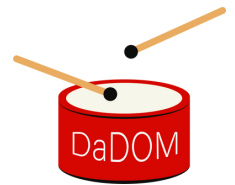


# Introduction

## DaDOM online teacher training



### DaDOM online teacher training

Welcome to the DaDOM Online Teacher Training. This course aims to equip you, as vocational healthcare teachers, with the knowledge and tools to integrate music into healthcare education effectively. We'll explore why music matters in care and how it can be a powerful addition to your teaching toolkit.

The DaDOM Online teacher training gives an insight into the module and how it can be delivered, particularly for teachers who have little or no experience with making music. We have tried to make the module as accessible as possible for both students and teachers. Obviously, for teachers who are musicians or have musical knowledge, the ideas incorporated in the training may seem a little straightforward, but we hope that by making everything as simple as possible, it will allow the module to be given as widely as possible.

We recommend that everyone follows the training in order, starting with all of the background material and introductory information:

- Introduction to music
- Why music in healthcare?
- Whom is this teacher training for?
- Delivery of music in person-centred care
- Teaching music in healthcare in vocational education

These introductions give a picture of how and why music should be applied as a tool in person-centred care. We will give an introduction to each lesson in the module and also examples of what is expected from the students in terms of goals and outcomes. After each section and dotted throughout the training course, there are small reflection questions and assignments to help you with your learning.

Once you've completed the training, you can further enhance your teaching impact with our 'Train the Trainer' top-up course, available on the DaDOM website. This additional resource is designed to help you share your newfound knowledge with colleagues, fostering a wider implementation of music in healthcare education within your institution.

## Who is the DaDOM teacher training for?

The DaDoM teacher training module has been developed for teachers working within a care teaching programme. The teacher training will provide support for preparing the lessons of the DaDOM student module.

The student module has been developed for students who are following a vocational training in healthcare. In the module, we mainly focus on elderly care. However, adjustments have already been made within the lessons for several different profile outcomes. This is because classes do not only include students who want to work in elderly care or do an internship.

Musical interventions can provide possible solutions to care problems on a small-scale level in differing healthcare situations, such as care for the disabled, home care, palliative care and hospital care.

The teachers envisaged in this programme will come from a variety of backgrounds. Some may have musical experience or expertise, whilst others may be coming to this purely from a clinical or therapeutic position. It is important to recognise the potential of all of these possibilities, because this will also reflect the backgrounds of the students who will carry the DaDOM programme forward. The objective of the student curriculum is not to transform every care worker into a music therapist or professional musician. This also applies to the teachers of the module.

The essence of the training is simplicity. All of the elements of music in person-centred care are essentially simple: musical interventions; biography; context. From the experience of training care workers of all ages, ranks and levels of education, Embrace Nederland has discovered many hidden talents and unexpected leaders in the field of care, who have benefitted from the empowering use of music in care.



## Vocational education as a force for change in the care sector

Most people who work closely with patients in healthcare have studied at vocational schools. As a teacher in such a school, you play a very important role in getting your students ready for their work in healthcare. By using new and creative ways to teach, you can help your students learn how to make a positive difference in the lives of their patients.

In this training, we will share information and examples to help you bring new ideas to your health and social care classes. We want to show you how music can be a powerful tool in healthcare and how you can include creativity and new thinking in your teaching.

Until now, using music to help patients was mostly done by specialists in music therapy and research. But we believe it's important to teach these skills in vocational schools too. This way, more healthcare workers can learn how to use music to help their patients every day.

It's very important to respect the work of music therapists and researchers. We don't want to replace them. Instead, we think vocational care workers can learn about music and add their own ideas. This can lead to better teamwork with music therapists and other healthcare professionals, bringing new ideas and improving care for patients.

By teaching students about music in healthcare, we can help create a group of care workers who can really make a big difference. Using creativity and innovation in our teaching can help make healthcare better and change the care sector for the better. We hope this training makes you feel excited to try new ideas in your teaching. By using fresh and creative methods, you can help improve care for patients and make a positive impact on the lives of those you teach. Let's start this journey together!



