

ProMiMiC Vienna

Final Report / WP 4



Dr. Magdalena Bork
University of Music and Performing Arts Vienna

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ABSTRACT

After the results developed in researching the first three Labs, the Viennese ProMiMiC model was further evaluated in two additional project weeks, called pilots. Like the Labs, the pilots were also conducted at the AKH (General Hospital), on a ward with particularly vulnerable patients – the Department of Radiation Oncology at the Medical University of Vienna.

Despite the Covid-related mask and test requirements, both project weeks in April and September 2022 were conducted live and on-site. The model researched in the Labs is based on the excellent musical, artistic, and improvisational skills of the musicians and music therapists involved, as well as their excellence and experience in communication, their flexibility, and situational excellence in this new field.

Data shows that interprofessional collaboration between musicians and music therapists in the hospital context is fruitful, and joint creation and learning from each other contribute to the further development of their professionalism. The contextual knowledge and professional experience of the music therapists, especially their familiarity with patients, and the artistic self-conception of the performance musicians should be emphasized. The shared responsibility for encounters with patients and staff enables moving moments of togetherness that are significant for all involved – patients, staff, and musicians.

The encounters could help to foster a sense of community and connection, which is particularly important in the hospital setting where patients may feel isolated and disconnected from their usual support networks.

The ProMiMiC team experienced an increased familiarity with the ward's procedures during the three live project weeks. The musicians felt welcome on the ward, and their visits appeared to be well-integrated into the daily routine. The ProMiMiC model was further developed by the new welcome ritual of a musical round on the hallway of the ward, created in the former Lab, and now enriching the beginning and sometimes also the closing of every project day in the pilots.

Especially during the project week with the students, the musical round led to surprising encounters with patients and staff outside their rooms, enabling small ward concerts, which significantly contributed to changing the atmosphere on the entire ward. The heart of the model, however, remained the significant personal encounters at the patients' bedsides.

As part of the research of ProMiMiC in Vienna, an elective subject *Music on the ward - person-centred music-making in the hospital* was developed and established in teaching at the mdw for students of performance studies and music therapy.

The participating students, together with the professionals, have further developed the ProMiMiC practice. Working with the students confirmed that the different areas of expertise complement each other and have opened up new opportunities for the other field. The interprofessional approach has promoted rapid and deep learning and development processes as an ensemble, and perhaps most significantly, has facilitated personal and professional identity expansion.

The ProMiMiC Vienna Final Symposium "Music on the Ward" on April 21, 2023, will not only present the results of the project but also focus on the significance of the interprofessional approach between music and healthcare for social development. The symposium will also provide students with the opportunity to gain insight into the ProMiMiC practice. Moreover, the event will mark the start of the next steps - the implementation of the person-centred, holistic ProMiMiC approach in healthcare facilities in Vienna, Austria, and internationally.

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REFERENCES

1. RESEARCH DESIGN / WORKPACKAGE 4

Study Title	ProMiMic: Professional Excellence in Meaningful Music in Healthcare
Internal ref. no. / short title	ProMiMiC
Team	Magdalena Bork, Thomas Stegeman, Laura Bezold
Research	Magdalena Bork
Study Design	Qualitative Research / Ethnographically underpinned research methods (interview, participant observation, reflective reports, group discussion)
Study Participants	6 Persons: 2 Musicians, 1 Music Therapist, 1 Music Therapy Student, 2 Music Students, delivering live music on the ward at AKH, Vienna (University Hospital for Radiation Oncology)
Study Period	March22 to March23 (2 Pilots: 20-23 April and 13-17 September 2022)
Data	8 individual interviews: 6 with professionals, 2 with the students, one in-depth group interview with the students of pilot 2; reflective reports of the 3 students from pilot 2, 5 group discussions with the professionals concerning the interprofessional concepts defined in WP3, daily observation reports from both pilots
Primary Objectives	<p>Umbrella question:</p> <p>EXPLORING THE CONCEPTS OF INTERPROFESSIONAL COLLABORATION and LEARNING</p> <p>To explore the processes of interprofessionality between musicians and music therapists in a hospital context and their artistic approaches to improvisation and person-centred music-making</p> <ul style="list-style-type: none"> • <i>How can musicians and music therapists employ effective personalised live music for patients in the hospital context and how can the approach and the practice of musicians and music therapists be complementary?</i> • <i>How can the interprofessionality in the context of the hospital ward for radio oncology increase the artistic and situative excellence of musicians and music therapists?</i> <p>Specific aim for WP4:</p> <ul style="list-style-type: none"> • Application of the insights of WP3 into the professional field: Further development and deepening of the new joint practice between musicians and music therapists on the Radiooncology ward, with focus on person-centered improvisation as main artistic approach • Transfer of the insights of WP3 into the field of education: Development of modules and training in ProMiMiC practice for students (in music and music therapy) • Embed the ProMiMiC practice into the curriculum of the mdw (Elective Course “Music on the ward”) with focus on interprofessional learning and collaboration

The objectives of WP 4 were to deepen the complementary employment of personalised live music by musicians and music therapists for patients in the hospital context and to further explore the processes of interprofessionality between musicians and music therapists in a hospital context. Another aim was also to train students for this new practice and thus to transfer the knowledge from the research into the practice.

Meeting one of the project aims, at the moment (March 2023) the ProMiMiC Vienna model is introduced to politicians responsible for health care in the City of Vienna with the goal to introduce the model as a valuable offer for the patients and the staff in hospitals.

1.1. Participants WP4 (Pilot 1+2)

Musician 1

Musician 1 is a bassoon player, composer and improviser. She completed the instrumental studies of bassoon, the teaching qualification bassoon and the university course postgraduate studies in cultural management at the University of Music and Performing Arts Vienna with distinction, as well as the artistic doctorate (Dr. artium) at the University of Arts Graz. She is active as an artistic-scientific researcher in the field of musical improvisation/intuition and teaches students improvisation at the University of Music and Performing Arts Vienna. Before ProMiMiC, she had no previous experience in making music in a health context.

