



Other conditions which currently cause disability

Chronic Anxiety

Collateral Damage

3. Prognosis

Part A - Personal details	Service number
Health status	
ANZSIS	UNKNOWN
Name	
Family name	
BLIND	
Given name	
JOHN GARRETT	
Gender	Male
Address	
P.O. Box 55 Emeraldwa South A 50919 5141	
Phone (Home)	Phone (Mobile)
08 82393180	

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Arts in Health at FMC

Evaluation Reports

FMC SALA ARTIST-IN-RESIDENCIES 2015 & 2016

Dr Christine Putland
Research and Evaluation Consultant
October 2016



Health
Southern Adelaide
Local Health Network



About this publication

This publication comprises two Evaluation Reports focusing on the first two SALA (South Australian Living Artists) Artist-in Residencies conducted in collaboration with Arts in Health at FMC during 2015 and 2016.

The SALA Festival provides a framework for visual artists working at all levels to present and promote their work across the community. The core program was supplemented in 2014 by an Artist-in Residency model as a means of supporting selected visual artists to work more intensively in less familiar environments. Arts in Health at FMC was the first hospital based program in SA and remains one of the longest running, most extensive and diverse in Australia. Since its inception in 1996 it has delivered a continuous program of arts based initiatives designed to improve and enrich the physical environment and health care experience at the Flinders Medical Centre.

From July-December 2015 Arts in Health at FMC joined with the Flinders Centre for Innovation in Cancer (FCIC) to host their first SALA Artist-in-Residence, John Blines. Based on the success of this residency and the effectiveness of the partnership, Arts in Health at FMC hosted a second SALA Artist-in-Residence, Jessie Lumb, who worked in several sites within FMC from March-August 2016. Each of these residencies was the focus of independent evaluation by Dr Christine Putland and the respective reports are brought together in this publication under one cover.

While the reports are intended to stand alone, collectively they give an account of the development of the formal partnership between SALA and Arts in Health at FMC over more than one year. Coupling the reports in one document underlines some of the broader impacts of such cross-disciplinary residencies.

Abbreviations

FMC Flinders Medical Centre

FCIC Flinders Centre for Innovation in Cancer

SALA South Australian Living Artists

FIS Flinders Infusion Suite





FMC SALA ARTIST-IN-RESIDENCE 2015

Flinders Centre for Innovation in Cancer (FCIC)
and Arts in Health at FMC

Evaluation Report

Dr Christine Putland
Research and Evaluation Consultant
Completed June 2016

Foreword from the Chair of SALA



In 2013 as Chair of SALA I had several conversations with our Patron, Paul Greenway, who was an enthusiast for artist-in-residency schemes. In particular, he proposed longish residencies overseas for SA artists as well as studio spaces in Adelaide. These are goals that SALA is pursuing through our Friends of SALA group. I realised that these goals would take considerable time and money for a small organisation like SALA to arrange. However, I thought a smaller scheme where SA artists could find residencies in interesting and dynamic local institutions such as SAHMRI, the Festival Centre and Flinders Medical Centre would be easy to achieve.

The goal was to give our local artists more opportunities and create content for the SALA Festival each August which might build their reputations, stimulate audience interest and create/cement relations with the host organisations. Other than thinking it might be interesting for the hosts, the focus was really on the artist and SALA more generally.

It is fantastic, now, to have this thoughtful and insightful report prepared by Dr Christine Putland into the impact of the FMC residency of artist John Blines on the staff and patients using the Flinders Centre for Cancer Innovation. The responses from staff suggest that the residency was far more profound than any of us would have imagined when we launched SALA A-i-Rs. I am sure that this report will enable SALA to better recruit and prepare institutions and artists for future residencies.

Hon **John Hill**
29 May 2016

Background

From July to December 2015 visual artist John Blines was based at Flinders Medical Centre (FMC) and in the Flinders Centre for Innovation in Cancer (FCIC) as SALA Artist-in-Residence. The Residency program involves SALA (South Australian Living Artists) forming partnerships with other organisations to support artists to practise in a variety of settings. In 2015 FCIC, in collaboration with Arts in Health at FMC, hosted an artist for the first time. Being a new initiative, an independent Research and Evaluation Consultant, Dr Christine Putland, was engaged to conduct an evaluation of the Residency (also referred to here as 'the project'), gathering feedback about the experience from a range of perspectives and documenting learning for future development.

The SALA Festival has traditionally provided an opportunity for visual artists at different levels of development to present and promote their work across the community. The residency model was introduced in 2014 as a means of supporting selected visual artists to work more intensively in less familiar environments. It aims to supplement the goals of the SALA festival by providing an opportunity for individual artists to develop their capacity to respond to a range of contexts, highlighting their art work and raising community awareness of the value of visual arts through exposure to different audiences.

This is the first formal evaluation of a SALA Artist Residency and the findings will inform the ongoing development of the residency program within FMC and FCIC as well as SALA. An interim report was presented in December 2015 drawing on preliminary feedback from staff. This final Report presents evaluation findings based on data collected in March 2016 after the conclusion of the Residency exhibition at the end of February 2016.

The Report contains details of the following

- Outline of the residency
- Overview of Evaluation process
- FCIC Staff feedback
- Examples of patient responses and feedback
- Responses to Exhibition
- Artist's Experience
- Partner statements: FMC, FCIC, SALA

SALA Artist-in-Residency Project Team

Sally Francis	Arts Coordinator, Arts in Health at FMC
Penny Griggs	General Manager, SALA Festival
Dr Rebecca Keough	Research Development Officer, Flinders Centre for Innovation in Cancer
Alicia Hopper	Clinical Services Coordinator, Flinders Infusion Suite, FCIC
John Blines	FMC SALA Artist-in-Residence



Outline of FMC SALA Artist-in-Residency 2015

Visual artist John Blines' practice has drawn directly on the experience of his personal cancer journey. Coupled with his technical background and interest in science this made him a 'perfect fit' for the inaugural residency based in the FCIC and FMC. His approach has been framed by two questions:

- What does cancer look like? (Histology/Pathology/Anatomy)
- What does cancer 'feel' like? (Psychology)

John expresses interest in exploring both the experience of cancer (including conceptual questions of 'what is and isn't me') and the science (the presentation, researchers' motivation, visual display), as well as how they relate to each other. To this end he has worked in several different sites as part of his residency. Establishing a studio space in the photocopying area adjacent to the open plan offices of the clinical researchers in the FCIC and having access to the pathology museum at the FMC enabled him to adopt a range of approaches, interacting with staff informally in corridors, attending meetings and seminars. One day each week he would set up a work table in a well-lit space to the side of the patient waiting area for the Flinders Infusion Suite (FIS) where he worked on the 'Book Art Project'. John also spent time in the suite itself, introducing himself to patients and carers where appropriate. Patients were able to observe him working and approach directly or make contact through staff. Many were aware of his presence without direct interaction.

John's practice is concerned as much with process and participation as with a specified outcome or product as such, although the work culminated in an exhibition which was opened on 8th December 2015 and ran until the end of February 2016. Works were simultaneously mounted in three sites in Flinders Medical Centre: on level 2 near the Volunteer Coffee Shop (A) and Central Courtyard (B); and, outside the Cardiac Care Unit (C) on level 6.

Evaluation overview

The process began with a scoping meeting in which the aims of the project and relevant evaluation questions were defined in consultation with key staff from the partner organisations and the artist. A collaborative approach was adopted in line with the exploratory and open-ended nature of an artistic residency which responds to a range of individual and contextual factors and evolves over time as relationships develop. The evaluation design reflected the need for flexibility and therefore emphasised qualitative methods as they are more amenable to questions of perspective and subjective experience.

A range of data collection tools were developed to gain feedback from the perspectives of different groups of people in FCIC, each of whom engaged with the residency in different ways.

FCIC staff

Given his studio location adjacent to the photocopying area of FCIC (see page 7) most of the members interacting with John were either researchers or held administrative or management positions in relation to the research role of the centre.

Key questions of interest to the evaluation were identified including:

- What are researchers getting out of the experience?
- Has interaction with the artist changed the way staff think about or approach their work in any way?
- What kind of impact has the presence of the artist had on the research environment as a whole?
- Did the process of interaction between researchers and artist work effectively?
- Were there any lessons learned for future residencies?

Preliminary feedback was gathered from staff through an informal discussion two months into the residency which also helped to refine relevant evaluation questions. In February 2016 a written survey was distributed to staff who had had an opportunity to interact with the residency. Surveys were distributed by hand to an estimated 30 staff at meetings and either completed on the spot or submitted later via a feedback box provided for the purpose in the staff lunch room. Finally a more structured focus group was conducted early in April to provide an opportunity for staff to elaborate on information provided in the survey or give more detailed examples of the impact of having an artist-in-residence based in FCIC.

Flinders Infusion Suite Patients

In view of the residency structure it was envisaged that only a small number of patients would have an opportunity to engage actively with John or his work. While in the Flinders Infusion Suite foyer John made it his practice not to approach patients uninvited but to be welcoming and encouraging if they did show interest in his Book Art project. Patients attending the Suite could observe him when they were passing through or waiting in the foyer. However many were not inclined to approach him for various reasons to do with their state of health or the fact that they did not attend regularly (or on John's days) and therefore did not have a chance to get to know him. A simple feedback form comprising a single open question was left in the foyer and at the registration desk but this very passive tool was not utilised. As the context was not amenable to collecting direct feedback it was necessary to rely mainly on indirect anecdotes from staff and the artist to glean information about patients' responses.