## Your Music

It is important for everyone involved, students and teachers, to understand what music means to them personally. It does not matter if the student or teacher has no experience of making music, almost certainly they will have had pleasurable experiences of listening to music. Music is an emotional communication and therefore intensely personal. In THE SOUNDTRACK OF MY LIFE part 1, we encourage everyone to go on a voyage of self-discovery in the world of their musical taste. Be honest about why certain pieces of music resonate with you and remember, not all memories are happy ones. If you do not have a smartphone playlist, do you have a CD collection or a favourite radio station? What music do you keep going back to? This way we can clearly demonstrate why music is so much a part of nearly all our lives. We also look at the sounds around us and what role they play. We then can use these sounds as source material to start making music ourselves.

## The Soundtrack of My Life Part 1

Ask yourself, 'what is your favourite music and why? Where does it come from? What is it connected to in your biography?'

Our musical tastes are mostly influenced primarily by two periods in our lives. The first is around the ages of 7-10. Here we experience the music of 'home'. It can be the musical taste of our parents or guardians. It may not be our taste, but it will always bring back the emotional memories of this time. These memories can, of course be both good and bad and so it is important to be aware of the emotional triggers that music can bring.

The second period is roughly from 14-25. This is the time that we rebel against our upbringing and experience the trials and tribulations of adolescence; first love, first kiss etc. Here we start to develop our own taste in music, which is connected to our peers and our new experiences. We can also develop new tastes in music later in life and invariably these are connected to new emotional experiences; new relationships, powerful events in life etc.

A good self-reflection is to look at your own favourite music and see to what or to whom it is connected. I recommend Jude Rogers book, 'The Sound of Being Human', in which she details her personal, emotional journey through the music that she has heard and loves.



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## Music is Everywhere

The great American composer, John Cage said that all sound and silence can be organised into music. This is important, because it releases us from the constraints of a musical canon, that dictates whether we are qualified or not, to make music. A useful exercise is to close our eyes and listen.

*What do we hear?*

This exercise links to the lesson about the sound environment and which sounds are pleasurable and which are disturbing. We can encourage accessible music-making by making groups of three or four and, in silence, collecting sounds from the immediate environment, either by finding objects that can make sound and bringing them back to the group or by recording them. The groups then come back and each make a piece of maximum one minute and choose a title for it. They perform it for the others, who have to guess a title. This simple compositional technique encourages creativity and awareness of sound and its potential. It is a technique that has worked very successfully with students, care staff and managers and musicians and above all, it can be fun!



## Self-Conscious Voices

Most people, whether they be teachers, students or trained musicians, are self-conscious about making music in front of other people. We have seen how music can be made from everyday sounds and the next step is to make music using our own voices. We can approach this in two ways:

- Names. Form a circle. Set up a steady 4/4 rhythm with finger-clicks. On the first beat of each four, say your name and then continue in time round the circle, so that everyone hears everyone's name. Don't worry if some people find counting difficult! Gently suggest that the shy people need to be audible. This will encourage participation and it really helps new groups to remember names.
- Accidental sounds. Make a circle. Imagine a white-hot ball of energy in your hands. Using a clap, pass this to your neighbour. Do this as fast as possible, making eye-contact. The energy should pass round the circle really quickly. Encourage hip movement as well as eye-contact, as in passing a rugby ball (most people will not have played rugby, but this does not matter. It makes the game sillier and that encourages playfulness.). Change direction unexpectedly and this usually generates a voice reaction from people who are caught out. Add sending the energy across the circle, again catching people unawares. The sounds that the participants make are then the beginnings of music-making. Encourage the use of random sounds when sending the energy. Silliness is to be encouraged! These sounds can be descriptive of the way you are sending the energy; i.e. fast or slow. The sounds can also be words, like a greeting.
- Combine a) and b) by saying the name the recipient of the energy. This will invariably go wrong!





## Words as Music

The spoken word is a great source of music. Arrange the participants into groups of three or four. Let each participant say their name from left to right. For example: Simon, Julia, Philip. You can try this alone beforehand, with random names out loud. Repeat this until a rhythm appears. Note that there is also a melody emerging. Change the order by going from right to left. What difference does that make? Change the rhythm. Repeat names.