Musician 2

Musician 2 is composer, improviser and interdisciplinary cultural worker. He completed piano and composition studies at the University of Music in Graz and at the Royal Academy of Music in London. He teaches theory, arrangement and ear training at the Jazz Institute of the University of Arts in Graz.

Performance activity as an improvising musician in different musical and intercultural contexts. Person-centred improvisation in a palliative care unit, including his students from the University of Music in Graz.

Music therapist

Music therapist graduated in musicology from the University of Vienna in 2013 and in music therapy from the University of Music and Performing Arts Vienna in 2016.

As a violinist and singer she plays in various pop, jazz and world music ensembles, arranges and performs on stage for theatre and children's theatre productions.

She worked as a music therapist at the ZEF - Zentrum für Entwicklungsförderung (Centre for Developmental Support) from 2016 to 2018, and currently works at the child and adolescent psychiatry department of AKH/Vienna General Hospital.

Students

Music student 1 (male) studies Cello and is from Belgium.

Music student 2 (female) studies Flute and is from China.

Music therapy student 1 (female) has violin as a major and is from Germany.

1.2. Research Procedure

For WP 4 the same two professional musicians and music therapist from Lab 2+3 build the main ensemble of the two pilots. For Pilot 2 master students in instrumental performance and music therapy were prepared and trained in the ProMiMiC practice at the mdw.

Participants delivered live music at the hospital and were interviewed about their experiences on the ward, especially concerning the interprofessional collaboration between the music therapists and the musicians as worked out during the first three labs. Several in-depth-group discussions were also conducted in WP4. The interviews and group discussions were audio-recorded and transcribed. The students handed in reflective reports about their experiences and learnings during pilot 2 – during the preparations at the University as well as during the project week on the ward.

All music sessions at the hospital in Pilot 1 & 2 were again observed by the researcher.

1.3. Methods

Participant observation

Participant observation is “the systematic description of events, behaviours, and artefacts in the social setting chosen for study” (Marshall & Rossman, 1989, p. 79, in Kawulich, 2005). The researcher will observe “What is going on?": the live music events, documenting in detail what happens; how musicians and music therapists interact with patients; what skills the musicians and music therapists are using; moments of challenge; moments of connection, and so on. Audio recording will be used to support the observations – permissions of patients will be needed for the audio-recording.

➤ *What is going on here?*

Interviews

A semi-structured (expert) interview is open, and gives the interviewee the chance to talk freely, without being subject to a strict framework of questions. However, the interviewer will also think through the questions in advance, and work from an interview guide (Meuser & Nagel, 2006). A narrative approach (Alheit, 1993) will be used, following three phases of opening question, narration and follow up. Episodic elements (Flick, 2007), can be addressed for the interviewee to reflect on a specific moment of his experiences.

The professional musicians and the music therapist involved in Pilot 1 & 2 were interviewed with the tool of a semi-structured, episodic narrative expert interview. The main question of the interview was:

➤ *What stood out?*

Group Discussion

Group discussions (Bohnsack, Przyborski & Schäffer, 2019) have a special function because they do not just express individual opinions, but also reflect emerging discourses, i.e. collective opinions. The musicians and music therapists of every pilot were put together for a group discussion – before, after two days and at the end of the pilot week. They were asked to discuss and reflect together their experiences on the ward and they thoughts and observations concerning the interprofessional learning and collaboration between the two professions, as defined in WP3. The three students included in pilot 2 were as well put together for an in-depth group interview about their experiences and learnings.

Reflective reports

A reflective report/journal is a way of thinking in a critical and analytical way about one's work in progress. It is a personal journal that can address anything that is learnt, personally and professionally. Each student in pilot 2 kept a reflective journal, documenting their experience of facilitating music on the ward. The journal was based on questions concerning the interprofessional collaboration between musicians and music therapists, but the umbrella question was:

➤ *What have you experienced? What have you learnt?*

1.4. Analysis

The analysis of the data is based on Grounded Theory. In this stage of research, select coding was used because the pilots were built upon research on collaborative learning of musicians and music therapists in WP 3, where concepts and aspects of interprofessional collaboration were defined. Thus the results of WP4 refer to, as well as deepen the results described in the interim report.



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1.5. Conceptual framework

1. Professional Development of the MiMiC Practice (MiMiC research as sensitizing concept)

MiMiC – Meaningful Music in Health Care – was a collaborative research project from the University Medical Center Groningen (UMCG) and the Lectorate Lifelong Learning in Music (LLM) in the Hanze University Groningen that 2015-2017 explored “what music moves in the hospital setting”. The research consisted of the development of a new practice for professional musicians, the development of a new training program for music students as well as numerous strands of research that focussed on patients, staff and musicians.

2. Community of Practice, Learning as Participation (Wenger 1998, 2009)

The concept of a community of practice describes a group of individuals who share a common interest or passion and engage in regular interactions to learn from one another. Learning is seen as a process of participation in the community and is facilitated through mutual engagement, joint activities, and shared resources. Wenger's theory emphasizes the importance of social learning and the development of a shared identity and practice within the community.

3. Situated Learning (Lave and Wenger, 1991)

Situated learning is a theory that emphasizes the importance of context in learning. According to this theory, learning is most effective when it takes place in authentic, real-world situations where learners can engage in meaningful activities and interactions with others. Learning is seen as a social process that is shaped by the environment and the community in which it occurs.

4. 'Be the Right Person for the Job' (Colley et al., 2003)

The concept of 'being the right person for the job' refers to the importance of having the appropriate skills, knowledge, and attributes to succeed in a particular profession or role. This involves not only technical competence but also personal qualities such as motivation, adaptability, and resilience.

5. Vocational Habitus (Colley et al.; post Bourdieu 1998)

Vocational habitus refers to the set of dispositions and attitudes that individuals develop in relation to their chosen profession or occupation. These habits of mind and ways of being are shaped by a range of factors, including social background, education, and cultural norms. The concept is influenced by the work of Pierre Bourdieu, who argued that social structures and power relations shape individual behavior and attitudes.

