

Report: Phish and ChYpPS

Aims

The primary aim of this project was to trial Museum In A Box [MIAB] as a means of improving the wellbeing of patients receiving treatment in the Dialysis Unit [DU] at Addenbrookes Hospital, and to introduce MIAB as an entertaining and engaging form of ed-tech to the users of the Cambridge City Council scheme, Children and Young People's Participation Service (ChYpPS). Secondary aims were to evaluate the effectiveness of Museum in a Box in previously un-tested scenarios (i.e. clinical settings and outdoor play-days) and build on existing relationships between the Fitzwilliam Museum and the Dialysis Unit/ChYpPS. In the evaluation stages, our aims were to deliver a best-practice workshop for members of the UCM who were interested in using this technology as part of their outreach deliveries.

Collaborations

In our work with the Dialysis Unit, we collaborated with Jacqui Strawbridge and Ruth Clarke, Access Officers based in the Education and Learning team at the Fitzwilliam. Our liaison for the hospital was Gill Chumleigh, Head Counsellor for the Dialysis Unit. We were also assisted by members of Visitor Services at the Museum, who provided recorded copy of museum objects as we expanded the MIAB Collections used for delivery.

Due to extensive previous experience, Jacqui and Ruth provided invaluable insights into the most effective delivery methods for arts programmes in the DU. These included:

- Adjusting delivery to account for access issues such as impaired vision and hearing, as well as patients undergoing treatment being unable to use their right arms.
- Types of handling collections preferred by different patients (French landscapes, armour, Egyptian artefacts) gleaned from feedback on previous delivery sessions.
- Details of psychological support provided for the delivery team, in-house.

Both Ruth and Jacqui also observed and evaluated each session, using a framework adapted from the UCL Museum Wellbeing Measures Toolkit. This involved assessing each interaction under adjectives, measured on a scale of 1-5, with 5 being the highest rating (e.g. 'Interested', 'Curious', 'Comfortable' etc).

Gill Chumleigh met with us at the beginning of two of the delivery sessions (4/7; 8/8), and at the end of one further session. Her role was two-fold: to address any concerns we had ahead of delivery, and to provide us with her observations of the patients who would be on the ward at the time of delivery. The aim was to protect our wellbeing and interests, as well as those of the patients, and to maximize the possibility for useful data by informing us who might be most receptive that day. She was also careful to inform us if any patient was feeling particularly unwell or who had expressed any concerns/disinterest in the delivery. Gill was also instrumental in introducing us and the project to the Staff of the unit. She was also helpful in informing us of the internal NHS regulations which prevented some of the original project plans from being

implemented (details below).

At CHYPPS, we collaborated with Holly Morrison of the Education and Learning Team, as well as Karen Thomas, Community Officer at Kettle's Yard Art Gallery and Museum. Their expertise on the practicalities of Playdaze deliveries, and the needs/concerns of the children the scheme is aimed at, were important in shaping the delivery. For instance, the information that a great many of the children at CHYPPS are pupil premium and receive free school meals meant that we pivoted from using material from Feast & Fast Exhibition, and instead moved towards a more 'neutral' selection of objects. These included toy characters from recent childrens' films, as well as animals and figures related to the school curriculum (e.g. Zeus, and Henry VIII). We also came prepared for inclement weather and a high level of ambient sound (waterproof covers for the MIAB, speakers, and headphones).

Delivery

Dialysis Unit

July 4th was primarily a shadowing day, so that I could observe how Jacqui interacted with the patients, and become more comfortable with the surroundings. We met with Gill for a pre-interaction evaluation. Jacqui and I interacted with three patients, one family member and two nurses.

July 17 was the first of three sessions I delivered, this time using V.1 of our Museum in a Box Dialysis Collections. I interacted with 5 patients at the bedside, as well as four nurses, and Ruth recorded and evaluated these interactions.

August 8th was the second of the solo sessions, using V.2 of the Collection. It was initially intended as a session to set up the Box in the waiting room for unfacilitated interaction. However, Gill was forced to intervene as NHS guidelines on health and safety/patient protection had come to her attention which would necessitate in-house risk assessment. The project length would not accommodate the long lead times for these processes. Instead, we delivered at the bedside with the improved collection, and Gill conducted an evaluation alongside Jacqui. We interacted with 6 patients in this session, and one family member, as well as one nurse.

September 2nd was the final session, where I positioned myself and V.3 in the Waiting Room to interact with patients waiting either for their slot or for their transport home. We had also hoped to engage carers and family members by holding our 'pop-up' here. However, I had unfortunately chosen a very quiet time for the Unit, and only interacted with one patient and a nurse.

CHYPPS

6th August we attended the Playdaze event held on Jesus Green, Cambridge, from 12:30-16:30. I had 9 meaningful (3+minute) interactions with children between the ages of 6 and 11. These involved explaining how the Box worked, giving the children headphones, and asking them to play with any objects they liked from the Collection I had prepared. I then showed each child a

laminated poster, which had cartoon representations of each object on a brightly coloured background. Each child then placed a sticker on the object they liked best. I estimate that a further 50 children observed the MIAB while walking by or undertaking other activities in the UCM marquee. I also interacted with one father and one guardian.