This is now a piece of music. Exaggerate the melody by changing the emphases. Think about how different languages accentuate melody, for example Italian. Try simple greetings: 'hello', 'good morning' etc. Can this be used to make a request or instruction more easily understood. If appropriate, explore how prose can turn into poetry, through rhythm, line and accent. Take examples of song lyrics and how they are matched to music.

## Soundtrack of My Life Part 2

Encourage the students and colleagues to do what you yourself did in Part 1 and reflect on their own playlists. Find out about the playlists of family, friends and neighbours. Do people have smartphone playlists? If not, where can you find their favourite music? How accessible is it? Find out about why their music is so important for them. Share and compare with your own experience.

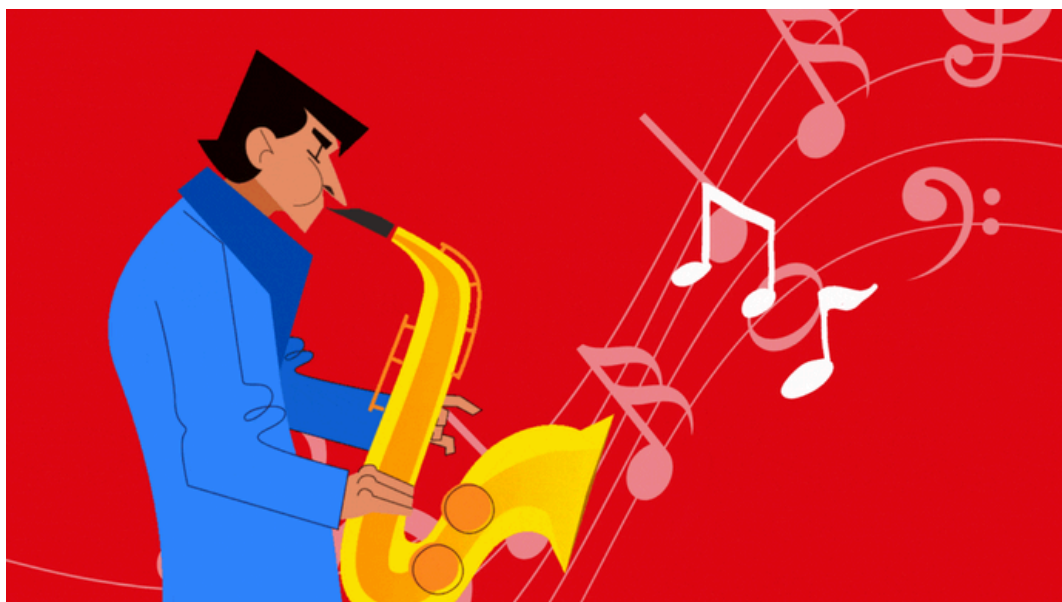


## Conclusion

All of the above ideas link to elements in the curriculum. The aim of the exercises is to take away the self-consciousness about using and making music and to encourage its use as a tool in daily care. Most importantly, the discovery of music-making through sound and the soundtrack of life should be fun!

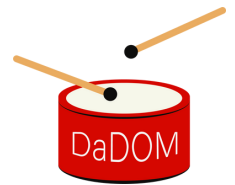
Person-centred care is all about biography and each of us has a unique and rich history. With care and a little exploration, we can connect that biography to music and enrich the quality of life, not only of the client/resident, but also the carer. It is very important never to forget that music is an emotional medium and that can mean emotional responses. Music is not only there to cheer people up. We can all be moved by music. Tears are not necessarily a bad thing, they can be a release, but we must be aware of why the tears are there. Students must also be made aware that music can release emotions and therefore there must always be support for them and their clients in dealing with these emotional responses.

As we move from our introduction into the core of our training, Section 1 will delve into the profound effects of music within healthcare settings. You've learned about the basics; now let's explore the scientific and emotional impact of music on patient care.