6. Musicians as “Makers in the Society” (Gaunt et al., 2021)

This concept describes the role of musicians in society as creators and innovators who contribute to the cultural and social fabric of communities. The idea is that musicians are not only performers but also active agents of change who can inspire and shape social discourse through their music and artistic practice. The concept emphasizes the social responsibility of musicians to engage with the wider community and address social issues through their work.

1.6. Statistics of the musical sessions

Overall, the ProMiMiC ensemble had contact with 39 patients during the 5 project weeks, with many of them requesting for more musical visits after the first experience. As a result, there were 65 encounters with patients, with some receiving several pieces of music, bringing over 80 unique improvisations played by the ensemble for patients. In addition, approximately 20 repertoire pieces were played upon request, and 11 improvisations were performed in the hallway for the entire ward. The ensemble also performed 16 times specifically for the hospital staff, alternating between repertoire and improvised music.

On the last day of the final project week in Pilot 2, the entire music team of six professionals and students played a session with two pieces – Kaiserwalzer and Bint El Shalabiya – at the entrance of the hospital. This idea arose spontaneously during the farewell session for the nurses, suggested by a sister who wanted to share her joy in the music with the entire hospital.

In Pilot 2, the ensemble had prepared the following pieces

- Thank you for the music
- Für Elise
- Viva La Vida
- Kaiserwalzer
- Bint El Shalabiya

In the pilot projects 1 & 2, the wishes of the patients ranged from moods (something calm, music to fall asleep to, something pleasant, funny, joyful) to landscapes (sea, forest clearing, Tuscany, San Francisco, home), music styles/genres (something classical, something folkloric, fugue-Gothic-language-Bach), activities (skiing, EM soccer game, beach walk, something to dance to) to very different requests such as "blue schnitzel", "surprise me!", "music for my healing process" or "something good, as always". The wishes of the staff were also very diverse and ranged from "Alla Turca" and "Peter and the Wolf" to "something funny", "something to cheer me up" to "diving", "difficult descent from the mountain", "anger", "perplexity" and "holiday anticipation".

Swan on ward

The ritual at the beginning of each ProMiMiC day on the ward was the sounding walk through the entire ward corridor: The musicians walk slowly with their instruments, and bring their sounds all the way to the very last room around the corner of the aisle and slowly return to the heart of the ward – the lounge area open on all sides in front of the staff base. On the way back, the three instruments find more and more together to one joint sound and with a soft musical transition tune into a pre-arranged piece. On that day, the improvisation ends with the famous "Kaiser-Walzer" from Strauss which even inspired one of the nurses to dance.

An elderly patient, Gerda, who had been interested in the music the days before, but had not had the time so far due to treatments and doctor's visits, also joined in today. Nurse Ella will tell us later how important it was for Gerda to dress herself up especially to participate in the music. It was very important to her that her hair and costume fit properly. Together with Ella, Gerda listened attentively to the ensemble.

After the waltz, the elegant lady spontaneously wished for "something by Saint-Saens". The cello student Martin let The Swan from the "Carnival of the Animals" sound and the entire ensemble joined in improvising attentively upon the beautiful cello solo. The result was a rousing and expressive interpretation of The Swan. Several more caregivers also paused in passing to listen to the music.



2. RESULTS

Data shows following main thematic areas which were further analysed:

- HOSPITAL CONTEXT
- ROLE OF THE MEDIATOR
- ENCOUNTERING THE PATIENTS
- INTERACTION MUSICIANS/MUSIC THERAPISTS

The following subtopics are assigned to the topic area of **HOSPITAL CONTEXT**:

- Understanding the system
- Management of complexity
- Information
- Communication
- (little) Connection
- Trust (needs time)
- Disturbing vs Supporting the process of healing
- Need for interprofessional exchange with care staff

Bringing live music to seriously ill patients in hospital required overcoming various hurdles, including the pandemic and the complexities of navigating hospital systems and processes on the specific ward of radio-oncology.

Communication and information sharing were crucial to successfully implementing the ProMiMiC project. Therefore, the role of the mediator was key, as were her music therapy skills in building the initial bridge and developing a sense of connection between the musicians and the hospital staff.

Establishing this connection and trust took time and effort but was essential in creating a safe and supportive environment for artistic interventions. The musicians faced challenges in this regard, but were motivated by significant encounters that provided much-needed moments of joy and brief distractions for the busy staff, as well as comfort and connection for those in need.

During the live project weeks, the ProMiMiC team recognized the importance of not only involving hospital staff in the musical offerings by providing tailor-made music, but also keeping them informed about the musicians' experiences in their encounters with patients. By sharing daily reports that included stories about their interactions with patients and experiences on the ward, the musicians were able to communicate the potential benefits of music in supporting the healing process. In particular, the chief doctor and head of the care staff responded positively to the reports and were able to participate remotely in the visits, even when they could not be physically present.

In future hospital engagements, the interprofessional exchange between the staff and the ProMiMiC ensemble could be strengthened and potentially ritualized to ensure that the ProMiMiC concept aligns with the goals of the larger healthcare system and supports the needs of both patients and medical professionals.

The **ROLE AND TASKS OF THE MEDIATOR** were described in detail in the interim report and are only repeated here in key words:

- Key role in hybrid setting
- Professional background
- Main interface /Communication / PR
- „Portalsfrau“ (portal woman) for musicians entering a new field
- „Blitzableiter“ (lightning rod) – protective role
- Preparation & rounding up of the encounters with patients
- Coordination & Organisation of the elective course for students

The following sub-themes were identified in the topic area of **ENCOUNTERING THE PATIENTS:**

- Information
- Verbal interaction
- Connection
- Relationship
- Continuity
- Person-centred approach
- Social antenna
- Empathy / Compassion

In the encounters with patients a positive, sensitive and respectful interaction between musicians and patients was crucial in order to create an atmosphere of trust and support.