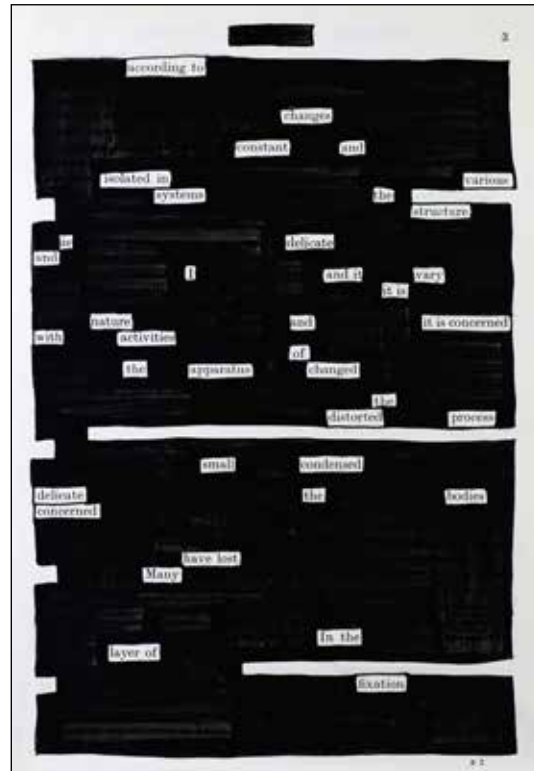
Exhibition opening

Staff, invited guests and members of the public attended the exhibition opening at the main FMC Gallery A. Notwithstanding the imperative to seek feedback from those attending such events there is commonly a poor response rate mainly related to the competing factors vying for the attention of viewers. Leading up to this occasion however John had been experimenting with the use of a 'redaction' exercise with the research staff based on an excerpt of scientific writing. Redaction is an editing technique involving the creation of a new narrative or text from within an existing text by blacking out selected words or adding in new text. Inspired by the researchers' enthusiastic response to the redaction process, a further redaction exercise was devised based on an arts-related text as an efficient and engaging means of gaining an immediate response from visitors to the exhibition. (see Attachment A)

Artist's reflections

A central goal of the SALA Artist-in-Residency was to foster John's artistic development and support his growth and confidence within the FCIC environment. Several debriefing discussions were held with the artist throughout the course of the residency as an opportunity to reflect on process, responses from staff and patients and the progress of developing his own art work.





Redaction 3 and Redaction 10, John Blines

FCIC Staff feedback

Feedback from staff based on the written survey and focus group discussions are summarised below. Examples of responses to open questions in the survey and discussion questions in the focus groups are included in italics.

Written Survey

A total of 20 survey responses were received from staff, most of whom were researchers with a few in administrative and/or management positions. Respondents were asked to indicate their awareness of the Residency (the project) by selecting from four options. The following responses showed that almost all were aware of John and the Residency and about half had heard him speak about his work:

Options	Frequency of response
A. I was unaware of John Blines and the Artist-in-Residency	1
B. I have seen John around, but did not know about his role as Artist-in-Residence until now	1
C. I have been aware of John and his role as Artist-in-Residence in FCIC during 2015, but have not had a chance to learn more about his work	10
D. I have been aware of John's role and taken the opportunity to hear him talking about his work and/or explain his techniques.	7
TOTAL	9*

(*One respondent did not answer this question.)

Respondents were presented with a list of statements based on project goals articulated by the project team at the start and reinforced by staff informally in earlier discussions. It is important to note that the residency model placed no particular expectation on staff to participate. Rather, it allowed for mixed levels of engagement: the artist's extended presence in their space and attendance at their meetings representing an implicit invitation to interact if and when they chose to do so. The survey sought to also capture the impressions of staff who did not engage to a high degree and hence it is expected that there will be some unevenness in responses depending on their level of knowledge.

Respondents were asked to indicate their level of agreement or disagreement with each and offered the option to choose a 'neutral' response (neither agree nor disagree) to show that they did not have sufficient information to make a comment (don't know/not aware). The following table summarises their responses:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Don't know/ not aware
(i) Having an artist working in our midst has changed the way I think about my research	1	3	8	5	1	2
(ii) The AiR has had a positive impact on the research environment			7	10	3	0
(iii) Watching and listening to John has reminded us of the patient experience			4	6	4	6
(iv) Interacting with John has been interesting and inspiring for researchers			4	5	3	8
(v) The AiR has raised FCIC staff awareness of the Arts in Health at FMC program	1		2	12	3	2
(vi) The AiR in FCIC has been a positive experience overall			4	12	3	1

The table shows divergent responses to the statements about the impact of the Residency on their work and workplace as predicted and depending mainly on the degree of contact that staff had with the artist.

In particular staff differed about the extent to which the residency affected how they think about their 'research role' (i) and the 'research environment' (ii), while some were uncertain about whether they were 'reminded of the patient experience' (iii) and 'interested and inspired' (iv).

Respondents were given the chance to make further comments which helped to explain these scores and in a few cases they sought to clarify their choice of don't know/not aware or neither agree nor disagree:

Just wasn't aware of who he was – I asked some staff and they didn't know.

Can't comment on these: I did not have a chance to speak to him to learn more about his work.

By comparison the table shows that the more general statements including 'raising awareness of the Arts in Health at FMC program' (v) and an 'overall positive experience of the Residency' (vi), both elicited a clearer, more consistently favourable response which was reinforced by additional comments and suggestions:

John's involvement has facilitated new collaborations, discussions and ideas. Hopefully, new grant success as well.

I am a recent employee but quickly met John, just haven't had a chance to find out more. I like the idea though.

...great initiative.

Would have appreciated seeing some of his work available in his work area – it would have stimulated conversation.

Continuation of John's residency with Synapse [ANAT] funding.

Have an exhibition [in FCIC] at the end of the period of residency.

Focus group discussion

Consistent with the voluntary basis of the staff-artist relationship, an invitation to attend two group discussions focusing on their experience of the residency was extended to staff: the first of these was held half way through the residency and the second after its conclusion. Seven participants attended each; most of those who attended had engaged to some extent with the project and most who attended the second had also been present at the first. Feedback arising from these discussions is summarised thematically below. (Distinctions between the first and second discussions are noted where relevant.)

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Interacting with John

Staff gave examples of the variety of ways in which they had observed or interacted with John during the residency:

John comes to seminars so is exposed to our work and our conversation. He shows us scientific pictures and discusses them with us.

John showed us his drawings which were lovely.

He talked at one meeting and shared his direct personal experience with staff and his questions of us were so interesting.

John uses big sheets of paper to draw mind maps of his ideas.

John joins us at our lab meeting every Tuesday morning, and he's a really valued member of the group.

My main contact with John is chats by the photocopier, because he sits right by the photocopier, so the daily 'How're you going?' and 'How's the artwork going?'

I haven't had a chance to talk with John in person, but he attends almost all of our meetings on Tuesdays...

I went to a session where he was presenting some of his work and showed us how he is working with some different skills...

These comments show that the residency has provided opportunities for exchange of ideas and learning in a range of ways, from observing and chatting informally to participating in staff meetings and more structured demonstrations of his techniques.

Furthermore, over time John had seemed to become more integrated in the environment while they in turn became used to his presence, as the following conversation shows:

Female: *He's got messier!*

Female: *He's spread out a bit more...*

Female: *I don't know. He is really neat and tidy, everything is packed away, but I don't know whether we've all just relaxed into a comfortable —*

Male: *He's just part of the family now, really.*

Female: *I think we'd miss him if he wasn't there.*

Female: *Because he is quite easy going, quite easy to talk to. So in a way he's just become sort of part of the team, really.*

Influencing thinking

Staff observed in the first discussion that John's presence was beginning to have an impact on their own thinking, particularly in relation to their research role (where relevant):

We tend to become detached from the impact of cancer on actual lives, the human element in our work rather than as just a scientific problem. He reminds us, it is grounding.

It is good to switch our brain to another mode, to take a deep breath, and to hear a different way of thinking. It refreshes our thinking.

Fascinated by the different kind of creativity – we are all creative but in very different ways – having him working amongst us, in our midst, it is surprising.

Staff elaborated on this theme of creativity in the second discussion:

I don't know if he does in a direct way, but I think he's creative and that inspires everyone else to be creative, too, I think. We're just creative in different ways. But our work is creative as well, to some extent. But you do have to think a bit out of the square and do things differently to what other people have done. I think it's inspiring to us.

The research environment

The subtle effects of an artist's sustained presence in the research spaces were recognised more clearly over the course of the residency:

...it's not as though he alters the physical environment that much, but he just changes the vibe in here.

I think he's changed the way we're looking at our environment. I've been noticing more so the blank spaces.

I just really enjoy looking at his artwork when I go to the photocopier... the idea that they're going to be on the wall somewhere as well.

Just that change of focus and change of pace is really – I find that refreshing...

The staff cited many ways in which they felt they had benefited from interacting with John in their work environment. For some it related to the reasons why they had entered this area of research:

It reminds me of why I came into this field in the first place: I had lost family members to cancer.

He tends to bring me back to the basics. So you tend to think why you're doing it in the first place, rather than just going about it because it's science. You're doing it because you might find something that's going to help people.

It makes me think differently about what we could do in the Centre for the people who work here, but also for the community. We could be looking at broader things than just care and research – [like] how would we bring an engagement?

Communicating ideas

Staff recognised that working with John had aided communication in several respects. Acknowledging that scientists are not always skilled at conveying information about their work to lay people, in a practical sense John's presence in their meetings encouraged them to articulate clearly what they were working on:

We think he keeps up with what we say, which is good, because there's a lot of jargon, but I actually find that there's a benefit in going over what we're discussing to explain it to him, and that's not to talk down to him, but it actually clarifies our thinking about what we're doing and why we're doing it as well. So I find a benefit in that, having him within the group. He gives another pair of eyes upon what we're doing.

... when it comes to describe your own project... it's quite hard, and it just reminds you that you need to think about your [work] and how you can explain to a non-scientific person.

Meanwhile they noted that John could explain his own approach clearly to the staff:

John explains what he is doing very simply so everyone can understand. Scientists often struggle to do this as they are caught up in the detail but he is able to stand back and describe it very patiently and clearly.

He is good at articulating what and why for us. Some artists also struggle to do this too but he seems to be able to.

