WHAT IS THE VALUE OF A SMILE?:

an investigation of the role of clown-doctors working on an in-patient rehabilitation unit.

Bernie Warren Ph.D.
Professor, Dramatic Art
University of Windsor

Pam McAuslan
Assistant Professor, Psychology
University of Michigan-Dearborn
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PROLOGUE:

This paper will describe the work of clown-doctor programs and some of the suggested benefits of their work. It will discuss the work of "Fools for Health" (a recently developed program in Windsor Ontario Canada) and our current research into what if any benefits clown-doctors have on an in-patient rehabilitation program. We will share our interim results and discuss further directions for the research and make suggestions concerning best practices and future directions for the work of clown-doctors.

WHAT IS A CLOWN-DOCTOR?

While clowns have worked in hospital settings since the time of Hippocrates, professional clown-doctors first worked in hospitals in 1986. Currently clown-doctors work in over a dozen different countries (including USA, France, Brazil and Australia) in hundreds of hospitals and healthcare settings.

A clown-doctor is a specially trained professional artist who works in a hospital or healthcare facility. They are NOT simply entertainers but rather integral components of the healthcare delivery process. Clown-doctors:

• combine interpersonal and communication skills with improvisational performance (e.g. lazzi [pratfalls, comic business], mime, music, movement/dance, poetry, juggling, magic, storytelling)
• work in pairs (dubbed a "clown marriage"), wear a white coat, a red nose and minimal make up are called "Doctor" (e.g. Dr. Haven't-a-clue, Dr. Figzit)
• have a unique personality and name often identified by a distinctive trademark connected to that name (e.g. Dr. Twinkle-Toes [yellow taffeta tutu])
• carry minimal props but rather work by improvising with whoever or whatever is in the room (known as "empty pocket clowning")
• are verbal (clown-doctors often know 2 or more languages), use music and song extensively and communicate using gesture, sound and language ranging
from silence and simple gesture through to loud and
gregarious dialogue, as each situation demands
• play in a wide range of "styles"-
  o from the use of quiet 'meditative' music or
    sitting quietly at a bedside;
  o to creating carnival-like processions that spread
    music and mirth wherever they trail;
  o through to loud, boisterous and anarchic
    productions of Shakespeare's plays or
    Tchaikovsky's ballets that involve anyone in
    close proximity at the time (patients, family,
    nurses, doctors etc.)
• focus as much on the family members & healthcare
  workers as the patient

"FOOLS FOR HEALTH"

"Fools for Health" is the only full-time professional
clown-doctor program in Canada. The clown-doctors of "Fools
for Health" work with patients, their families and the
healthcare team to promote wellness and to improve quality
of life through the use of music, improvisational play and
humour. "Fools for Health" is concerned not only with
program delivery but also with both training and research
and is unique in the way that academics, artists and
healthcare professionals work together to design, deliver
and evaluate site-specific clown-doctor programs and
practices.

The "Fools for Health" program grew out of extensive
research into:
  • the role (if any) of humour in healing, and
  • the praxis of clowns, therapeutic clowns,
    hospital clowns and clown-doctors working in
    healthcare settings around the world

Based on a 'model' first used in New York by Big Apple
Circus Clown Care Unit and further developed by Le Rire
Medecin in Paris, "Fools for Health" began work in July
2001 with 4 clown-doctors working on the adult in-patient
rehabilitation unit at the Western Campus of Windsor
Regional Hospital (WRH). The initial 2 month pilot project
was so successful that the clown-doctors of "Fools for
Health" were immediately welcomed as full-members of
rehabilitation's multi-disciplinary team.

The publicity generated by the initial program, through
both word of mouth and media coverage, led to many requests for site-specific clown-doctor programs to be developed on other units throughout the Windsor and Essex county health area. In addition to our program on in-patient rehabilitation we are currently delivering programs on the following units:

- Adult Oncology & Palliative Care (WRH – Met. Campus);
- Complex Continuing Care (WRH – Western Campus);
- Day Surgery – WRH (both Met & Western Campuses); and,
- Pediatrics and Pediatric Oncology (Hotel-Dieu Grace Hospital).