Information about the project and the ensemble's visits was primarily provided to patients through personal visits from the mediator, as well as through print materials such as posters and flyers, which served as initial sources of information. Additionally, for those interested in learning more, a project website was available.

Verbal communication between musicians and patients was primarily the first step towards establishing a connection with the patient and learning about their wishes and needs, to which the ensemble could then respond musically. The tailor-made music and person-centred approach helped to build a relationship beyond words.

Many patients could be visited by the ensemble on several days in a row - the continuity deepened the connection and the relationship considerably. Empathy and compassion, enabled the musicians to “read” the patient and their state of mind and mood, even when there could be little or no verbal communication. With their social antennae, the musicians and music therapists were able to respond appropriately to the needs of the patient and to the atmosphere and needs of the hospital environment.

At the end of our visit, the ensemble played for the staff. Since most of the staff members were busy, we decided to play again in the hallway, so that the nurses could also listen as they passed by. The music attracted the lady from the room who had requested "Frühling in Wien / Spring in Vienna" with her neighbor, and she danced happily to the ensemble's lively music. Afterwards, one of the nurses remarked, "It immediately brings a different mood to the ward!" (Daily Report for the staff, Pilot 1, day 4)

The topic of **INTERACTION BETWEEN MUSICIANS AND MUSIC THERAPISTS** is the one that addresses interprofessionalism. It contains the following aspects:

- Communication / Joint reflection
- Intention/motivation
- Artistic excellence
- Co-Creation
- Professional expertise
- Interprofessional learning
- Ensemble identity / collaboration
- Leadership/joint responsibility
- Empathy /social antenna

Communication and joint reflection are fundamental aspects of interprofessional collaboration between musicians and music therapists. It allowed both parties to share their expertise and perspectives, and to work together towards common goals. To clarify the intentions and motivations of all involved are also important, so common objectives can be developed together.

Working together towards artistic excellence as an ensemble is another key element of interprofessional collaboration. This involves applying the highest level of musical expertise to every encounter with patients and staff. Giving each other feedback about the music in a trusting and constructive atmosphere was the common spirit of the mixed ensemble.

Co-creation and developing shared ideas and approaches within the ensemble were key to achieve the desired quality of the musical encounters.

Ensemble identity and collaboration are essential for creating a shared sense of purpose and community among the team. This involves working together to create a supportive and collaborative environment in which everyone can contribute their skills and expertise from their different professional fields. Still, instrumental education on high level was the common and connecting ground of the musical collaboration in an ProMiMiC ensemble.

Leadership and joint responsibility are further important aspects of the interprofessional collaboration between musicians and music therapists. These involve taking responsibility for one's own role in the team and being accountable for the outcomes of the collaborative process.

Finally, empathy and a well-tuned social antenna are essential for “reading”, understanding and responding to the needs of patients, as well as for building a strong team amongst each other, with openness for “the different” and joy in learning-by-doing together.

This is about a quasi-compositional sensitivity, i.e. a sense of form, hearing, and a collective desire to develop and create. (...) Here in person-centred improvisation, we are focused on one person with a group of three. It is clear that the three of us should almost act as ONE musical being - then truly ONE sound body communicates with the patient. (Musician 2, Lab 2, day 3)



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2.1. Curriculum Development: Music on the ward

As part of the research of ProMiMiC, an elective subject was developed and established in teaching at the mdw: students of performance studies and music therapy are prepared in one semester in a small group of max. 5 students for a four-day project week in the hospital, which they then carry out together with the teacher, who is a ProMiMiC musician himself, and with the mediator, who is a music therapist.

During the ProMiMiC project, 5 students were prepared and trained for the project week in September 2022 (Pilot 2) in a pilot semester (summer term 2022). At the end of the term, three students could attend the ProMiMiC project in September 2022.

From the current summer term 2023 onwards, the elective course "Music on the ward – person-centred music-making in the hospital" will be permanently anchored in the mdw curricula. A subject that corresponds to the concept of practice and research-led teaching that educational institutions promote today: due to the social and cultural upheavals of today, the professional profile of musicians is also in constant development. Subjects such as "Music on the ward" already convey social commitment during training, broaden awareness of one's own role as a musician and contribute significantly to the university's new "out-reach" concepts. Two voices of the students show the meaning it had for them:

I am convinced that in this intimate setting you can move anyone with music, even if it is the first time for them. This experience [with a patient who, it seemed, had never experienced classical music] was the best for me so far, because I could experience the pure enthusiasm for music from his eyes. It brought me back to my childhood and to why I chose music in the first place. (...) And since that day, I experience music differently again and with more admiration. (Student, performance studies, group discussion)

I am very grateful, happy and moved to be part of the project. Today I felt so much encouragement and future. It is so rewarding, so enriching on many levels, so humanly precious, what is possible with this offer "Music on the Ward". (Student, music therapy, reflective journal)

2.1.1. Out of the box into the real life

The entire ProMiMiC project, especially the project week on the ward, had strong effects on the students. The encounters with the patients, which they were already able to carry out independently from the third day onwards, with the professionals only in the background, triggered emotions that could be intense and even sometimes overwhelming. The positive reactions of the patients and the staff, on the other hand, greatly strengthened and encouraged them, and being firmly anchored as musicians in the ensemble also gave them support and confidence - so that after only four days in the hospital they showed great interest in wanting to carry out such projects in the future as well. The challenge turned out to be being with the patient, playing in a person-centred way and at the same time being with yourself and the ensemble.

The participating performance musicians have gained the following skills:

- A sense of patient contact
- Music therapy techniques of group dynamics and team building
- Feeling supported by structures (who needs what, what is needed for all)
- Shaping the beginning on the ward (rituals, silence, stillness)
- Self-care

The music therapy student has seen in the offer a potential to learn and also apply professionally a valuable practice that fulfils her personally. Through ProMiMiC she got more in touch with her own musician identity again. She emphasised the resonance in the encounters with the patients and with the staff, but also with some other people in the hospital with whom she spoke about the offer. She saw the interprofessional cooperation as essential, especially in the support on a musical level.