# 1. The Impact of Music in Healthcare



## Introduction

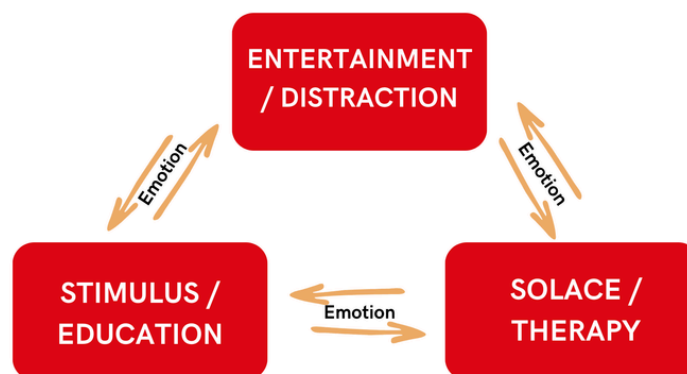
Section 1 delves into the transformative role of music within healthcare settings. We'll examine the scientific underpinnings and practical benefits of incorporating music into patient care, providing a solid foundation for its application in your teaching.

DaDOM – a 'Daily Dose Of Music' was born from the realisation that music, as an art form, occupies a unique therapeutic position in healthcare. The aim of this module is not to turn every care worker into a music therapist or professional musician, but rather to harness the potential that each and every one of us has to create and use music to help not only clients/patients/ residents, but also colleagues and fellow carers. In order to do this, we first must understand a little of how music works.

## How does music work?

The great neurologist, Oliver Sacks, described music as “an unstoppable human activity”. Friedrich Nietzsche said that “without music, life would be a mistake”. There are very few people who do not like, or cannot listen to music. For most of us, it is an unmissable part of our daily existence and as such, knowing how it can affect us and what it can do, it seems strange that it still does not occupy a central role in the care of vulnerable people.

The great American composer, John Cage said that all sound and silence can be organised into music. We are surrounded by sound, or if it is unpleasant, noise. We live in a sometimes too-noisy world. Conversely, if we experience absolute silence, it is unnerving and scary. The world of healthcare is also noisy and for people with an inability to filter sound, such as those living with dementia, it can be at times, unbearable. When investigating how music works, we cannot disconnect the musical experience from the sounds and noises that surround it.



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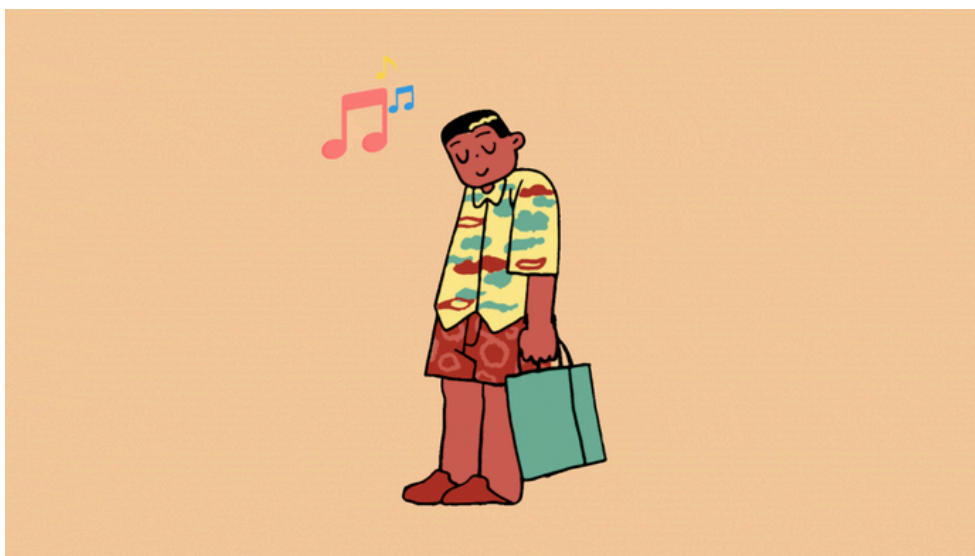
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Music is vibration. It is how sound is created. We hear or feel the first sounds when we are in the womb. Our mother's heartbeat reflects her mood and emotion and we, as babies, react to that. Once born we are come into contact with a world of sound and amongst those sounds is what we call music. How that music sounds is, of course, a reflection of the culture we have now been born into. Music works in three main ways (see diagram). However, it does this not as disconnected actions, but as an organically interconnected whole. It can best be compared to sub-atomic physics, where electrons do not orbit a nucleus, but rather smear all around it and are present everywhere and all at the same time. Music does this by being entertainment/distraction, stimulus/education and solace/therapy all at the same time and in constantly changing relationships to each other. All of these are linked together by emotion and creativity, around a nucleus that is ourselves. This makes it a constantly-changing, multi-functional, person-centred intervention that is 'in the moment'.