It should be noted that "Fools for Health" is committed to the highest standards of professional practice. The clown-doctors of "Fools for Health" are required to:

- follow a code of ethics;
- attend regular multidisciplinary healthcare team meetings and prior to each day of work consult with ward staff about patient needs;
- attend weekly meetings to share and discuss events of the previous week and to plan for the following week;
- participate in regular continuing education seminars and workshops on:
  - relevant healthcare topics (led by appropriate healthcare staff);
  - clown skills in a healthcare setting (led by internationally respected specialists).

WHAT THE CLOWN-DOCTORS DO

Working in pairs, clown-doctors visit each unit two to four times a week. As members of the healthcare team they attend team rounds on each unit and meet with a "charge nurse", to receive notes about patient's conditions and needs, prior to starting their own 'daily rounds'. Then, through the use of humour, music, interactive dances and general playfulness, the clown-doctors of "Fools for Health" work to help:

- patients and their family take their mind off the illness
- brighten the mood of nurses, doctors and other healthcare staff

In addition to these 'universal' goals, each unit has specific tasks and challenges. When working with children clown-doctors:

- help reduce anxiety in young children awaiting surgery
• (sometimes even accompanying them from the waiting room to the operating room)
  • act as a 'distraction' during minor bedside procedures
    o E.g.; inserting or removing an intravenous drip, or a ventalin treatment

On the In-patient Rehabilitation and Complex Continuing Care units (clown-doctors often work with Speech & Language Pathologists, Physiotherapists and Occupational Therapists to help:
  • encourage patients with a tracheotomy or aphasia to speak by:
    o singing songs;
    o telling interactive stories; or,
    o simply encouraging patients to blow paper windmills or balloons.
  • extending the range of motion for stroke and aphasia patients by.
    o singing higher and higher as patient lifts his/her leg;
    o encouraging patient to kick a rubber chicken;
    o creating an imaginative journey as clowns accompany patients in their daily routines.

As the program has developed so has the training and praxis of the clown-doctors who work for "Fools for Health". Our remarkably successful beginnings and our continued developed is in large part attributable to the fact that in addition to delivering a service we have been conducting research on the work that we do. However, as humor and laughter are extremely personal and ephemeral events, and as these events take place within the culture of the hospital, (and given that every hospital has its own 'cultural idiosyncrasies') conducting research on the work of clown doctors presents many problems.

THE PROBLEMS OF RESEARCH

It was abundantly clear from the research conducted prior to the start of "Fools for Health" that the weight of anecdotal evidence (about the value of clowns working in Hospitals) was literally staggering. However, it was also abundantly clear that of all the stories and reports in newspapers, magazines and journals (some quite prestigious 'scholarly' journals we may add) almost no valid research had been conducted to 'test' the validity of the statements
made about the value of the clowns' work! At the very earliest planning meetings for "Fools for Health" it was decided by all involved that the program must not only demonstrate the value of the clowns to the healthcare staff but also conduct legitimate research into the efficacy and praxis of clown-doctors.

The program was started as a two-month pilot project in July & August 2001. Data was collected throughout this time in hopes of both validating the clown-doctor's work and to help secure further funding!

A wealth of qualitative data was collected throughout the pilot project:

- all 4 clown-doctors and the program director kept personal daily logs that detailed learning moments:
  - breakthroughs, problems & ideas related to and/or generated by the work;
- the clown-doctors kept a collective communication log detailing everything that happened during the day at the Hospital;
- the clown-doctors kept a patient log, chronicling in detail clown-doctors' interactions with each patient:
  - when they visited, what they did, each patient's reactions etc;
- Individual Interviews regarding the learning experiences of this initial group of clown doctors were conducted throughout the project;
- In addition all group discussions were recorded:
  - All tape-recorded materials were transcribed.
- the research assistant kept detailed notes on the process:
  - this included detailing all training sessions and keeping notes for each team meeting.