Both the students and the professionals were engaged in the joint artistic offer in Pilot 2, which now also included some prepared pieces that were presented in the encounters with both the patients and the staff. Whether an encounter was considered particularly meaningful or successful – in the sense that resonance could emerge – did not seem to depend on whether free improvisation or repertoire was played. It was much more based on the "person-centredness", as the following example shows:

Humoresque

For the young music therapist, arranging a piece overnight, which an older patient mentioned in conversation with the musicians, this was "actually the most person-centred" encounter. This particular encounter is described below:

The elderly man in a wheelchair, Thomas, and his personal 24-hour carer, Bogdan, who did not leave his patient's side, and whose particularly close bond was noticeable from the very first encounter, were visited by the musicians on four days in a row. This project week also included students who had been prepared over a few months for this particular practice at the music university.

On the first day, the obviously educated and classically interested Thomas had mentioned Dvorak's "Humoresque", a piece he particularly liked. As it turned out, that piece also had a special meaning for the young violinist of the ensemble, Rosie. Thomas' wish and the thought of the Humoresque did not leave Rosie's mind even in the evening at home - overnight she spontaneously arranged the piece for the ensemble. Each musician learned her part by heart, sent to them via WhatsApp by Rosie the next morning.

The student ensemble met earlier in the preparation room in the hospital to rehearse together - less than 24 hours later the wish could be fulfilled and the piece could be played to the visibly moved Thomas and his companion. They were both very grateful for this special musical gift.

Another piece played for Thomas was "Für Elise" - a piece that the students already had in their luggage and performed from memory for the two gentlemen with flute, cello and violin. Afterwards, Thomas tearfully thanked the trio for playing a piece of his favourite composer Beethoven for him. Later on he said that he had an "uncertain future": "Every hour you play for me could be my last".

And this is how the student herself describes her special experience with the patient who wished for the piece "Humoresque":

"When I put the protocol aside, I listened to Humoresque by Dvorak on YouTube (...). I knew the piece (played it as a teenager) but only remembered the melody at the beginning of the piece. When I heard [it], the very clear idea awoke in me that I would like to bring the piece to the patient who had wished for this music. What a beautiful musical request, I thought, and what beautiful and intense music. So I sat down and began to arrange the piece for melody and bass instrument. I was there with energy, desire and joy. I sat at the piano until well after midnight and wrote down the bass part. It was a very personal wish for me to make this musical gift." (Student, music therapy, reflective journal)

2.1.2. Students` Perspective

The students reflected which fellow students could visit this offer and defined the following, from their point of view, decisive factors that ProMiMiC is about:

- Power of music
- Social antenna
- Ability to shape encounters
- Ability to relate & engage
- Attention / awareness of the surrounding
- Bridge / Closeness to the audience

The students saw the ability to improvise and familiarity with the main instrument as well as social antenna as prerequisites for being a ProMiMiC musician. They emphasised the importance of such practices as ProMiMiC, in which one learns skills that one cannot learn in any course. Above all, the ability to develop a sensor for your counterpart, whether you reach him/her with your playing, is transferable to concerts in more traditional settings (transfer effects for stage performances). With formats like ProMiMiC, you can already leave your "bubble" during your studies and test yourself in "real life" and dare to step out of the (study) box into real life.

The following requirements were mentioned as key for the teaching staff:

- Guidance (especially at the beginning of a day on the ward).
- Musical support
- Role model function in leading conversations

Pilot 2 gave rise to an elective whose requirements, learning objectives, teaching methods and assessments are summarised below.



2.1.3. Concept and content of the elective

The elective is aimed at students from the fields of instrumental studies and music therapy who have previous experience in (free) improvisation. Further requirements are:

- high instrumental ability
- motivation to learn and play by heart
- interest and willingness to work on simple arrangements of well-known pieces
- social and communicative skills (especially empathy, social antenna)
- excellent language skills in German and English

Learning objectives include the development of:

- Context awareness and social skills for working in a hospital setting.
- competences in interprofessional collaboration in the ensemble
- competences in person-centred music making and arranging
- Communication, leadership and facilitation skills
- Reflection skills and awareness of one's own artistic and professional identity

The teaching methods and content of the subject included:

- Theoretical introduction
- Improvisation training
- Conversation skills
- Arrangement exercises
- Interprofessional exchange
- Verbal and written reflection
- Excursion: Project days in a hospital

Students will be assessed according to the following criteria:

- Artistic excellence
- Working attitude
- Commitment
- Adherence to the framework conditions
- Willingness to reflect

2.1.4. ProMiMiC vs. Music therapy: What`s the difference?

For the course material for the elective with the students in Pilot 2, the differences and similarities between ProMiMiC and Music therapy were explicitly elaborated by the teachers:

ProMiMiC provides a "concert-style" artistic concept that is specifically adapted for a clinical setting. It emphasizes person-centred improvisation and playing/performing as an ensemble, rather than one-to-one therapy sessions. Additionally, ProMiMiC offer is also directed at the hospital staff.

In contrast, music therapy requires a medical referral or treatment plan and focuses on developing a therapeutic relationship with the patient. Music therapy sessions are conducted in defined settings, either one-on-one or in groups, with specific therapeutic goals in mind.

Despite their differences, both ProMiMiC and music therapy aim to improve the emotional well-being of patients by addressing their healthy resources, enhancing their current emotional state, and supporting their mental health.



2.2. RESEARCH QUESTIONS

2.2.1. Interprofessionality

How can musicians and music therapists employ effective personalised live music for patients in the hospital context and how can the approach and the practice of musicians and music therapists be complementary?