## Music as Entertainment/Distraktion

This is our most usual musical experience; after all, it is where we all started in music. We hear and listen to sound. The sound of a lullaby or a song to accompany play. If we have pleasure in the sounds, we try and repeat them. We search out music that pleases us. Later we buy tickets for concerts. We stream or buy recordings of our favourite artists. We are also distracted by it. It takes our mind off other things. It can also be powerful enough to distract us from pain. The active making of music is also a chosen, creative distraction. So, if making music is active, does that mean that listening to music is passive? Friedrich Nietzsche said that, "we listen to music with our muscles". This makes it neither active nor passive but, as a recent Canadian study suggests, 'receptive'. This means it can be a stimulus.



## Music as Stimulus/Education

If the music we hear is to our taste, or interests us, we become engaged. As with entertainment, this stimulates us to repeat the experience. We want to learn more about the music and its maker. We are stimulated to educate ourselves about it and we discover new sounds. This, in turn, engages with our own story; our own biography. We gradually and sometimes unconsciously create our own soundtrack; the soundtrack of our life. This soundtrack stimulates memories and stories. These are very important to our sense of identity and particularly important in times of stress or loss.

As Nietzsche said, music also stimulates movement. Movement can be made in the making of music: on an instrument, singing or conducting; or as a reaction to music, in structured movement or dancing. Music is still far too infrequently used in physiotherapy or rehabilitation, where there is sometimes resistance to treatments or exercises.

## Music as Solace/Therapy

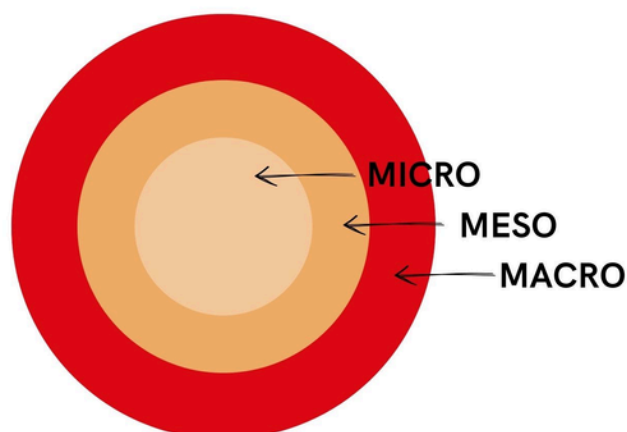
The enjoyment of music is therapeutic, but not necessarily therapy. It is the emotional element that drives this part of the musical triangle. As Henry Purcell's setting of John Dryden's poem says: 'Music for a while shall all my cares beguile'. It can change our mood and gives comfort and a release for stress and emotions.

Improvised music works spontaneously in the brain and can make new pathways and restore old ones. It is in the moment. Creating a special piece of music can create new contexts for memory, even in the last stages of dementia.

Reminiscence music, or music that already exists, can also have the same effect, but as it comes with memory, this may or not be pleasant. A good starting point is to identify what your favourite music is and why it is your favourite (see Soundtrack of Your Life). It is also important to identify the music that really annoys you! The two periods of establishing musical taste are also vital in investigating biography in this context. The music of 'home' is roughly from 7-10 years old; and the assertion of personal musical taste begins with adolescence, roughly from 14-25 years old.



## Music in Society - How is it working for you?



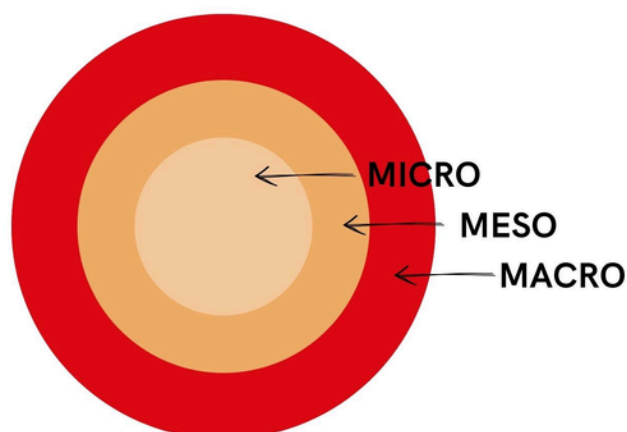
### Micro - Me at the centre again!

