.ucl.ac.uk/touching-heritage/>