For a successful application of person-centred live music for patients in a hospital setting by a mixed ensemble of musicians and music therapists against the background of the theory of community of practice (Lave & Wenger, 1991) the following aspects have been worked out in the ProMiMiC project:

1. Artistic expertise (musicians) PLUS context expertise (music therapists)
2. All persons have excellent musical skills
3. Performance-centred approach PLUS patient-centred approach
4. Non-verbal (Musicians) PLUS verbal communication (MuTh) with audience / patients

5. Shared intention to encounter patient: unique artistic connection vs. therapeutic mission
6. Professional experience in improvisation
7. Creating / sharing supportive rituals for the context
8. Shared leadership

Becoming familiar with the hospital setting, in which the music therapists are experts, as the hospital is part of their usual professional environment (1). The performing musicians, on the other hand, entered this new field – in the sense of Bourdieu (1998) – as novices/newcomers, even though one of them had minimal previous experience of making music in a hospital context. From the first participation in lab 1 through the experiences of the three project weeks, their belonging within the team grew in the common task in the hospital and their professional identity expanded.

The unique, in most cases one-time encounter with the patient needed a different approach than the continuity of treatments (2) that music therapists experience with patients in their profession. Unfamiliar to the music therapists in the ProMiMiC setting, on the other hand, was the barely existing knowledge about the patients; the ensemble met the patient here as an unknown person – which corresponds much more to the status of an anonymous concert-audience (3). In ProMiMiC, however, the short preparatory conversation is part of the person-centred approach – musician and patient get to know each other a little before person-centred music is played. In ProMiMiC there is then a connection with and through music – which is a fundamentally different goal than treating a patient with a therapeutic mandate, as is the core in music therapy (4).

The role of music also differs significantly in the two professions: For musicians-performers music is in focus, whereas in music therapy it functions as a means of building a relationship with the patient, the basis of therapeutic action. The ProMiMiC ensemble came together here with a common intention and created music from the moment, the patient's input and the togetherness of all participants. ProMiMiC is therefore about co-creation as the fruit of interprofessional collaboration (5).

The music that the Viennese ensemble defined as the most appropriate in this context and in this constellation was person-centred free improvisation - in music therapy, free improvisation is part of the basic craft, for the musicians involved it is also an art with which they have identified for decades on stage and also as educators. In this collaboration, the mastery of improvisation was one of the decisive prerequisites for the excellence of the ProMiMiC offer – in addition to the instrumental and artistic excellence of all ensemble members (6). With the students joining the ProMiMiC team in Pilot 2, the artistic core of improvisation was broadened to include both well-prepared repertoire on one hand and spontaneous arrangements on the other.

The ensemble members also complemented each other in their interaction with the patients – for music therapists, responding to the patients and conducting professional conversations are part of the main core of the profession. Nowadays it is more and more common for musicians to also interact verbally with their audience – but as close and direct as the case in the ProMiMiC setting, from musicians it required a development process and learning in the situations (7) (situative learning).

In the moment of the encounter with the patients, however, the procedure used in the specific situation was negotiated among themselves within seconds – who speaks, who greets, who takes over if necessary, who starts playing what and how. These decisions could only be roughly discussed in advance, and emerged during the encounter with the patient from the situation at hand, from doing and in doing.

Here one sees Donald Schön's (1994) concept of the reflexive musician and reflection in action embodied. In which each of the participants felt responsible not only for themselves but for the whole and was there in total presence, these encounters could succeed, carried by a shared leadership (8.). The trio of three different people with different professional backgrounds and experiences could thus become an entity with a common identity as an ensemble.

The 'Tuscany woman'

The first patient we meet in the project is Clara, the "Tuscany woman" for the musicians, according to one of her musical wishes. A few days before the start of the first Lab the trio meets her via Zoom.

Clara wishes for "something cheerful" and is visibly enjoying the performance. Afterwards there is a lot of laughter together and undisturbed positive energy can flow between the musicians and her.

During the second meeting, there is already a noticeable relationship of trust – musicians and patient ask each other questions about their lives, and feel more and more familiar with each other, despite the unusual setting. Clara`s musical wish now is "something Tuscan", her former homeland. She talks about "the lightness of the Italians" and the beautiful landscape there.

Bassoonist Anna later writes about the Tuscan improvisation: "The sounds were so beautiful and I had goosebumps during the music. I was able to really engage and feel my heart space."

On the next day Clara mentions that she told many friends that she "got such a private concert here" and that "everyone was very enthusiastic about the idea." "I think this offering is really meaningful" she tells the musicians, and later even confides to Elisabeth, the mediator at her bedside, that she generally doesn't like to talk about her suffering. And with the music she now got something very special to share.

After the last improvisation Clara observes, that "you obviously enjoy giving joy to others." She expresses her resonance: „This empathy with your audience – I find that so great. That is what I felt here“

2.2.2. Artistic and situative excellence

How can the *interprofessionality* in the context of the hospital ward for radiation oncology *increase the artistic and situative excellence* of musicians and music therapists?

Data shows that *the artistic and situative excellence of musicians and music therapists increase by:*

- Rehearsing and negotiating the joint artistic approach as an ensemble
- Preparation as a team: beforehand and on site
- Reflection: supervision, as group, reflective journals, reflection in action (Schön)
- Acquiring ensemble repertoire (if wanted by the ensemble)
- Artistic flexibility: improvisation, arrangement, interpretation
- Assigning the roles
- Key role of mediator, especially in the hybrid project
- Building trust, staying flexible, relying on professional skills & intuition
- Developing ensemble identity (shared/interprofessional)
- Contact with the ward staff

The paradise garden

The agitated older patient Margarete tells Elisabeth, the mediator who is preparing Margarete for the meeting with the musicians via zoom, about her beautiful garden, which she misses very much - she describes this place, which is obviously very meaningful to her, as an oasis of well-being and as a paradise. In conversation with the musicians, she then enthuses about the pure nature there - about the trees, shrubs and the robins and titmice that often visit her garden. Before the musicians play, Margarete asks them if they will accept the challenge of performing her garden.

The ensemble then plays a piece with lots of trills and birdsong sounds, rather excited and colorful with only a few melodious motifs in it – a vivid, cheerful improvisation.