We experience sound, even if we are deaf, as vibration, from before we are born, until the last moments of life. Our mother's heartbeat is the first experience in our personal sound world. As we grow we gather sounds that we like and they become part of our very personal biography. The experience surrounding a particular sound makes it ours. As we grow we can actively take part in singing and playing and, if encouraged, we can create our own music. We are also constantly experiencing and observing sounds. These are woven into our memories and stories and can become a means of creative expression. Everyone can make music! Our personal musical experience is hopefully, both active and receptive.

### Meso - Just me & my community

What is my community? This can be family or friends where music is shared. It can be ad hoc work colleagues or a more formal group, such as a choir, band or ensemble. In fact any group of like-minded music makers. Music can also be functional: music for work; music for worship etc. All this delivers social connection and if successful, peer support. It must always be a safe place for creativity and expression. The musical experience here is both active and receptive.

## Music in Society - How is it working for you?



### Macro - The whole world at my fingertips

When we look at the macro level, we must question how music is delivered in our society. Never before have we had such convenience in musical access. In the care sector this can be a fantastic tool. To be able to access music at the touch of a button, can bring a client/patient/resident's biography to life. A telephone can easily deliver all of the triangle of musical influence, without having to go to the library, record shop, or even to the record-player!

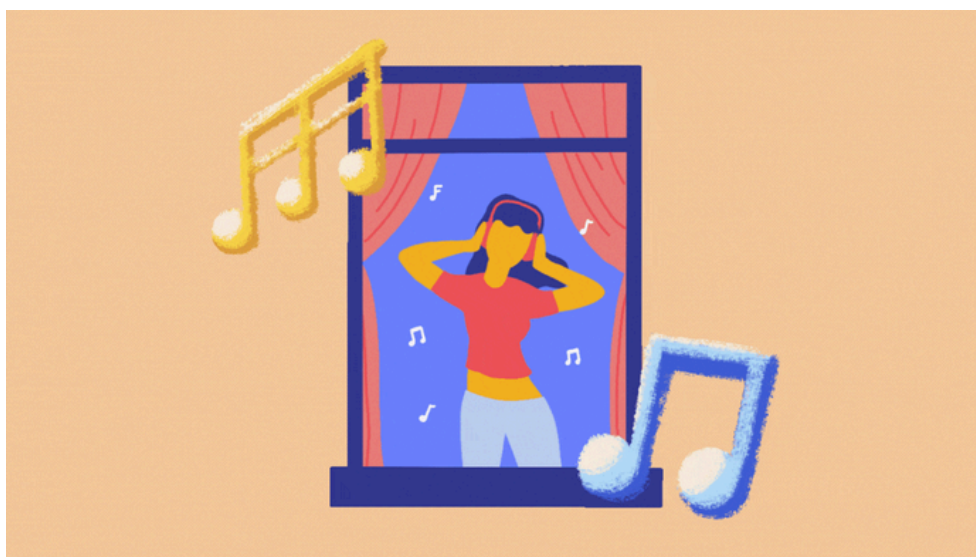
However, in creating fantastic access, we are in danger of becoming only consumers of music, rather than active participants in the making of music. It is worth considering the question: if this is our only musical experience, how good or bad is that? More importantly, does this inhibit or encourage our own creativity and expression?

'Live' music-making by a trusted person can make a world of difference to the ease with which daily care tasks can be carried out. This does not mean giving a concert, but rather something as simple as a sung greeting or instruction. This can change the atmosphere around a particular task and make the delivery of care easier. If more than one member of staff does this, then 'work' connections on a different level can be made and work satisfaction enhanced.

## Conclusion

Music is a fantastic & unique tool. It works on different levels simultaneously. It is accessible and readily available. Music gives solace, an expression for emotions and can also distract from pain. It stimulates movement, memory, story-telling and therefore, personhood. The daily dose of music can be part of the bread-and-butter of care, whilst professional musical interventions, be they therapy or entertainment, can be the cherry on the cake.