It was thought that this ability to communicate ideas also had the potential to assist in increasing community understanding of their work:

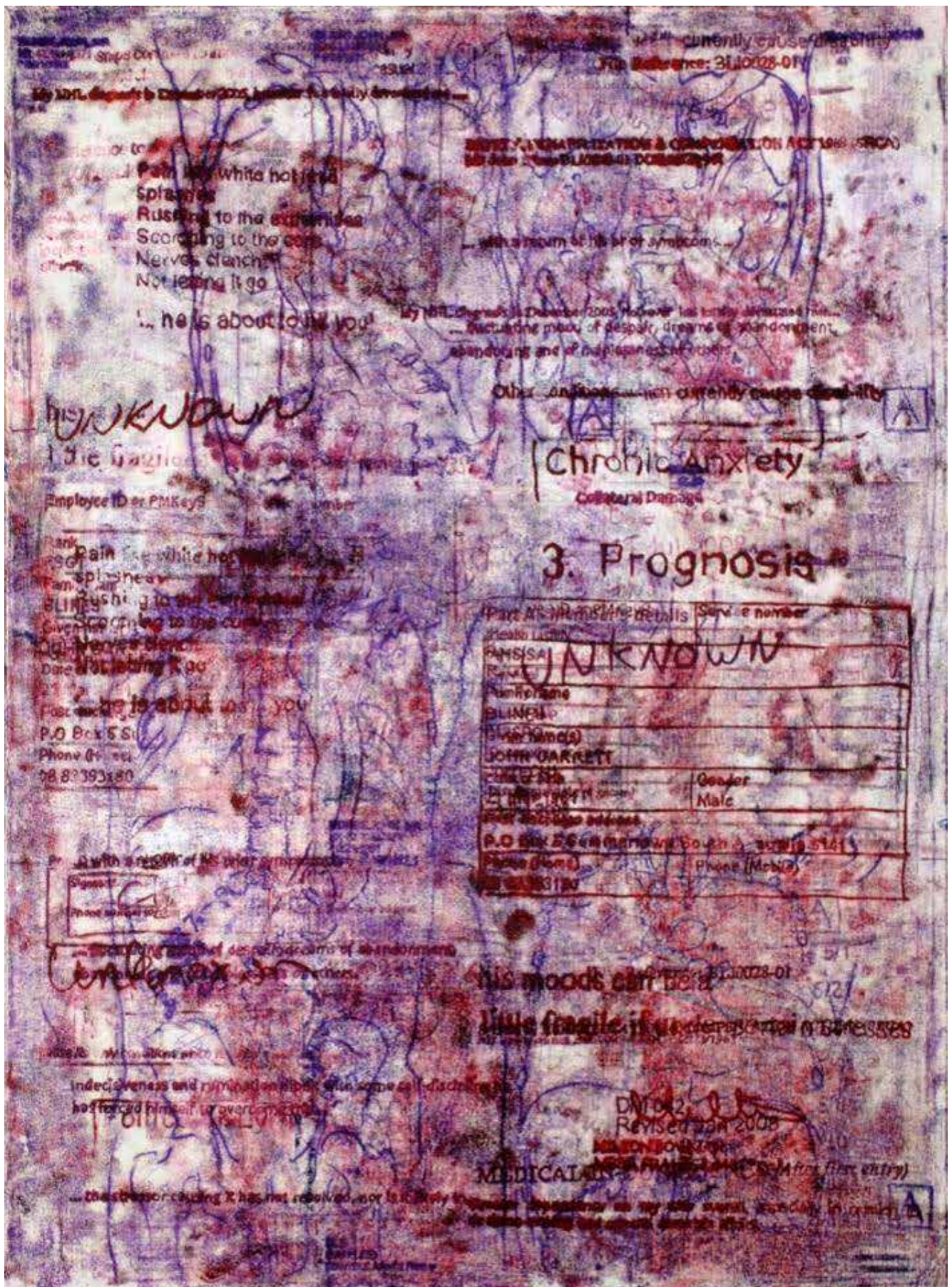
When he exhibits, that must be sending a message as well, I would imagine, to the community, to whoever sees his work...about cancer research, because part of what he's done is really translate how he is perceiving what's going on [here] and putting it into his artwork. So that must be getting it out there in a different way, and I think that's a great thing.

Reflecting on creative technique

Some staff expressed their intense interest in John's techniques and the fact that they reflected on their own technique more as a result:

...he showed us how he is working with some different skills, and it was really interesting... and I was really impressed by how much work it took, so yes, it was good to see, especially when you're in your daily work and then you have like a refreshment in between and get a different area of brain activated.

I was really interested in his techniques. I didn't realise there was so much technique involved in producing some of his work. Like, it's astounding how he thinks about the process, and that's sort of given me a bit of an appreciation outside of the picture, outside of his work, thinking, "oh my gosh, how did I actually do that, and how did I come up with the idea of doing it?"



Amaranthine mixed media, John Blines 2016



Screenprint monotypes, John Blines. 2015

Personal outcomes for staff and patients

At an individual level one researcher admitted she found the pace of his work relaxing and had gained insight into ways to manage the intensity of her work:

...the whole day can be quite stressful. I'm really like under adrenalin, so running around a lot. I enjoy that, but at the end of the day I'm very exhausted. Just by passing by the team and seeing what he's doing, and just like going to sit back and relax for a moment, that helps me a lot, I think, just for my stress levels. It's interesting. I found I probably could make that [a] better break, which is also good for being more productive instead of being just stressed the whole day. So that's a big thing for me.

In a similar vein staff believed that his work with patients in the FIS foyer was likely to have therapeutic benefits.

He gets into a really textured sort of place. Watching him engage ... with the patients down on the second floor is really nice, having a chat to them, that's good.

The therapeutic aspect of what he does with the patients I think is really nice and developing policy around how you might be able to expand that..., and so it's therapy for patients when they're getting chemo.

I think it adds a dimension to the Centre itself. ... getting the space downstairs to be more engaging and friendly and suit patients and the community better. I just think this sort of adds an aspect that we could try to encompass.

John's individual qualities

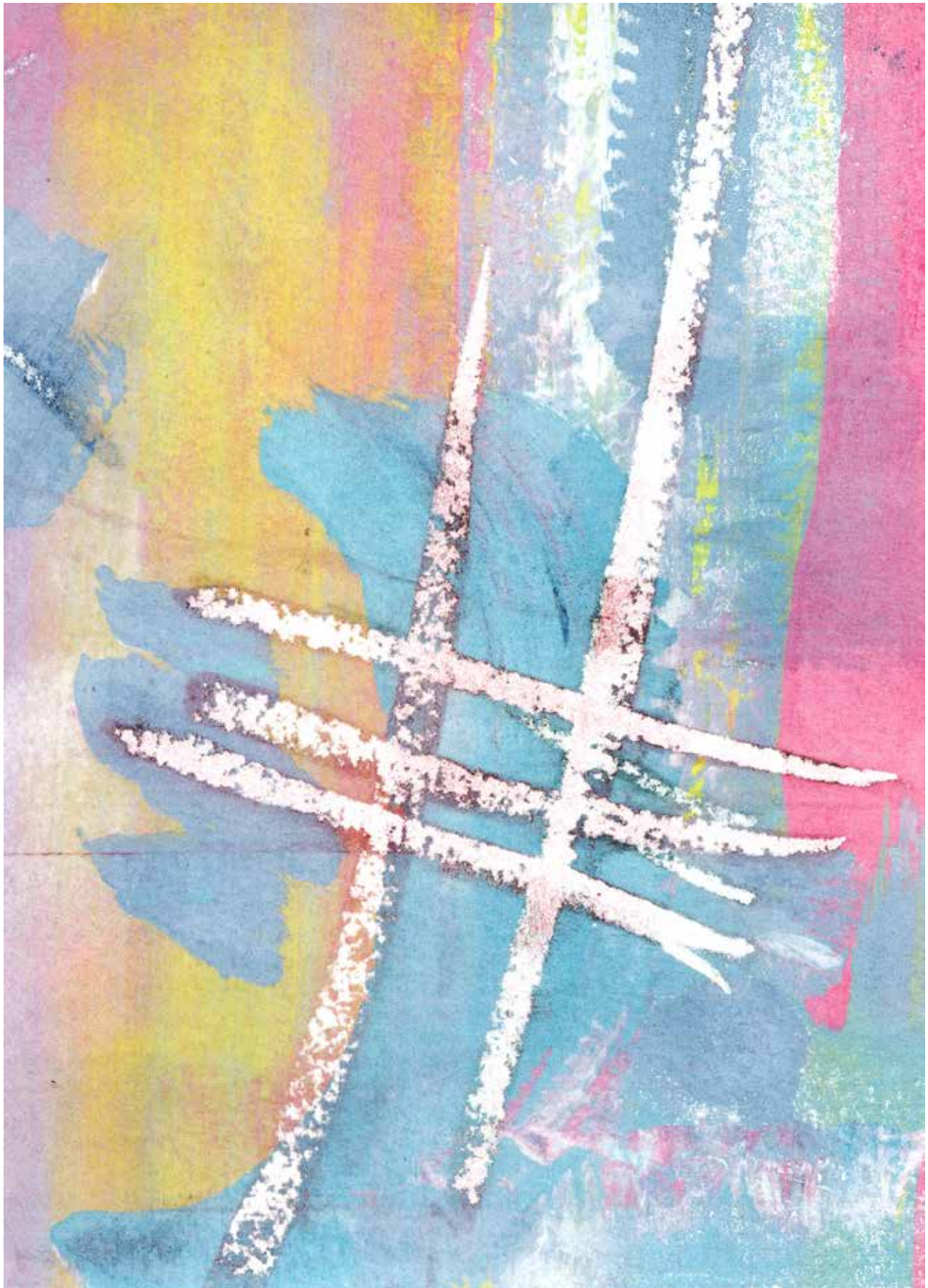
While appreciating the value of an artist's presence in a general sense, to some extent staff attributed the positive outcomes to John's character as well as the precise match between his particular artistic approach and their work focus. For a start, his interest in exploring his own experience of cancer provided common ground:

John is not our patient but because he has personal experience this project is not theoretical for him, he is deeply connected. This means he interacts with staff on a different level which creates a bridge between our current patients in treatment and the clinical staff.

Much of art in hospitals is general scenery, not connected to this particular place. It is good to see his work which is so closely linked to our work.

Staff also pointed to John's strong interest in understanding the science of cancer as well as the experience:

He has an innate curiosity, which makes him want to understand. So he's out there reading about molecular biology so he can appreciate what we say in our meetings a little bit more, and to put some context around some of his ideas. For that reason, he reaches out in an intellectual way to engage with us. I think that makes a huge difference, actually. So if you just had someone who wanted to do portraits in the corner, it would be completely different.



Neutral 1 screenprint monotype, John Blines 2016

This corresponding interest was reinforced by John's use of multiple techniques to create multi-dimensional forms that work on several levels at once. He explicitly sought out and absorbed new information, incorporating it in new ways, which goes some way towards explaining why the staff repeatedly mentioned 'how much goes into his work'. It is also the basis of one of the most significant outcomes of the residency, the conceiving of a new research collaboration involving John and a group of researchers who have not previously worked together.

He's proving himself to be quite the catalyst... and bringing all these different people who are sort of coalescing in this building, bringing them all together, so psychologists with molecular biologists and art interface, drawing all these connections that might not otherwise have happened.

So he is changing the nature of the research... it's bringing patients' perceptions of their disease, depression, identity – which is a strong thing – into survivorship and how we can monitor or gauge that at a molecular level, which is something that people haven't done.

This is the first time I've really been able to see it clearly: he's bringing his interests as an equal partner into that collaboration, because [we] would have collaborated on different things in a different way without John saying, "I'm interested in this..." I think he's an equal partner in that thought process.

The innovative arts-science partnership referred to was the basis of a funding application to ANAT for a Synapse Residency Program grant with the potential to lead to a future Australia Research Council application. Even though this was not successful in the recent funding round the process of applying has established the relationship with researchers and set in motion an ongoing collaboration.