After that, Margarete asks, “Can you take the truth? You would have chased the birds away! Part of the piece hit my soul, but not my garden. It was too provocative!” Music therapist Marta asks for a second chance and Margarete laughingly agrees. In the second improvisation, the musicians try to play soft and calm music, which reflects more the part of the garden, which Margarete describes as “my idyll, my paradise.”

They create a tonal, grounding piece in F major with only few alternating chords and a long ebbing final chord. After just a few bars, Margarete whispers to Elisabeth, the mediator, who is still sitting at her bedside, “Now they've got it!” After the musicians have said goodbye and the screens turns black, Margarete reports in the personal conversation with Elisabeth that she was able to see her garden during the second piece and that the piece still resonates within her.



3. PROMIMIC VIENNA THEORY

Even though many components were predetermined by MiMiC practice and research, a setting of its own developed in ProMiMiC Vienna due to its own question and the mixture of the ensembles of musicians and music therapists. What was surprising was the compatibility, the good fit of the two professions, the decisive role of the mediator and the rapid development of the identity of all participants as *ProMiMiC musicians*.

The most important aspects were the high level of professionalism and artistic excellence of all participants as a prerequisite; furthermore, mutual trust, which was formed and strengthened through precise preparation and rehearsal time, lively exchange and the joint development of rituals; empathy and the so-called "social antenna" were identified as a personal condition, *condition data*, as well as a high level of personal reflexivity and the willingness to reflect on the common and new practice as an ensemble and as a team in various settings and constellations.

The artistic identity process of the individual musicians or music therapists to form a ProMiMiC ensemble entity could be observed in the musical negotiation processes, whereby the common artistic approach first had to be found. The aim was to work out what it means for the ensemble to make music in a person-centred way. In the first three project weeks (Labs), the artistic focus was on free improvisation, but in the course of the two pilots and especially in the last project phase (Pilot 2), in which students were involved, the concept took on a new meaning:

In the first labs, it was still very important to practise free improvisation, to develop it together and to find the appropriate verbal expression to explain and present this musical speciality to the patients and the staff. The image from which the ensemble consciously wanted to distance itself was that of a "juke-box".

The ensemble developed their own approach for addressing the patients' requests for specific and concrete musical pieces. These requests were taken up and explored in the conversation with the patient, by encouraging her to describe the moods or images evoked by the music. These descriptions were then given an artistic "translation" or free interpretation which ensemble could identify with.

In Pilot 2, the students had already brought some pieces from their elective course preparing the pilot, which they had arranged together and learned by heart for the project. Also, the daily welcome ritual of free improvisation at the hallway of the ward that emerged in the course of the live project weeks (Lab 3, Pilot 1+2) ended in previously prepared familiar pieces of music from different genres.

A further expansion and artistic development resulted from a special encounter of the students with a patient who mentioned a certain classical piece that was meaningful to him and for whom this piece was then arranged overnight by a young music therapist, rehearsed by the students and played to the patient the next day. Person-centred free improvisation developed into person-centred music-making, which includes many other areas of music.

The different areas of expertise in the ProMiMiC Vienna setting with musicians and music therapists complemented each other and opened up new scope for the other field. The interprofessionality promoted learning and development processes fastly and at the same time deeply, and it also facilitated personal and professional identity expansion.

The musicians and music therapists involved, as well as the students of both disciplines, were enriched by valuable, meaningful experiences in ProMiMiC and motivated to follow their call for social engagement at the interface between art and health. For this, they are willing to temporarily leave the stage boards or therapeutic treatment rooms and exchange them for personally and

aesthetically meaningful, jointly designed encounters with the patients at the bedside. For here in the hospital, a personal artistic experience of the highest level in the form of meaningful, shared moments can promote the well-being of people who are having a hard time right now and caregivers who are caring for them.

On one hand, the closeness to their audience (= patients) in ProMiMiC is appealing to musicians-performers, just as on the other hand the distance to the patient as a person to be treated, is appealing to music therapists - both together, and through their music, in ProMiMiC can give people a little of what they long for. Being able to do this has moved and motivated both the musicians and the music therapists throughout the project.

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Announcement of the final symposium of the research project ProMiMiC mdw / VIENNA

4. CONCLUSIO: WHAT IS PROFESSIONAL EXCELLENCE IN PROMIMIC?

4.1. Artistic & situational excellence

ProMiMiC has succeeded in bringing a new kind of live performance to hospitals and contributing to the well-being of patients. What is new about it is above all the tailor-made, spontaneous, person-centred offer, with highest artistic standards. A trio freely creates and performs, in the moment, images, moods or wishes that arise during the conversation with patients or staff. The offer is based on high quality artistic and musical skills: the offer ranges from arranging to interpreting to free music making, in a variety of genres that originate from the backgrounds of the musicians and patients, always executed with the highest possible standards. One pillar of the offer is thus the **artistic excellence** of the ensemble.

Another pillar is the **situational excellence** demonstrated by the ensemble in every single encounter in the unfamiliar setting of a hospital: The moment-by-moment and under all circumstances contact with the patients, the response to the patients' sensitivities, wishes and possibilities and the emotional and personal openness of the musicians and music therapists created a connection and relationship within a few minutes - they sought and found common ground, laughed, cried, shared touching moments of joy and sadness - for a moment, music opened the doors to each other, built bridges and connected beyond language. In the hospital setting, situational excellence contributed equally to the success of the encounters, which were considered successful when the musicians found them both artistically and personally meaningful.

In the encounters with the patients, the sense of meaningfulness was always clearly perceptible through the personal closeness from the very first encounter with the first patient, at that time still via zoom and in the form of a "dress rehearsal". Everybody involved could feel and later reflect upon it. In the exchange with the staff, who are daily challenged and stressed by the demands of their intensive care ward, the bridge only grew in the course of the project weeks. For a long time, playing for the staff in the live project weeks was one of the special challenges for the ensemble - it challenged them both artistically and situationally far more than the encounters with the patients.