Of course DaDOM, the Daily Dose of Music is aimed at clients/residents/patients, but we must not forget, it also works for nursing and care staff. We too get pleasure and are rewarded, by making musical connections. Our creativity is stimulated and our tasks can be made easier. Our connections with clients and colleagues can open up and our work environment improved. Most importantly, music as organised sound and silence, can be made and used by anyone, for everyone!





## 2. Why music in healthcare?

### Why Music in Healthcare?

What makes the musical art form so special in healthcare situations? The answer to this is quite simple, but can seem very complicated and intimidating.

Firstly, music works in a unique way in the brain. It connects many areas of the brain at the same time. Playing music stimulates, hearing, touch, sight, memory, movement and language. This way, it can establish new connections and revitalize old ones.

Secondly, of all the art forms, music is the most accessible. Whilst there may be cultural differences in musical sources, we are all susceptible to sound and music is not bound by spoken language. We can all make music in one form or another. We are not bound by a specific instrument and we all have a voice.

Thirdly, nearly everyone likes music. It is very rare to find someone who does not like listening to music and we all have our personal musical tastes and preferences. Nowadays we have almost instant access to those tastes and preferences through recordings, streaming and of course, 'live' music. There are endless possibilities in both active and receptive music. Listening and playing music is therapeutic and in healthcare, is not just confined to clinical therapy .

Fourthly, as well as being the most accessible of art forms, music is also the most portable. We carry music within ourselves and it can be made everywhere, by anyone – even by deaf people! Apart from our own selves, every room has an abundance of potential musical instruments: crockery, cutlery, tables, chairs, curtains, cooking utensils, etc. Discovering music-making can stimulate spontaneity and improvisation, making it a gateway to individual creativity.

Music-making is instantaneous, but also ephemeral. That means it cannot be corrected in real time, unlike writing or the visual arts and this, of course, makes it scary! Much of the challenge of using music as a tool in healthcare, is being able to overcome the fear of doing something wrong or silly! In daring to share music-making, we can build bridges with people who are disconnected by disability or illness. Those bridges not only connect, but music-making also empowers both care workers and clients. The skills involved are also easily transferable, both from maker to maker and from maker to client.

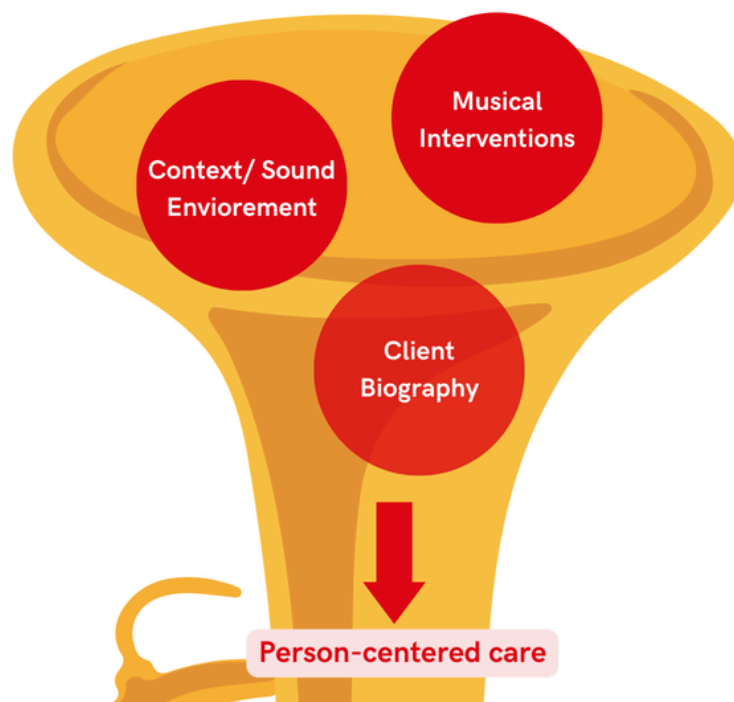
Music also stimulates movement, storytelling, singing, dancing and playing. This gives it a myriad of applications in care and rehabilitation. Music can make clinical interventions less intrusive. It can distract from pain and frustration. After all, we 'play' music. Once we embrace the idea that creating music is for everyone and is fun, playing music becomes a form of 'play'!