John's gentle manner was also regarded as a strong element in his practice, enabling him to establish easy relationships with research and administration staff as well as with clinicians and patients. Staff indicated that he was quietly encouraging, allowing people to approach him in their own time.

He's quite a softly spoken man, and he doesn't walk into a room and take over. So I think in that first initial response, people come to him.

Relationship with Arts in Health at FMC

Some staff commented that their increased appreciation of artistic technique also extended to a growing awareness of Arts in Health at FMC.

Just that change of focus and change of pace is really – I find that refreshing, and I think that if we can get some of his work out here, I was blown away by those portraits... I had no concept of what he would produce, and I walked into that room not knowing what was going to be on the wall, and I couldn't speak. It was just fairly powerful. So I like that side of it, and being able to just take your thoughts away from what you're doing. I also like the sense that it's given me some new relationships, so more of a relationship with Arts and Health, and that sense of 'can we add a dimension to the Centre?' And it has been a great dimension: 'Can we sustain that?' 'What other things can we bring in?' I think that sets our Centre apart. I think for me John's really crystallised that.

Extending creative possibilities

While for many researchers the experience of working alongside an artist in their workspace was novel, most were open to it and positively disposed to the opportunity. In response to their interest John offered to conduct a demonstration of the Book Art techniques he was working on in the FIS:

He invited us to a book making ('box form') workshop and we are keen.

The demonstration was held one lunch time with 13 people attending the session (including 3 from Arts in Health at FMC). Several FCIC staff then expressed interest in attending a more hands-on workshop with him in 2016.

As noted above, staff became fascinated by John's use of mind maps to develop artistic themes, expand his thinking and plan his work. They requested that he hang them on his walls so they were more visible and this led to the suggestion that they also be mounted as part of the exhibition to illustrate his emphasis on process as practice.

The 'redaction' exercise was another way in which John engaged staff more directly in his work, introducing the process of editing a page of existing scientific text to create a completely new narrative text able to express ideas. Once again the results were incorporated in his exhibition.



Book Art Project, John Blines, Flinders Infusion Suite, FCIC 2015

Patients' experiences

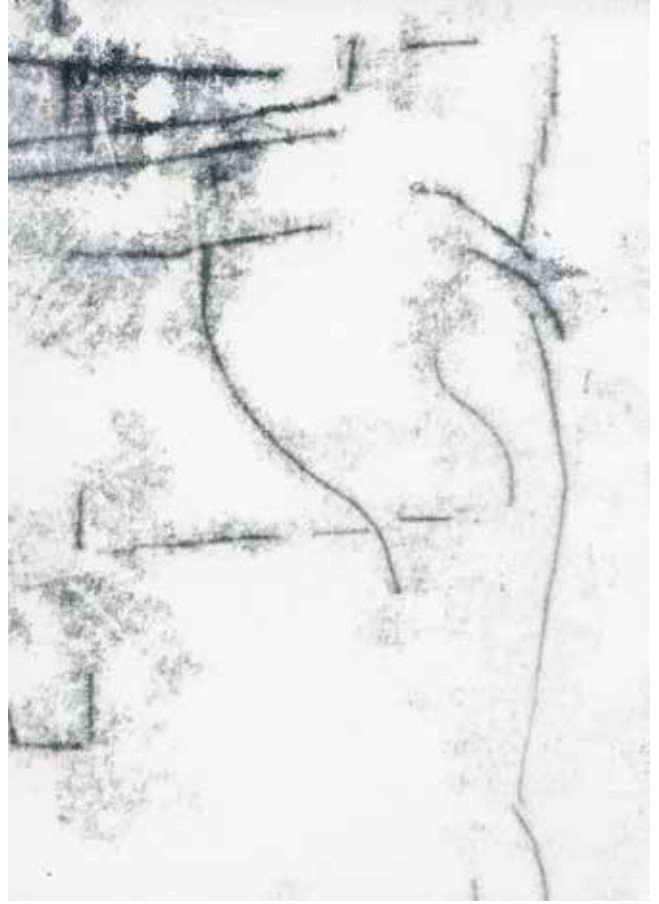
Bearing in mind that many patients are feeling very unwell when they attend the Flinders Infusion Suite and that John is only present one day per week, it was understood that there would not be large numbers engaging directly in the project. John's approach has been deliberately unobtrusive, allowing awareness of his presence to grow steadily over time. Some have become accustomed to seeing him in the waiting room and shown interest in what he is doing and why he is there: "I saw you here last week and wondered what you were making?." He tends to have informal conversations with them about the book art project, particular techniques or the patients' own interests. A number have become engaged more intensively however, either approaching him directly or through a staff member. One patient was keen to have John make him a small notebook with many pages which would fit in his pocket. In the event he decided that it was "too good to carry around" and so he keeps it safely at home. This patient sent John a thank you card in appreciation. Another patient was attracted to John's concept of a 'Doodle 101' book but said he would like a 'Drawing 101' version which John made in the form of loose leaves nestled in a leather folder with pencil attached. One woman who is writing a series of books for children has engaged in an email exchange asking for his advice and assistance. John has made a clam-shell case to hold her manuscripts as well as introducing her to techniques that she can use with her own children on their school projects. Yet another has developed her own art work to adorn the clam-shell case John made for her. She made the observation that having an arts component in the FCIC is a good idea and offers something different, especially since John is such a skilled artist above and beyond his first-hand experience of what people with cancer go through. She affirmed John's strengths in terms of his patience and ability not to rush people, being careful to explain and put people at ease, allowing them to become involved to the extent that they want to.

Exhibition Feedback

As a result of the high level of staff engagement with the redaction exercise a similar tool was developed as a feedback mechanism at the opening of his exhibition. 14 people completed the exercise with some commenting that it gave them a means of connecting more actively with the works. (Attachment A shows examples of the results.) John also received positive feedback from an allied health professional who works with patients with dementia; she was impressed by the redaction technique and believed it would be an effective exercise for these clients, particularly those in the higher functioning category.

The feedback form also invited respondents to add one-word comments in response to the exhibited works and the following were captured:

Poetic	Powerful	Probing
Translucent	Strong	Thoughtful
Understanding	Strength	Immersion



Trace monotypes, John Blines 2015

One visitor to the exhibition volunteered the following feedback:

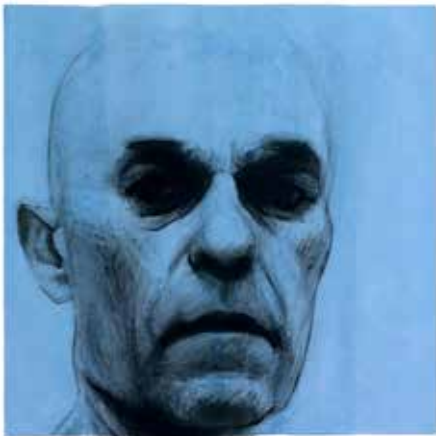
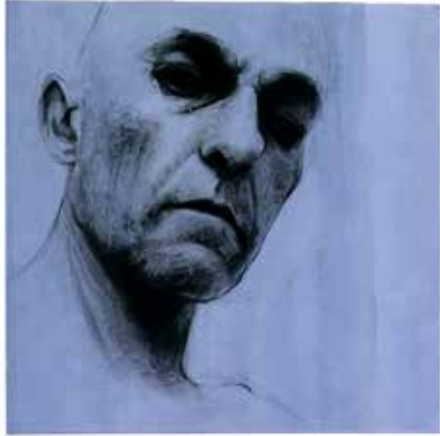
I was very moved by the exhibition both by the artist's experience and the support given to the patients via this process. The self-portraits were both fantastic and dramatic, and hauntingly conveyed the artist's journey through 'cancer'. The book excerpts made you slow down and appreciate each word's weight and the meaning in respect to a person living with this abhorrent disease. Thank you.

Artist's experience

From the artist's perspective this residency has afforded an invaluable opportunity to establish a strong direction in his work, made possible by providing a context within which to explore central themes and build on his interest in diverse techniques. John reports being clearer about the complex notion of identity that informs his work as a result.

He has recognised both the artistic and human value of working in the infusion suite as an anthropological element in his practice. His adopted mode – entering the environment as a quiet presence focused on making art, acknowledging that 'there is a lot happening in that space' – makes possible a certain kind of interaction. Allowing people to decide whether or not to approach him and whether to watch, chat or to engage in making art books, in turn leaves room for him to explore the psychological impact of illness and trauma in terms of identity.

Working alongside researchers, attending seminars and meetings, has been extremely constructive for John's art in a different way, opening up a 'whole new world' of possibilities in the form of collecting, organising and representing information then expressing it artistically. The fact that John has continued to work in the studio and the FIS in 2016, beyond the life of the initial SALA residency, testifies to the high value he places on this opportunity to develop his practice. Coupled with the submission of the Synapse application in collaboration with senior researchers from the FCIC, and the potential for development of an ARC grant application in the future, it is testimony to the extremely fruitful residency in this site.



Differentiation (Solitude Trepidation Compulsion Tenacity), John Blines 2015

Partner Reflections on the value of the 2015 Residency

Arts in Health at FMC – Sally Francis:

The inaugural FMC SALA Artist-in-Residence in 2015 established a more formal and visible connection between Arts in Health at FMC and the annual SALA Festival. Flinders Medical Centre has participated in the Festival for many years by providing a venue for exhibitions and promoting exhibiting artists through the SALA program, but the Residency (being one of only a small number) is publicised specifically on the SALA website.

The Residency program has provided an opportunity for Arts in Health at FMC to work more closely with the FCIC to provide opportunities for patients, collaborations with researchers and to raise the profile and value of arts in supporting treatment and improving patient care, interpreting research streams through an artistic lens and improving the physical environment through the exhibition of artworks. The relationships that have formed through this process have been highly productive and have led to the continuation of the Residency through 2016.

The artist, John Blines, has brought a unique set of skills and experiences to the project. His sensitivity to the issues and genuine, gentle approach has enabled meaningful interactions with patients, and his naturally enquiring mind has led to a rigorous and respectful relationship with researchers.

The Residency has broadened the reach of Arts in Health at FMC into research and clinical areas previously not explored and established long term professional partnerships. It has created a partnership between FMC, SALA, FCIC, FMC Foundation and FU.

The Evaluation has provided valuable insights into the way in which staff and researchers have regarded the Residency and what has been achieved, and it has detailed and highlighted some of the challenges of patient engagement in this most difficult of clinical environments.

The involvement of Hon John Hill, Chair, SALA, in suggesting the Residency in the first place; opening the associated exhibitions and initiating the acquisition of the main series of artworks titled Differentiation, has added further import and profile to the project. His understanding and sensitivity to the issues portrayed in the artworks produced from the Residency has been heartfelt.