Because keeping calm and being able to open up and be creative, despite the hectic pace that was always present in and around the staff room, and wanting to reach people who hardly had the time in their routines to pause and listen - these were challenges that neither the musicians nor the music therapists were prepared for from their usual professional activities. Challenges that cannot be trained before.

New skills had to be learned here - in the sense of the concepts of social learning (Wenger, 1998) and reflection-in-action (D. Schön, 1983, 1987). In the encounters with the staff, the ensemble always had to decide anew and freshly whether to play at all (can anyone listen at all?), where to play (inside in one of the two adjoining nurses' rooms or outside in the corridor if it was too hectic and crowded inside), whether to continue playing and if so - how to continue playing in order to give a musical gift to those who were attentive despite everything.

4.2. Interprofessionality between ensemble and staff

Here, the interprofessional learning of the ensemble also included learning from the feedback of the nursing staff. The encounters were perceived as particularly bonding when not only their own wishes were fulfilled musically: It was equally important for the nursing team to briefly learn what happened between the ensemble and the patients. The sharing of what was good for the patients in the musical sessions led to moments of equality between the staff and the ProMiMiC team - connected by caring for the well-being of the patients.

From procedures that at the beginning seemed almost mechanical (the musical interventions for the staff were part of the offer from the beginning), human encounters became possible even at the hectic base. For both sides, especially in Pilot 2, the shared moments of exchange and music were now significant. It was no longer a "compulsory programme", but an essential need: beyond the linguistic explanations and verbal communication, the meaning and significance of the offer could be revealed to the nursing staff through their own musical experience.

This is the most important potential for development for the future of the ProMiMiC offer in health care facilities - the exchange with the staff, as an integral, essential part for the success of the whole. A connection with a head nurse or any person from the staff who not only opens the doors and let the musicians enter the ward (and a new field, thinking about it more conceptually), but also takes on a kind of "agency" for the project on the ward on the side of the care staff, similar to the role of the mediator on the side of the musicians, could further increase the quality and deepen the significance for the entire ward.

4.3. The meaning of a meaningful offer

For the musicians and the music therapists, the project was significant in that they themselves felt that what they were doing and what they have learnt by "doing ProMiMiC" was meaningful – the musical realisation of the patients' wishes, in which they had to involve themselves both artistically and personally. Thus the project was also about their own authenticity, and the honest personal examination of their own actions – what does music mean to me? What or who do I want to reach with my music? As an ensemble, these questions were omnipresent from day one and all participants got deeply involved in the search for common answers. The result was joint-creation, collaboration and shared responsibility, for every moment they created together in the hospital.

4.4. ProMiMiC: Vision for "new work"

It was meaningful for all to find "new work" (Gaunt et al., 2021, p.8) in ProMiMiC: a professional environment in which they can bring their creativity, musicality, empathy, social antenna, personality and social responsibility – and to provide all this in the context of an international research study that can advance the development of "new work" for musicians, while training the next generation of musicians in these qualities through enquiry-based teaching. New work for new musicians, connecting their artistic visions and identities with engagement in society and thus strengthening art for social purpose.

“It has revealed dimensions and possibilities that could perhaps play a role in the future: both patients and caregivers have responded unexpectedly strongly and positively to the musical events. Human attention, communication, and moments of reflection have apparently enriched the time of both patients and staff alike.” (Prof. Dr. Joachim Widder, Chief Doctor of the ward and Head of the Department for Radiation Oncology)



References

- Alheit, P. (1993). Transitorische Bildungsprozesse: Das „biographische Paradigma“ in der Weiterbildung. In: Mader (1993): 343-418 Google Scholar.
- Bohnsack, R., Przyborski, A & Schäffer, B. (Hrsg.) (2006). Das Gruppendiskussionsverfahren in der Forschungspraxis. Opladen: Barbara Budrich.
- Bourdieu, P. (1998). Practical reason: On the theory of action. Stanford University Press.
- Gaunt H., Rink, J., Williamon A. (2017). Musicians in the Making: Pathways to creative performance. Oxford University Press.
- Gaunt H, Duffy C, Coric A, González Delgado IR, Messas L, Pryimenko O and Sveidahl H (2021). Musicians as “Makers in Society”: A Conceptual Foundation for Contemporary Professional Higher Music Education. *Front. Psychol.* 12:713648. doi: 10.3389/fpsyg.2021.713648
<https://www.frontiersin.org/articles/10.3389/fpsyg.2021.713648/full#B120>
- Kawulich, B. B. (2005). Participant Observation as a Data Collection Method. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 6(2), Art. 43.
<http://nbnresolving.de/urn:nbn:de:0114-fqs0502430>
- Lave, J. and Wenger, E. (1991). Situated Learning: legitimate peripheral participation. Cambridge, USA: Cambridge University Press.
- Meuser & Nagel (2006). Das explorative ExpertInneninterview. Modifikation und konkrete Umsetzung der Auswertung von ExpertInneninterviews nach Meuser/Nagel. Publisher: Dietz
<http://dx.doi.org/10.14279/depositonce-4745>
- Mey, G. & Mruck, K. (2010). Grounded-Theory-Methodologie. In G. Mey & K. Mruck (Hrsg.), *Handbuch Qualitative Forschung in der Psychologie* (S. 614–626). Wiesbaden: VS Verlag für Sozialwissenschaften. https://doi.org/10.1007/978-3-531-92052-8_43
- Schön, D. (1984). The Reflective Practitioner: How professionals think in action. Basic Books.
- Smilde, R., Heineman, E., de Wit, K., Dons, K. and Alheit, P. (2019). If Music be the Food of Love, Play On - Meaningful Music in Health Care. Utrecht: Eburon.
- Strauss, A. L. & Corbin, J. M. (1996). Grounded Theory: Grundlagen qualitativer Sozialforschung (Unveränd. Nachdr. der letzten Aufl). Weinheim: Beltz.
- Wenger, E. (1998). Communities of Practice, Learning, Meaning and Identity. Cambridge, USA: Cambridge University Press.