Since the finish of the pilot project, data (mainly qualitative) has continued to be collected from a number of sources:

- All clown-doctors now maintain a weekly log that details breakthroughs, problems, ideas
- since September of 2001 each clown pair has tape recorded the events of the session that they have just finished;
o these sessions describe in detail their interactions with patients and staff, and their feelings about it;

• these tapes are then transcribed;

• the program continues to maintain a patient log for each patient since the inception of the program (what clown doctors visited, when, what they did)

It is fairly obvious that with so much data being collected, at times it has been hard to see the wood for the trees. And until very recently we have been working so hard simply to deliver the clown-doctor program that there has been neither personnel nor time available to do a thorough analysis of the available data. That being said we are already discovering some interesting things.

ANECDOVAL EVIDENCE

The data collected from qualitative sources, is consistent with that collected in the earlier research. The wealth of anecdotal evidence has consistently documented literally dozens of "clown moments", where the clown-doctors have made a difference to the lives of patients, their families or the healthcare staff that work with them. It has also documented the struggles of the clown-doctors in coming to terms with obstacles and problems and the solutions to these problems. We have collected information on "Best Practices" and all of this information is already improving the service we deliver in the hospitals.

There are so many great anecdotes to include, but I thought I'd list off a few of my favorites.

After two weeks of intensive training, the clown-doctors first entered the in-patient rehabilitation ward on the afternoon of Friday the 13th July 2001. ...

As soon as they entered the ward, they started to sing and down the halls they went. People started quietly coming out of their rooms wondering what was going on. The clowns circled the ward and ...STOP! They finished their song and they looked at me in ‘panic’. “what do we do now?” I suggest they “huddle” (get together and talk it through) and split into pairs and go in opposite directions. They went into all the rooms, even room 9! {We had been warned NOT to go into this room, so we didn’t. However, 40mins into the
controlled chaos an urgent request comes from Room 9, "Why aren’t you visiting US?". Our ‘gag order’ was instantly lifted!!!}

It is obvious just from the change in noise levels and ‘energy’ even from our first initial entries that this is going to work. Bernice the unit manager is ecstatic. She plays with the clowns. Dr.Fifi & Dr. Twinkle-Toes using a blood-pressure cuff and inspired lunacy, perform a 'squeakotomy' on Bernice’s leg. A crowd has gathered in Wheelchairs and are laughing at the mayhem.

Meanwhile Dr.Ops & Dr. Poops have made three depressed Caballeros’ day. The three came wheeling down the hall laughing out loud. I ask Bernice later if this was usual? She let me know this was anything but! Usually these three just sat around and ‘moaned’.

the moment when Ops & Poops walk into a room where a woman has had a tracheotomy. They start singing "you are my sunshine" and the woman put her hand over her incision and “sings’ along, taps her feet and is animated!! We later found out that this woman was still singing and laughing long after the clowns left. Later on in the program she still loved the clowns singing "you are my sunshine to her” and could often be seen late in the evening wheeling herself around the ward 'singing' the song to herself long after the clowns had left.

In the first few days of working in the Occupational Therapy and Physiotherapy areas there were also some wonderful interactions. for example when:

the clowns sang higher and higher every time a patient raised his leg. By the end of the song the clowns were singing well into their falsetto range and the patient had raised his leg far higher than expected by his therapist

the clowns kicked a rubber chicken in an attempt to get a patient to raise a foot off the ground. The woman was ambling around on her walker but started to speed up as the clowns used the music
from chariots of fire to engage her in a 'slow-motion race'

After a rocky first few days of trying to accommodate to the noise and commotion, members of the therapy team are openly applauding the clown-doctors' successes and commenting on how they help improve the work of the team as a whole.

One day the clowns were doing a “clown recital”: an interactive weekly session that lasts about half an hour uses a free form improvised blend of music and shtick and indirectly incorporates what the clowns have seen in therapy sessions and heard in rounds. On this day I overheard the physiotherapists comment: “look at that ... they’re doing therapy and the patients are enjoying it....” “...I’d have never thought of that... but I’m going to incorporate it in what I do...”