The success of the 2015 FMC SALA Artist-in-Residency has led to a second Residency in 2016. We are hoping that the FMC SALA Residency will become a part of our annual calendar of events.

FCIC Research Development – Rebecca Keough:

The Artist-in-Residency program was a wonderful opportunity to explore and experience something special, something that isn't afforded to every workplace. John has brought a new dimension to the FCIC – a broadening of outlook and a heightened appreciation of our environment and our reason for being here.

SALA General Manager – Penny Griggs:

SALA's vision is to create and sustain an environment in which South Australian visual artists are supported, valued and celebrated. The AiR program at Flinders Medical Centre has been an incredible opportunity for local artist John Blines. As observers, documenters and commentators artists are often interested in accessing unusual venues and interesting people. The AiR program offered John unprecedented access to the people and processes of the Flinders Centre for Innovation in Cancer. John has been welcomed, supported and valued as an artist in the health environment. This type of acknowledgement and value is important to not only to artists and arts practitioners but also highlights the impact of arts in our society.

Conclusion

This evaluation has shown that as a participatory process, the residency effectively engaged with the patients and carers attending the Infusion Suite, key groups of research staff, and partner representatives. Its context and subject – exploring the science, technology and psychology associated with cancer – called for a sensitive and unimposing methodology on the part of the artist, allowing people to engage at their own pace.

The focus of the practice in the Infusion Suite on creating art books was skilfully tailored to patients' wish to express themselves and their experiences, providing an opportunity to make art pieces as a way to convey what they considered special and meaningful at this vulnerable time in their lives. Some shared the importance of having this chance with the staff and artist. Some staff in turn reported becoming more appreciative of the community's need for a humanising element in the environment, such as that generated by the artist's presence.

Similarly, researchers were not expected to interact with the artist in a prescribed way, but were invited to observe his participation and practice in their working environment on their own terms. A good number of researchers did take the opportunity to engage by conversing with John in meetings and actively observing his techniques and approach. They described the experience as consistently rewarding, gaining greater insights into their own creative process as well as glimpses into different approaches. The research environment was opened up in a subtle way with increased awareness of the quality of the spaces in which staff work, and their potential. Through the artist's focus on communicating across disciplines, relationships in the Centre were nurtured and new research collaborations involving the artist were developed.

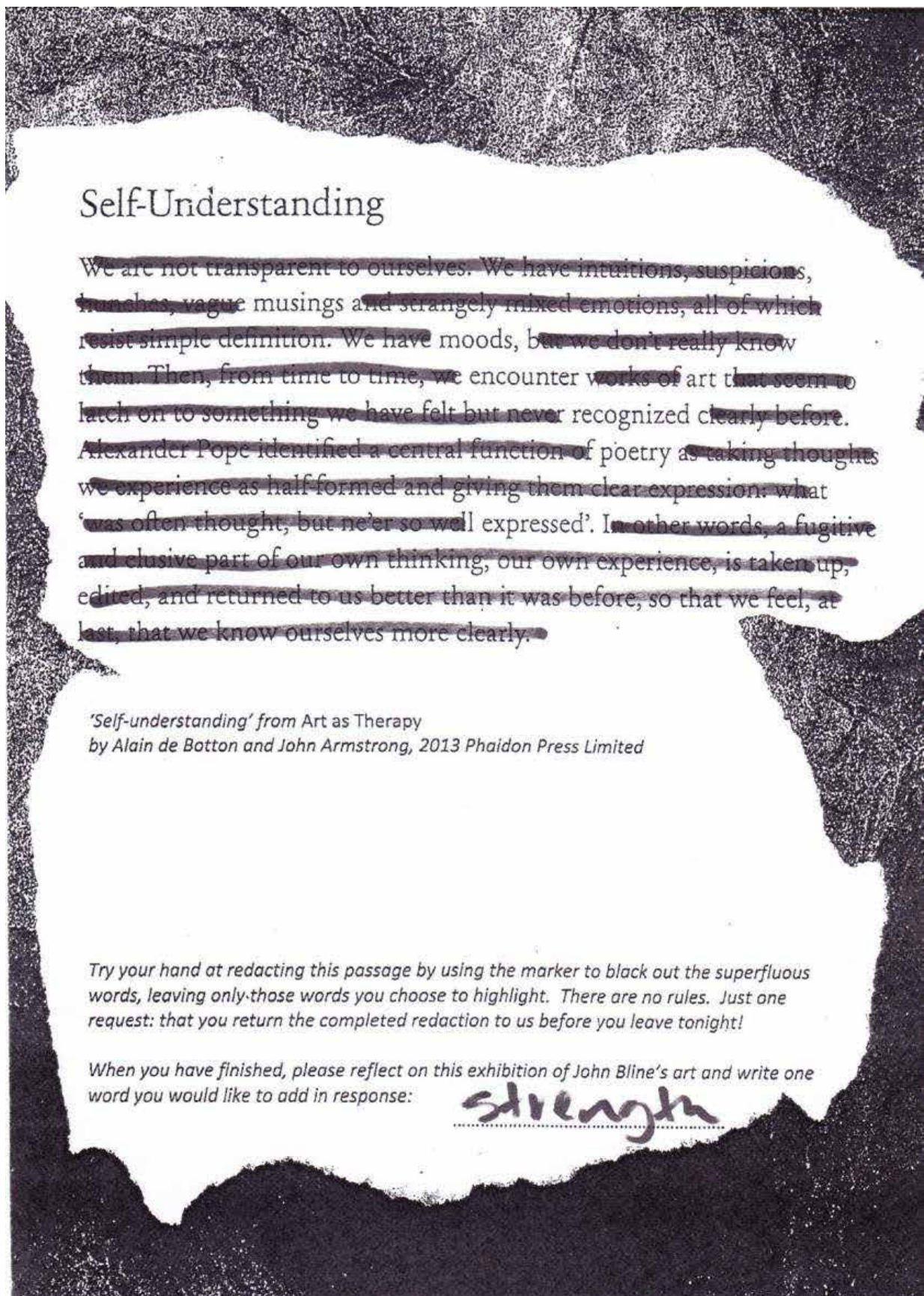
In addition, many staff indicated they had become more aware of the role of Arts in Health at FMC through the experience.

The residency timeframe of six months was found to be a key structural factor in its success, permitting relationships time to develop. As staff and artists became familiar and relaxed about sharing spaces, they grew more confident about interacting in new ways. From the artist's perspective, John Blines reported significant development in his practice and greater clarity about future directions. His continued occupation of the studio space provided for him by staff is unambiguous testament to the value of the residency for John, and the major steps that have been made towards integrating artistic practice in the work and environment of the Centre.

In summary, the 2015 SALA artist-in-residency with John Blines, based in the Flinders Centre for Innovation in Cancer, surpassed the expectations of the respective partner organisations in all respects.

Attachment A

Examples of Redaction for Evaluation



Self-Understanding

We are not transparent to ourselves. We have intuitions, suspicions, hunches, vague musings and strangely mixed emotions, all of which resist simple definition. We have moods, but we don't really know them. Then, from time to time, we encounter works of art that seem to latch on to something we have felt but never recognized clearly before. Alexander Pope identified a central function of poetry as taking thoughts we experience as half-formed and giving them clear expression: what 'was often thought, but ne'er so well expressed'. In other words, a fugitive and elusive part of our own thinking, our own experience, is taken up, edited, and returned to us better than it was before, so that we feel, at last, that we know ourselves more clearly.

*'Self-understanding' from Art as Therapy
by Alain de Botton and John Armstrong, 2013 Phaidon Press Limited*

Try your hand at redacting this passage by using the marker to black out the superfluous words, leaving only those words you choose to highlight. There are no rules. Just one request: that you return the completed redaction to us before you leave tonight!

When you have finished, please reflect on this exhibition of John Blin's art and write one word you would like to add in response: strength

Self-Understanding

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When you have finished, please reflect on this exhibition of John Bline's art and write one word you would like to add in response:

immersion



FMC SALA ARTIST-IN-RESIDENCE 2016

Arts in Health at FMC

Evaluation Report

Dr Christine Putland
Research and Evaluation Consultant
Completed June 2016

Foreword from the Chair of SALA



One of the things that I most admire about people in health is their commitment to a deep understanding of why they do what they do and the impact of what they do on their patients.

Christine Putland's excellent evaluation of two artists-in-residencies at FMC is an exemplar of that approach, applied to FMC arts in health. Without this evaluation one might simply think that having an artist in residence is no more than a person with visual arts skills sitting somewhere in some spare room in an unlikely venue, such as a hospital, creating art; doing not much more in this new venue than they might in their own studio, but on display to the public like a mannequin in a shop window.

If that had been the case then what Jessie Lumb and before her John Blines achieved would have been interesting and entertaining, perhaps producing some beautiful objects for sale, but it may not have been important.

What Christine's evaluation shows is that both residencies were important - because they lead to changes, especially, in the nature of the work and interests of the artists themselves.

As SALA Chair I am particularly interested in this aspect of the project - our mandate is to create new opportunities for South Australian artists to develop and connect with audiences.

But I am also Ambassador for Arts - in - Health at Flinders Medical Centre and wearing that hat I am pleased to have my biases reinforced that arts in hospitals can aid recovery and lift morale. So this scheme is important for what it gives to the host institution as well as to the artists.

What we are seeing with these reports is the building of knowledge around artists-in-residence schemes; we are learning what works, what might be done better, how patients and staff can be involved, what support and opportunities do the artists need, what demeanour is appropriate for the artist to adopt.

And we have learnt quite strongly that a successful artist-in-residency is about communication, interaction and change. Just as Jessie's residency built on John's I am confident that residencies to come will build on the work of our two pioneers documented so clearly by Dr Christine Putland.

Hon **John Hill**
27 October 2016

Background

Visual artist Jessie Lumb was based in FMC as SALA Artist-in-Residence from March to August 2016. This was the second collaboration of its kind between SALA and FMC; the first being 2015 Artist-in-Residence John Blines who was based in the Flinders Centre for Innovation in Cancer (FCIC).

The SALA Festival has traditionally provided an opportunity for visual artists at different levels of development to present and promote their work across the community. The residency model was introduced in 2014 as a means of supporting selected visual artists to work more intensively in less familiar environments. It aims to supplement the original goals of the SALA Festival by providing an opportunity for individual artists to develop their capacity to respond to a range of contexts, highlighting their art work and raising community awareness of the value of visual arts through exposure to different audiences.

The 2015 collaboration featuring John Blines was the focus of the first formal evaluation of a SALA Residency program. The success of that relationship and its ongoing impact for all partners led to the commitment between SALA and FMC to base a second Artist-in-Residence in the hospital in 2016.