Outcomes

Dialysis Unit

The majority of CDU users are male, between 55 and 75, a large percentage of whom have some form of co-morbidity. In our experience, there is a high incidence of individuals with 'maker' backgrounds (carpenters, contractors, or hobby-level interest in creative outputs such as whittling or painting). The remaining CDU users are generally women in their 50s and 60s, followed by a small number of younger (under 30) patients (most of whom are male; we saw no female patients under 30 in our visits).

Feedback from each version of the Collection allowed us to define the following suggestions for best practice:

- 1) If using paper prints, use large font, scaled up images, and bold graphics, as many (46% on average) of the users have macular degeneration. A magnifying glass is also useful.
- 2) At the bedside, patients are lying down and unable to use one arm. One way of navigating this practical issue is to stick the NFC sticker to a separate, labeled ticket which can be 'booped' on the MIAB. The patient can then hold the postcard/3D print at a comfortable range while listening to the audio file.
- 3) Keep recorded content to under a minute, and use the highest quality recording equipment available to keep the audio crisp, clear, and loud. Headphones and a speaker are also useful.
- 4) References to food/feasting should be considered carefully as many of the patients have restricted diets.
- 5) The usual sensitivity around religion, political orientation, sexuality, and conflict should be observed.
- 6) A high-powered battery pack is essential as plug sockets are inconveniently located.

Copy for the audio files should also be carefully managed. Alongside keeping the content under a minute, the following practices should be upheld:

- 1) Begin with a 'Did You Know?' style fact.
- 2) Highly detailed descriptions are valuable, but they should be kept to general physical characteristics in layman's terms. Any specialist terms should be clearly explained.
- 3) Personal/ emotional responses and a general introduction to the speaker (e.g. 'I am Clare and I've worked at the Museum for 5 years') are valued.
- 4) End the recording with a question, to stimulate further discussion.
- 5) Slow and steady speech is imperative.
- 6) Some patients expressed an interest in 'mini-collections' (e.g. 'Introduction to French Painting') or 'Gallery Highlights' (3 most popular paintings, objects, etc per gallery).

If approaching patients in the waiting room, the staff informed me that the best slots are: 0730-0800; 1130-1200; 1630-1700. Other High-traffic times in the Waiting Room are on Clinic Days: Thursday 1230--1600, and Weds 0900-1130.

In terms of evaluation from the UCL toolkit, the following statistics have been derived:

V.1

V.2

V.3

CHYYPS

Children vastly preferred the Pineapple Stress Ball (audio: song about pineapples from a copyright-free children's music stream) and Zeus over other objects. Overall, it should be noted that the two aims for this type of collection should be TACTILITY and MUSICALITY.

Participants were interested in the use of Raspberry Pi in MIAB, as a number of them had come across these either at school or in their Coding Club. A future collaboration might involve the Raspberry Pi shop in the Grand Arcade.

Inclement weather and ambient noise are problems in this type of delivery. We negated some of this with waterproofs and speakers, though the best way forward was to use headphones.

Visibility

- At CHYYPS, I met with Rob Theodore from the Sedgwick Museum. He expressed an interest in the MIAB, which led to a meeting with him and Jess **, <title?>. Jess and Rob presented on our findings with MIAB (including the previous, AHRC funded Creative Economies Engagement Fellowship) and demonstrated the MIAB at an internal UCM meeting. They are now applying for funding to bring this technology to their outreach programme.
- At least 2 patients at the Dialysis Unit have reported their family members going to the Fitzwilliam as a result of the delivery (see quotes, below).
- 12 members of the staff from across the University of Cambridge Museums and other University Departments attended our evaluation and workshop event.

Feedback from Patients

- 'I never would have thought this would be my thing. But now I think it is.' (M, 60s)
- 'I love the Fitz. I miss being able to go regularly, so this would make such a difference.' (F, 50s)
- 'I want one of those mini Fitz Museums for my mantelpiece!' (F, 50s)
- 'I can't wait to take my grandchildren to see [Feast & Fast] now and show off!' (M, 70s)
- * 'If you can't go to the Museum, bring the Museum to you' (Staff, F, 50s)

Feedback from CHYYPS Users

- ‘You could use this as a cybersecurity measure. I like it.’ (M, 7)
- ‘The pineapple is really weird and funny!’ (F, 4)
- ‘We could use these in school to make history less boring.’ (M, 8)
- ‘My brother has a Raspberry Pi, he won’t let me play with it. Now I can play with this!’ (F, 10)
- ‘What a cool idea! I am always trying to get <female child’s name> more interested in technology and coding, and this is a good way to do it.’ (Guardian of F, 6; 30s).
- ‘Weird.’ (in reference to the Lobster: M, 9).

Lectures

- ‘Building Your Own Museum In A Box’ and Evaluation Event, 5th Sept 2019
- ‘Can You Handle It? 3D Objects in Museums’ Lunchtime Talk, Fitzwilliam Museum, 26 June 2019

List of Objects in Collections

DU V.1

DU V.2

- A revamp of the cardboard box holding the objects: we printed miniature vinyls of the facade and interior of the museum and stuck them to the box, to make a miniature Fitzwilliam you could open and explore.
- Objects as in V.1.
- Clare’s

DU V.3

As in V.2, but with the following extra objects

CHYYPS

- A small plastic toy of a dog from the recent film, Secret Life of Pets 2
- A postcard of a statue of Zeus
- A pineapple shaped stress-ball
- A postcard of a 3D model of a lobster
- A knitted cupcake