ONGOING AND FUTURE RESEARCH

Two of the most interesting pieces of information gathered from the data have been the suggestions that the work of "Fools for Health" clown-doctors has:

• increased satisfaction with rehabilitation programs.
  o Preliminary analysis of data collected from client satisfaction surveys indicate that overall satisfaction with the care provided by the health team is significantly greater since the clown-doctor program was introduced to the rehabilitation unit

• reduced the need for pain and anti-depression medication
  o While medication usage for the unit is constantly monitored by the hospital as yet this remains anecdotal;
  o information about changes in medication usage has been observed by healthcare staff and reported during team rounds however Data from the Hospital Pharmacy to verify this assertion has yet to be analysed.

As we have begun to sift through the data we have begun to question some of the earlier anecdotal findings and are revising some of our instruments. Several avenues for
research are currently being explored. We are actively seeking research funding to provide us with the necessary personnel to do justice to the data that is being collected.

First, it is important to further investigate the process of training and delivery of service to determine what constitutes best practice in various health care settings. From our initial scanning of the data, it would appear that this is a crucial element in the efficacy of clown-doctor programs. We are still in an exploratory stage where we need to determine what are the seminal variables and factors in the work. In this respect the data collected from research on other companies provides a useful reference point.

In addition to the data we are already collecting from the clowns we would also like to include formal and informal interviews with the unit managers of all of the programs as part of the research 'mix'. Informal interviews are regularly held on an 'ad hoc' basis. In addition a few formal interviews have been conducted. As part of our continuing research we would like to include the views and experiences of the unit managers as part of our data.

We are also working with the Rehabilitation Unit to create a new Admission and Discharge survey. Part of the new research funds will be used to hire a full-time research assistant to interview patients, family members and staff following the clown-doctor visits. These data collection strategies are expected to provide important qualitative and quantitative information about the following:

- effects of clown's presence on:
  - patients' mood (depression, anxiety, fear),
  - need for care,
  - level of pain,
  - compliance with treatment, and
  - the overall effectiveness of treatment
  - effects of clown's presence on staff's mood (positive and negative affect) and job effectiveness
  - overall client satisfaction with the health care program

We are also gathering data regarding the pain, anti-depressant, and anti-anxiety medication usage for the
Rehabilitation Unit for the past two years. This will allow for a comparison of the overall medication usage before and after the introduction of the clown-doctor program in the summer of 2001. As mentioned above, anecdotal data suggests substantial decreases in medication usage, but this has yet to be supported empirically.

EPILOGUE

“Fools for Health” clown-doctor program has been working as a member of our interdisciplinary team on inpatient rehabilitation for approximately one year. During this time we have seen a definite value to clown-doctors being with patients or families, caregivers and staff.

Patients have commented that the clown-doctors made them work harder in therapy, almost in a competitive sense, and also that they allow them to have a bit of normalcy to their lives, for a few moments. When clown-doctors are near, smiles are everywhere. There is an infusion of endorphins into the air. Staff sing with them, react with them and if needed are quiet with them.

Now is the time for the “value of a smile” to be evaluated on inpatient rehabilitation. By participating in this research, areas can be identified where clown-doctors actually make a difference.

While there are still obstacles to overcome (and every now and again a colleague who could do without us) every indicator, both qualitative and quantitative, suggests overwhelmingly positive effects of having clown-doctors as part of the rehab team. More importantly, almost all the patients and their families (as well as hospital staff and administrators) are not only very happy having clowns in the hospital but also very impressed with ‘results’. However we are now entering a new phase where some clear data, especially empirical data, is needed to support the overwhelming belief that the work of clown-doctors does make a difference. We are hopeful that in a year’s time we will have more empirical evidence to balance the wealth of
anecdotal evidence and that this will help the substantiate the work of clown-doctors not only in Windsor but also in other parts of the world.