The evaluation of Jessie's 2016 Residency conducted by Dr Christine Putland is the subject of this report. It is based on two main sources of data collected firstly during the opening event of the exhibition of her work which took place in August 2016 and later after the formal conclusion of the Residency.

The Report contains details of the following:

- Outline of the Residency
- Overview of Evaluation
- The Residency: an account of each part of the residency from the perspective of the artist and key staff
- The Exhibition: responses to the exhibition from participants in the artist's tour
- Artist's Reflections
- Comments from partner organisations Arts in Health at FMC and SALA.

SALA Artist-in-Residency 2016 Project Team

Sally Francis	Arts Coordinator, Arts in Health at FMC
Penny Griggs	General Manager, SALA Festival
Jessie Lumb	FMC SALA Artist-in-Residence



Outline of FMC SALA Artist-in-Residency 2016

Jessie chose as the title for her residency the broad theme of healing: And then some become strong in the broken places. It is an extension of her aim to create works in ordinary public spaces that have been damaged, tarnished, neglected or diminished in some way, seeking to enliven them with flashes of colour.

I intervene into sites to draw attention to the humble but no less important details which make up our everyday lives. Through the use of colour, pattern and precious materials, overlooked or unimportant details become the star attraction of a space, making us more aware of our physical surrounds and bringing our attention back to the moment we are in.

At FMC Jessie applied this approach to the hospital as a site designed for mending and healing by creating art works intended to "make people smile". Her technique is informed by the Japanese art of kintsugi in which broken or cracked pottery is repaired using lacquer dusted or mixed with powdered gold, silver or platinum. The intention is not to disguise the flaw but to highlight its history. Drawing on this tradition Jessie says:

I believe that when something has a history it becomes more beautiful. Rather than attempt to hide the damage, the breaks are accentuated, and considered to be just as important as the object itself. Not only applicable to ceramics, this mending occurs in humans too and while often the resulting scars are ignored or hidden from view, it is these events and traumas in our lives that make us stronger and more interesting people.

In exploring these ideas at FMC Jessie focused on two main aspects: the physical damage bodies experience and how it is repaired through surgical wound management and suturing; and, the role of emotional responses in the process of healing and mending, in particular positivity and celebration. She worked in various sites throughout the hospital including the public outdoor Central Courtyard, Outpatient Department and Operating Theatres. Through observation, engagement with staff and experimentation these two strands became intertwined in her practice and are reflected in the art works she created in response to the experience.

Jessie's Residency culminated in an exhibition in three separate areas of the hospital: Community Gallery A & B on level 2, and Community Gallery C on level 6, from 2nd August 2016 to 6 January 2017.

Evaluation Overview

The form, content and aims of art programs naturally inform the design and methods appropriate to their evaluation. As is common in a residency arrangement, Jessie's approach was very open-ended from the start. She built incrementally on information and ideas arising from her interaction with staff, patients and visitors at the site over a sustained time period, testing out artistic responses along the way. Her focus was primarily on this unfolding process, while the exhibition represented an opportunity to share insights into what she had found through her exploration.

Jessie expressed her aims as striving to reimagine in more comforting ways the sterile aspects of the hospital environment that may sometimes seem 'cold' and impersonal. In doing so she hoped that people might discover delight and amusement, beauty and colour, and be taken by surprise at unexpected moments.

In such a context the main source of information is typically feedback from the hospital community about the process and the art works, however, several factors restricted this approach. A pool of informants able to give detailed feedback about the process and outcomes was less accessible than had been the case in the 2015 SALA Residency based in FCIC. Jessie initially spent time in public spaces including the FMC Central Courtyard in which staff, patients, families, carers and volunteers come and go repeatedly, many visiting on only one occasion and for short periods. Their interaction with the process tends to be fleeting and they are not easily identified or contacted after the event. Similarly whereas John's location in a studio space adjacent to research teams had provided recurring opportunities for staff to observe and interact with him, Jessie relied on connecting with individual staff around key activities but without the same regularity. Accordingly a qualitative evaluation design was adopted using open-ended data collection and analysis tools.

After consultation with Jessie and Arts in Health at FMC staff, feedback was sought by means of:

- Semi-structured interviews with a small number of key staff and one student
- Written feedback forms distributed to 18 participants during the artist's tour of works at the exhibition opening
- Artist's reflections
- Comments from Arts in Health at FMC and SALA managers.

The discursive form of this Report reflects the open-ended tools and the way that Jessie's practice evolved gradually over the course of her six month residency in FMC. 'The Residency' summarises accounts of its development and effects from the perspective of the artist herself as well as key people, staff and one student, gathered from semi-structured interviews. Jessie's account is paraphrased from interviews in which she described her practice, with selected verbatim quotations. Comments from staff and student are a mix of quotations from telephone conversations and written statements in response to guided questions. 'The Exhibition' comprises a summary of written feedback in response to four open-ended questions from participants in the artist's tour of works.

The Residency

Jessie started by exploring the possibilities presented in different sites around FMC. She explained that she finds inspiration for her approach in the rainbow – 'an event that appears suddenly, is often short lived, but which provides a moment of joy to those who see it'. Thus she is drawn to bright colours and materials that sparkle, shine and take the viewer by surprise.

Pursuing her interest in public spaces, Jessie set herself up once a week in the courtyard where dozens of autumn leaves were falling from the large and commanding plane trees. She selected a pile of these and painted them on one side, using pink, turquoise and purple 'poska' pens which she had with her at the time. As the leaves continued to fall into the winter months she became a regular fixture in the courtyard with her familiar props of large brightly coloured leaves. From time to time people would stop to look into the large box where she kept her collection of painted leaves, curious to know what was inside. Some would ask: 'what are you doing'? Others seemed happy just to see colour in the environment. At one stage Jessie left a bunch of leaves out on the ground, one of which was found weeks later carefully placed at eye height on a shelf in the Medical School Library, level 4, FMC. There was speculation as to whether it had been collected by someone who decided it would make a useful bookmark, then had been left behind to brighten another's day. These were typical of the unexpected 'moments of joy' that she aspired to create.



Practised in finding chinks of imperfection in drab and neglected spaces, Jessie deliberately dresses their faults with weird and wonderful splashes of colour.

Reflecting this interest in the Kintsugi concept of mending broken parts by making them beautiful, she investigated opportunities to apply it to the floors and walls of the FMC building. The hospital offered little scope for playing with this particular technique, however, with its smooth 'clinical planes and edges' and strict hygiene and infection controls ensuring that any cracks or flaws tended to be instantly repaired.

Meanwhile she turned her attention to the idea that bodies can be broken too, and to observing how clinicians respond when they are.

Surgical wounds can be seen as external signs, inscriptions on the body's surface that mark the site of intervention. She started asking herself: 'What is broken here? What do these signs tell us about the inner life of the patient, the wound under the skin, the internal healing?'

Jessie spent time observing in Outpatient Departments and Operating Theatres, studying then mimicking the clinicians' techniques using fabrics and paints on her own body. She was given an illustrated book on the history of dressings and became focussed on the materials used to mend cuts and bruises – betadine, bandages, threads, adhesives and cotton wool.

While they normally evoke negative feelings of pain and distress, in Jessie's hands these ordinary items were made to appear special: crepe bandages reimagined as long rainbow ribbons; Hypafix fragments cut-out and trimmed to resemble snowflakes. She has taken small, messy, unassuming materials and elevated their status so they become worthy of our regard; noticed and appreciated for their part in the healing journey. She further speculated: 'What if materials used to heal us were made from things that are precious to us?'

Seeing the petals of flowers in the FMC Gift Shop, their fragility and propensity to bruise, she was reminded of a reference in the historical accounts to employing 'compresses of aromatic flowers' and became inspired to imagine these alongside the delicate weave of gauze dressings. Jessie then went to work layering these petals over the gauze squares to emphasise this connection, as a small 'gift to lift the spirits'.



spiders' webs and boiled snails. As a folk
employed compresses of aromatic flowers
beating, applied to the healthy skin. Pl

Flower Bandage, Jessie Lumb, 2016

During her residency Jessie took every opportunity to expand her technical knowledge and was inspired by spending time with staff and patients in the wound clinic. The Wound Management Nurse Practitioner in charge reported that it was a positive experience for all involved:

I enjoyed having Jessie interact and observe my patients. She even attended a full study day that I ran. She was enthusiastic, polite and respectful. [It was] a delight to see her create beauty from injury. I think there is great value and my patients felt part of it also.

Jessie found herself especially attracted to the practice of suturing, the fine needles and threads employed in applying age-old sewing skills to damaged bodies. This meticulous technique is so critical to healing, literally restoring and keeping bodies intact, and yet unlike the labour of a seamstress it is a transient practice with stitches dissolving or being removed and discarded. In sharp contrast Jessie's use of gold filament underlines the artistry and painstaking care with which stitches are fashioned and asks the viewer to grasp their value, to 'hold the moment'. Attending the 'Suture Night' run by Flinders University medical students was a pivotal step towards this appreciation. Reuben, a second year medical student and President of the Medical Student Surgery Society, relays the story of how this occurred:

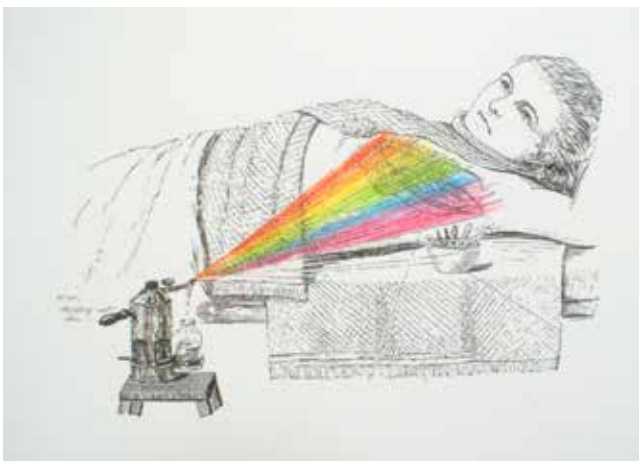
'Suture Night' is an annual event organised by medical students to give First Years the chance to learn and practice suturing techniques – an informal session before the more formal study in second year. They have a lecture from [Dr] Nicola Dean, Plastic and Reconstructive Surgeon, followed by a curry dinner, and then doctors teach and support the students to learn skills in suturing.

Jessie saw the event publicised on our Facebook page and contacted me [Reuben] to ask if she could observe in order to gather ideas and inspiration for her work. Many students were not aware of her being an artist as they were very focused on their task and since there were a number of unfamiliar faces in the room they were not phased or surprised by her presence. The organising committee members knew that she was an artist and they were very accepting of her reasons for attending. They saw it mainly as a benefit for her to enhance her own skills and ideas but then the final product was very enjoyable so that was an advantage for them too.

