

Compassionate Community Case Study

From the Heart – Creative Art Legacy Program

White Rock, BC

What you need to know	
Organization	Peace Arch Hospice Society
Website	https://www.peacearchhospice.org/
Contact information	Andrew Collins, MD - andrew.collins@fraserhealth.ca
Target Audience	<ul style="list-style-type: none"> • Those wishing to express or leave a simple legacy • Those who will be left behind who want a tangible legacy of their loved one
Goals	Creating a legacy of small tangible objects and artwork for loved ones – using modelling clay for thumbprints turned into bracelets, key chains, necklaces; recording stories using RecordMeNow.com; paintings; drawings; hug blankets, and other media
A story to share	<ul style="list-style-type: none"> • Counsellor who was not an artist was terrified of leading the process with palliative care clients but did it. She started with clay which she burnt in the oven. She persisted, doing it again, and then did 30 thumbprints for 30 residents. • Parents who found it difficult to communicate with each other through the rapid demise of their son were brought together through the gift of the artwork.
Needs/Rationale	<ul style="list-style-type: none"> • Started with a 23-year-old patient with terminal brain cancer who declined quickly • Dr. Collins helped patient to make thumbprints in clay and presented them as gifts to the parents (key chain for Dad and necklace for Mom) • The gifts were so well received that the concept snowballed into a broader arts legacy program
Outcomes/Results	<ul style="list-style-type: none"> • Beautiful simple legacies – e.g. keychains, bracelets, artworks, recordings of stories – received by loved ones • Patients feel better having told their stories (RecordMeNow.com) or expressed themselves artistically
Cost to Participants	<ul style="list-style-type: none"> • Free

<p>What is needed to initiate a similar activity?</p>	<ul style="list-style-type: none"> • Art supplies (started with clay that makes 12 keychains and can be fired in a regular oven; \$2.50 at local art supply store) • Volunteers and volunteer coordinator • Social worker support or other trained support (if something goes wrong or the process causes distress [NOTE: this has rarely happened]) • Some training (program description, manual, materials and workshops are developed) • Cooperation with hospice and/or hospital
<p>Existing Toolkit/Resources</p>	<p>Please note: all resource materials require approval of Dr. Collins before use.</p> <ul style="list-style-type: none"> • Program Brochure • Manual – Creative Art Legacy Project Book • Consent form for using and publishing photos and patient artwork • Program surveys for patients, recipients, and volunteers to complete • Article by Dr. Collins published in American Journal of Hospice and Palliative Medicine (Volume 36, 2019) <i>“It’s very humbling”: The Effect Experienced by Those Who Facilitate a Legacy Project Session Within Palliative Care</i> • Descriptive PowerPoint slides
<p>Evaluation/Progress</p>	<ul style="list-style-type: none"> • Dr. Collins now does four-hour workshops around Fraser Health for frontline staff, hospice, volunteer program coordinators, nurses (150 trained so far); resource materials developed • Fraser Health supportive in developing the brochure and legacy manual
<p>Challenges/obstacles</p>	<p>Challenge: people are often hesitant or say no – common statement – “I’m not ready today”; “I don’t do arts and crafts” – yet embrace it once started</p> <p>We addressed this challenge by: offering the opportunity 3-4 times. People are grateful for having done it</p> <p>(NOTE: “Patients often lose the ability to say no in the system, so saying no is empowering” - Dr. Collins)</p>
<p>Learnings/Surprises</p>	<ul style="list-style-type: none"> • “People aren’t afraid of dying so much as being forgotten” - Andrew Collins, MD • “Has had a much bigger impact than meds” - Andrew Collins • Some people think it’s morbid but then want the object created • Everyone is a storyteller – shared RecordMeNow.com recording from a patient with Fraser Health – unexpectedly received funding to work in other areas of Fraser Health for ½ time visual artist (with two more, possibly)

Recommendations

- 'Legacy' can be a loaded word. Can call it Mother's Day or Christmas gift
- Start small, possibly thumb or handprints (\$2.50 of clay makes 12 thumbprints)
- Can literally be done by a high school student; however, social worker on standby if anything comes up
- Ask who artwork is for – important in case patient cannot communicate or dies

Fall 2019

Peace Arch Hospice Society

CONTRACT FOR USING PATIENT ARTWORK

Artist Contract

I, _____ agree to allow
_____ to use and/or display and/or photograph my
artwork/my child's artwork for the following purpose(s):

- _____ exhibition
- _____ publication in a professional journal
- _____ presentation at professional conferences
- _____ consultation with other professionals
- _____ educational purposes

I do/do not wish to remain anonymous.

Artist name: _____

Signed: _____ Date

Parent or legal guardian: _____ Date

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Staff Contract

I _____ agree to the following conditions in connection with the
use of artwork by _____.

- I agree to safeguard your artwork to the best of my ability and notify you immediately of any loss or damage while your artwork is in my possession
- I agree to provide an appropriate format for presentation if I exhibit your artwork, and to bear other costs related to the exhibition
- I agree to return your artwork immediately if you decide to withdraw your consent.
- I agree to safeguard your confidentiality, using identifying information only where appropriate and with your approval.

Signed: _____ Date: _____

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Patient Survey

Location Artwork Completed: <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> Community / Home	Patient Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Patient Age: _____ Patient Ethnicity: _____
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Medical Diagnosis: <input type="checkbox"/> Cancer: <input type="checkbox"/> Brain <input type="checkbox"/> Kidney <input type="checkbox"/> Lung <input type="checkbox"/> Prostate <input type="checkbox"/> Breast <input type="checkbox"/> Skin <input type="checkbox"/> Colon <input type="checkbox"/> Other (Specify: _____) <input type="checkbox"/> Non-Cancer: (Specify: _____)
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Level of Education: <input type="checkbox"/> Some high-school (no diploma) <input type="checkbox"/> High-school <input type="checkbox"/> Some college / university (no diploma) <input type="checkbox"/> College / university	Marital Status: <input type="checkbox"/> Single never married <input type="checkbox"/> Married / Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced / Separated
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Do you consider yourself to be spiritual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any religious affiliations? <input type="checkbox"/> Yes (Specify: _____) <input type="checkbox"/> No
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Who will receive this project? <input type="checkbox"/> Family Member: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	<input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I was satisfied with this program?					
I found a benefit from participating?					
I found this project physically demanding?					
I found this project emotionally demanding?					
I would recommend this program?					

Can you tell us why you chose to participate in this program?
Did this legacy project provide you with a meaningful experience?
Any suggestions for further improvement in this program?
Any final thoughts you would like to share?

Thank you for your participation and feedback, we really appreciate your help!

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Recipient Survey

Can you tell us how it felt to receive the completed legacy project?
Was this experience meaningful? Explain if it had a positive or negative impact on you.
Any suggestions for further improvement in this program?
Any final thoughts you would like to share?

Thank you for your participation and feedback, we really appreciate your help!

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Volunteer Survey

Location Legacy Work Completed: <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> Community / Home	Volunteer Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> < 40 years <input type="checkbox"/> 41 – 50 years <input type="checkbox"/> 51 – 60 years <input type="checkbox"/> 61 – 70 years <input type="checkbox"/> 71 – 80 years <input type="checkbox"/> > 81 years
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Can you tell us why you chose to participate in this program?

Did this program provide you with a meaningful experience?

Any suggestions for further improvement in this program?

Did you encounter any logistical, environmental or equipment issues? Please explain.

Any final thoughts you would like to share?

Thank you for your participation and feedback, we really appreciate your help!