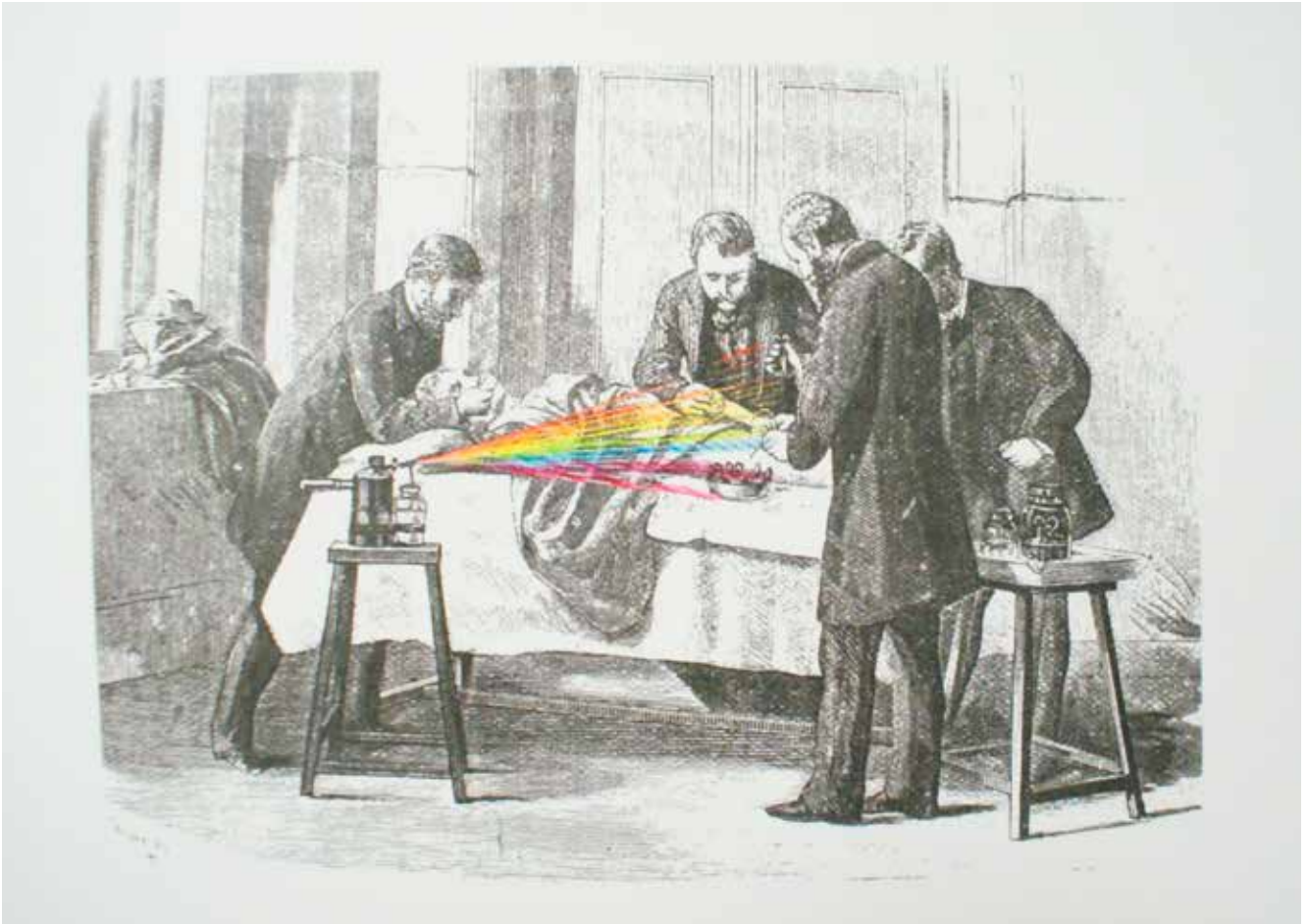
Reuben said he had seen the connection between art and health as an abstract idea at first but then after chatting to Jessie and thinking more about it he gained a better understanding. He reflected that:

... hospitals, including wards, are dreary places and the introduction of visual arts especially if relevant to staff and patients can help to improve them. Jessie's work was specifically interesting in relation to health care, highlighting the personal nature of the experience and emphasising the patients as individuals, real people, which is easy for doctors to forget. It showed the beauty in all aspects of the healing process.

Jessie recalls that she was hovering and observing when she overheard one student exclaim: "it's an artist"! She watched closely and listened to directions about how to hold the needle, how to handle the thread – with extra-long tails, as instructed – then later she practised the special surgical knots with help from a medically trained friend. Thus one of the main themes in her exhibition took shape as she worked in gold thread on photocopies of etchings from old medical books, repairing and mending illusory wounds.



If I had invented... #1 and #7, Jessie Lumb, 2016



If I had invented... #2, Jessie Lumb, 2016

The Consultant Head of the Plastic and Reconstructive Surgery Unit was positively disposed to having an artist-in-residence involved in the hospital:

I am always interested to encourage a holistic approach to patient care and have found over the years that both staff and patients benefit from the Arts in Health programme. I think it allows patients and staff to feel engaged with the "broader world" when they are in an environment which is by its very nature very stressful and abnormal. This connection with aesthetics and the outer world enables people to retain their humanity when at times they are at risk of feeling dehumanised or at least very vulnerable.

The Consultant endorsed Jessie's observation of a breast re-contruction and introduced her to the Nurse Practitioner in the Unit. From her perspective as Patient Advocate the Nurse Practitioner said she was initially concerned about patient confidentiality:

Because I am a patient advocate, protecting patients' privacy and care is at the forefront for me and having an artist looking on did not sit well at first. However I agreed and arranged for Jessie to observe a patient on the chosen day. I explained to the patient that she didn't have to do this but...she gave her consent.

The Nurse Practitioner observed that Jessie was sensitive to these concerns on the day:

Jessie was very respectful; she did not have direct interaction with the patient, just stood in the corner and observed quietly. I had asked her not to take photos and she was completely agreeable – at no time was she intrusive.

The Consultant Plastic and Reconstructive Surgeon who had interacted with Jessie during her observation of a range of surgical processes regarded Jessie's involvement very positively:

It was a pleasure to have Jessie in the surgical arena. Her behaviour and demeanour was very appropriate and thoughtful – it is often difficult coming into a complex system where there are all sorts of unwritten rules about protocol and behaviour, so she handled this very well.



Rainbow Bandage Leg, Jessie Lumb 2016



The Exhibition

An expression of her experience in the role of artist-in-residence was represented in Jessie's works featured in the exhibition. At the opening event Jessie hosted a tour of the works and participants were asked to provide written feedback based on four open questions.

1. What was your first reaction to the art works included in the exhibition?

Given Jessie's aim to bring an element of the unexpected to the hospital environment there was keen interest in people's first reactions. A few respondents indicated that they were familiar with Jessie's work (I was aware of Jessie's work from previous exhibitions, plus she had posted some works on Facebook). Most were agreeably surprised, however, with first reactions (such as 'joy', 'amazement', 'smiles', 'surprise', 'wonder' and 'WOW') suggesting that participants were immediately engaged and intrigued by the image.

Several described how it made them feel in more detail:

Joy. A sense of the different worlds meeting, an unusual space to view artwork. A feeling of ease in what is usually an unrestful environment.

What will this be?? Amazed at what Jessie has found to work with in this space.

To smile.

Colourful, fun, bright and happy.

Interesting, sense of wonder and part of a bigger picture of knowledge and humanity that is present within a hospital.

It was elegant and understated and it made me want to know about it.

Confused and [but] interested.

Many participants were impressed by the concepts and techniques in Jessie's work and how she had responded to the hospital space:

I liked the novelty of the concept.

I loved the coloured leaves and the ideas behind them.

Congratulations to Jessie, amazing thoughts of an artist extremely great for FMC.

Wow, they're so delicate and detailed.

I liked Jessie's positive outlook.

It was good to see work that was a direct response to the hospital space and the process of healing.

Loved the surprise of finding beauty amongst the blandness of the hospital environment, amidst the posters and directional signage.

A few pinpointed specific elements in the work that interested them:

*Prints and photocopy * colour * stitching – add beauty to scary things.*

WOW! 'loved the bandage' kneelleg. Personalised colour bandages 21,22,23,24 – 17,18,19,20

Gold at the end of the rainbow.

This last reference was a lyrical response to Jessie's use of gold suture stitching; the respondent added that it made her think of the fact that the gold effectively closed the open wound, this careful mending signifying the reward of healing.

2. Are you surprised by what Jessie has uncovered during her residency at FMC?

Introducing an element of surprise is a central theme in Jessie's work and we were interested to know whether, and if so how, this was conveyed to participants through the visual images in the exhibition. From the majority of affirming responses ('yes', 'very surprised') this was clearly the case. Respondents noted her shrewd powers of observation as she drew inspiration from seemingly insignificant features in the environment then applied her skills to transforming them in subtle ways.

Yes it has been a delight to listen to Jess explaining her work – particularly the comfort of bandages.

Yes, fabrics, thread, and contrast leaves. The suturing exercise – great that Jessie has picked up new skills from working in this environment. Showing this work with colour can see healing benefits described.

Surprised at the transformative powers this residency has had in Jessie's life and art practice, and excited to see what she does next.

Yes, given the scope of what's available to focus on in a hospital, this surprised me.

Yes – interaction with goings on in hospital and applying it to art and try[ing] to personalise healing.

Yes/No. It does not surprise me she has wanted to make this world more strong and beautiful, but [I] am amazed by the passion it has inspired within her.

Yes. This work shows a progression of thought and experience regarding the healing process.

Yes! What an incredible way to make sick people see the more colourful side to life.

I am surprised and happy about the level of access that Jessie has enjoyed and the vastly different experiences she's had.

Several said they were not particularly surprised – including the few who were already familiar with her work – but all were nonetheless impressed and responded positively:

Not surprised but delighted by her process. Happiness is not always found in hospitals except perhaps neo-natal.

No, because I grew up with her sense of wonder. Jess has always interpreted the world with a sense of colour and love.

Jessie has certainly found and observed and interpreted some interesting ideas.

It's great to see an artist's response, delving into herself to come up with what she has presented; subtle yet profound.

Yes and no. Never imagined such a space to conjure such a depth of study and reflection but also knew Jessie would put her whole heart into it – anything amazing could happen!

Not so much because I had chatted before about it.

I think it is great.

3. Has Jessie's work provided insights or enabled you to see something new in the FMC surroundings?

There is obviously a deeper motivation in Jessie's art beyond the surface level of adding colour and decoration to medical-themed images. Respondents' comments showed that this sense came through strongly in the works ('yes', 'of course', 'absolutely', 'definitely') alluding to insights about the practical detail in her content as well as to their own reflections on the complex nature of the hospital, much of it invisible to the public.

At the practical level there were observations about the hospital environment:

To bring colour and beauty to a place of healing that is usually so stark and clean is wonderful.

The medical side of healing is often sterile and bland, hidden from everyday sight. This work brings colour and visibility to elements easily obscured.

Yes, her tour was very informative of her time spend here, highlighting some of the 'behind the scenes' of the hospital that patients and family do not see, such as the ongoing teaching and learning of staff at FMC.

I thought it surprising that the staff she worked with were open to having her observe their work in spaces usually not open to the public eg operating theatres.

Yes, it's really focused on the lack of colour and fun.

For some, details such as the unexpectedly intricate stitching involved in suturing were particularly fascinating:

Of course, I've learnt about surgical needles and knots, and I have a deeper understanding of the process of healing, I guess? I think art has a vital place in healing.

Definitely, I would not have seen some of these areas ie suturing – was wondering initially what Jessie would find – amazing detail!

Absolutely! I found the surgical needles works particularly magical in what was otherwise a dull hospital corridor.



If I had invented... #5 and #6, Jessie Lumb, 2016

A number thought it highlighted the importance of art in the hospital and specifically to the role of Arts in Health at FMC:

I think it's great that FMC is promoting art and its effect on mental well-being and the flow-on to physical wellbeing.

Yes it has opened my eyes to the arts in health used throughout the hospital.

Yes! Any space can be turned into an exhibition space, successfully.

I have always enjoyed looking at art in the corridors of FMC. It gives me pleasure and helps me heal.

Yes, able to see wonder in healing. – Very creative.

And a few valued its general positivity and thought provoking nature:

Hope!

Yes it has made me think 'beyond the square'.

4. Would you like to give any other feedback to Arts in Health at FMC and SALA based on this exhibition?

Participants were invited to make any other comments to inform the development of the SALA Artist-in-Residency and Arts in Health at FMC programs. Of those who did take the opportunity there were a few practical suggestions:

The signage to the exhibition could be improved/Some difficulty in finding the venues.

It would be wonderful for the artist to be provided a budget for framing and hanging at the beginning of the placement. Otherwise very excited to see what's next.

Aside from these the majority overwhelmingly indicated their approval for the collaboration between Arts in Health at FMC and SALA, and more generally for the role of art in FMC.

It's a tiny amount, an infinitesimal fraction of the state budget, but money well-spent. The impacts are not so obvious, but they're quietly far-reaching.

I'm truly glad this show has happened, I feel there is joy to be had by all involved and all who endeavour to visit.

Keep it going.

A wonderful way for public to view simple things we take for granted in Health area and can see benefit of Jessie working with these.

Please continue with ideas in corridors and continue with her residency work. Great for many people to view and make [them] feel happy.

Arts and health – a good combination; please continue with this initiative of artist in residence.

Just make more art – excellent!

More thoughtful work like this that highlights what positive work occurs in a hospital space.

A lovely way to brighten hallways for patients, family and staff that, I am sure, feel daunting and oppressive in stressful times.

Keep growing and doing what you are doing. Get the word out, you do so much for the community.

Keep doing it, it's fantastic.

Keep ART happening in Hospitals.

During the interview with Reuben, President of the Medical Students Surgery Society as explained above, he offered some additional feedback about how to engage students in such exhibitions in future:

I mentioned the exhibition launch to the other committee members but it was unfortunate timing as they were preoccupied with the approaching exams. There could be more notice to students to attract more along to events by Arts in Health at FMC. Students are physically removed as they are mainly based on level 5 other than occasionally passing along the level 2 corridor. It would be possible to inform them more directly through Facebook and also the digital newsletters of other committees such as the more general Flinders Medical Students Society.

Artist's Reflections

By her own account, Jessie's experience as SALA Artist-in-Residence changed the way she works as an artist. It is some time since she designed art works to hang on walls and instead has favoured working in existing spaces on ordinary surfaces and sites: pavements, bricks and cement. She had anticipated this would also be the case in FMC and envisaged introducing rainbows, touches of precious gold to lighten the serious tones in the building and to elicit smiles. But confronted with smooth surfaces and clinical forms this approach did not feel right and instead she recognised an opportunity to extend the 'broken' metaphor beyond objects. Drawing on her growing interest in the human body and focusing on the 'micro-zone' in this context she began working towards an exhibition – and in the process encountered her own personal 'unexpected moment':

Being within the hospital meant that I had to think about alternative ways of working while still holding true to the concepts I have spent years exploring. This forced me to go back to an object and material based way of creating, not only for the resulting exhibition at FMC but also in the months since. I have started exploring sewing and textiles as a future direction as well as trying to further my knowledge of the human body and thinking about the possibilities of this as a site for works as well.

The most profound shift for Jessie however has been a growing concern with health care itself. Time spent observing, talking and exploring the environment has led to her decision to explore this field more deeply and so she is pursuing further study in public health alongside her art work:

Having spent a lot of time in hospitals visiting family members and friends throughout my life, the residency at FMC provided a chance to experience such an environment from a less emotional perspective. Rather than it being upsetting, as it had been in the past, I was able to see the little moments of kindness and care and hope that occur between staff, patients and visitors on a daily basis. This ignited an interest in understanding health care in greater depth, and the ways in which I, in a non-medical profession, could also contribute to improving people's health and well-being. Working within the Arts in Health team opened my eyes to this field and the possibilities it holds. Applying for graduate study in public health seemed a logical step to me in understanding these ideas from a health perspective and I look forward to being able to extend and combine my artistic skills with it in the future.



If I had invented... #5 and #6, Jessie Lumb, 2016

Partner Reflections on the value of the 2016 Residency

Arts in Health at FMC – Sally Francis:

Arts in Health at FMC was pleased to continue the FMC SALA Artist-in-Residency program in 2016 by offering the annual Residency to visual artist Jessie Lumb. Once again, the Residency has not only proved to be a valuable addition to the ongoing arts and health program, but has far exceeded expectations.

Jessie's Residency, being located across several hospital departments rather than in one clinical location, has provided an interesting variety of insights and experiences to inform the development of a body of artwork exhibited at FMC in August 2016. At the core, Jessie has challenged the value of what are commonly regarded as every day procedures in the hospital, transforming these seemingly mundane processes into distinctly individual and personally precious occurrences each time they are performed. Each stitch of a needle or turn of a bandage holds the potential to be a celebration of joy.

Jessie's artworks prompt the viewer to reconsider the common perception of the clinical environment as overwhelmingly complex and inaccessible by reducing tasks and tools to simple actions on a human scale.

In contrast to the proactive way in which Arts in Health at FMC usually works in the hospital, Jessie unobtrusively 'set up shop' in public spaces, encouraging passers-by to question what she was doing and inviting them to engage on their own terms.

Her Residency has enriched the multiple layers of people and place that make up the hospital community; stimulating ideas and creating precious gems of unexpected pleasure. Her gentle, accepting nature has been integral in developing trusting and respectful relationships with staff and we are delighted that Jessie has taken up the role of driving the FMC Art Trolley one day/week, providing art-making activities for patients. Like 2015 FMC SALA Artist-in-Residence John Blines before her, Jessie has become a valuable member of the Arts in Health at FMC team.

SALA General Manager – Penny Griggs:

SALA Festival's Artist-in-Residency program at FMC just keeps evolving. In its second year the experience for the artist and FMC has been quite different from 2015, confirming that each residency is as unique as the artists who participate. The program has been a wonderful initiative for SALA to support and develop local artists and further promote the value of visual art in our community.

The experience has obviously had a profound effect on Jessie personally and professionally. I'm sure it will inform her work and indeed her life for many years. Our partnership with FMC is incredible – the Arts in Health team have made the residency a welcoming and productive experience for the two artists who have participated. We are particularly grateful for the way the clinicians have been so open and enthusiastic about the experience.

We look forward to facilitating many more great residencies in the future.

Conclusion

As the second SALA Artist-in-Residency in collaboration with Arts in Health at FMC, notwithstanding the differences in approach and sites of practice from the first, Jessie's residency confirms the benefits that flow from such partnerships for all involved.

Although the opportunity for interaction with staff and students was less regular than John's in FCIC, Jessie's presence was consistently well received wherever and whenever it occurred. Similarly the response by members of staff and the wider public who viewed her works in the exhibition was extremely positive, with feedback indicating they had gained fresh insights into the aesthetic elements of routine surgical tasks. During her residency Jessie has succeeded in creating works that amaze and delight audiences, engendering a new respect for repetitive clinical skills. Meanwhile throughout the residency she has impressed everyone with her thoughtful and sensitive demeanour.

It is well known that working as an artist in an acute care hospital environment can be challenging for someone outside of the health system. Jessie's intense interest in the fine detail of dressings and sutures led her into some of the most private spaces in the hospital, highlighting the importance of protecting patient confidentiality and care. As staff members noted above, Jessie's unobtrusive methods and strong regard for protocols, together with support from experienced Arts in Health at FMC staff, has ensured a smooth passage.

And perhaps most strikingly, the experience of the SALA Artist-in-Residency has fired a passion in Jessie herself for a deeper understanding of the discipline of health and her potential contribution as an artist. In short, for the second time, in 2016 the SALA Artist-in-Residence partnership with Arts in Health at FMC has been a resounding success both in terms of its value for the FMC community as well as the personal and professional advancement of the artist, Jessie Lumb.

Concluding Comments 2015 & 2016

Bringing the respective Evaluation Reports of these two independent residencies in one document highlights both the distinctive qualities of the artists as well as the commonalities in their approach and experiences. It is clear that the trajectory of every artist residency in a health care setting is unique depending on the particular methods and focus of the artist, the specific human and environmental context within which they reside, and the special interaction between the two. Yet in both cases they brought their artistic sensibility to bear on this context with unexpectedly insightful results. At the same time, it is evident that both John and Jessie found immersion in the world of scientific order and technique, with its exposure to a different kind of creativity, profoundly compelling. Its influence on the future direction of their practice is indisputable.

And as the ultimate testimony of a successful partnership, these relationships continue to survive and thrive beyond the life of the formal agreement. Not only have both artists volunteered to carry on working in their respective sites, but the principal partners, SALA and Arts in Health at FMC, have firm plans to extend the opportunity of a residency to more artists in future years.

Arts In Health At FMC

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