Music, as a medium, both active and receptive, can be easily adapted and applied to differing, small-scale healthcare situations. The purpose of DaDOM is to give care staff the knowledge of how it works, the simple skills to execute it and the courage to dare to do it!

## Delivery of music in person-centred care

The delivery of music in person-centred care can be best viewed from three perspectives: firstly, the biography of the care receiver/client/resident. Secondly, the sound environment and physical context of the care, i.e. the place in which it happens. Thirdly, through the musical interventions themselves, be they delivered by musicians, professional or amateur, or by care staff or volunteers.



## Biography

If we are to take musical interventions in healthcare seriously, then an understanding of the importance of music in the life of a new client/resident is essential. Palliative consultant, Dr. Mark Taubert always asks the question, 'What sort of music do you want to go out to?'

Does the client own a mobile phone with a playlist of favourite music? If so, questions about musical taste can be more easily answered. If not, then it falls to friends or family to provide the information. If they cannot answer, then carers and therapists can make educated guesses about taste and preferences, based on age and cultural background.

In terms of active music-making, does the client/resident sing or play an instrument? Do they still want to do that? More importantly, are they still able to do that? How appropriate is their instrument? Are there opportunities for this? Is there room for this to connect to personal creativity and personal story-telling? If the client does not play an instrument, an interactive music workshop can encourage playing simple instruments and collaborating with others.

For the receptive or listening musical experience, do they have access to music? iPhones, MP4's, Spotify, Apple music, CD players and importantly, headphones? Do they want to hear 'live' music, as well as recorded/streamed music? If so, how does this fit within the context of environment?



## Context

Care is delivered in a variety of contexts: at home, in day-centres, hospitals, residential care homes and hospices. Each of these environments has its own challenges. How easy is it to introduce music? Are there already group activities? Do they empower creativity, even in those who are very vulnerable?

Is there the technological equipment available, such as iPhones, MP4's, Spotify, Apple music, CD player and headphones. Is there a music therapist or musical activity coordinator who can be a musical focal point for advice etc.? Are there external partners for support and source of information and training? In short, is there a musical infrastructure?

Central to any interventions is the sound context. Carers must be aware of environmental sound and noise. How noisy is the care situation? What is desirable and what is undesirable sound? What can be changed and what not? Is music at a particular moment disturbing? What if the environment disturbs the music? Would headphones prevent these disturbances? If the musical interventions are to be 'live', how easy is this to deliver? How does this affect other people present? Residents? Partners? Carers?



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## Musical Interventions

Musical interventions can be divided into three types.

- Spontaneous music-making as part of the daily care routine. Here music is used by carers, to greet, to give instructions or requests and to alleviate sometimes difficult and uncomfortable treatments. The aim of the Daily Dose of Music is to give carers a basic knowledge of how music works and a simple toolbox of skills to implement it. This in turn can help team-building, as well as making the daily routine easier and more pleasurable. Are there care workers who are musicians? Could they become unexpected leaders of musical intervention?
- Therapeutic music sessions with a specific clinical goal, usually with a professional music therapist, can be an example to others and the music therapist can also become a focal point for the development of daily musical interventions and further advice on how music can be used.
- Musical performances, delivered by professional or amateur musicians with varying degrees of interactivity, can also be a worthwhile addition to music in the workplace. Healthcare-trained professional musicians can encourage interactive music-making with others and this has many benefits. Communal singing or playing can be very rewarding for a client/resident, provided that they feel comfortable and safe to take part. For many people, playing with, or being played to, by professional musicians, delivers an enhanced feeling of importance and worth. It can also unlock biography and on many occasions life stories have been heard, that had previously been unknown to care staff.



## Conclusion

Delivering music in person-centred care is not difficult, provided that it is person-centred. When asked what music we like, we reply with enthusiasm about our tastes and preferences, but when asked about what we do not like, we answer with real passion! Person-centred musical interventions must understand this and be aware that whilst music is a fantastic tool in healthcare, it only works if we are engaged by it. Personal contact in music-making makes it socially engaging and coupled with the power of music to trigger memories and emotions, makes it what the philosopher Kant described as 'the quickening art' - a way of helping someone to affirm their personhood.

Having explored the transformative role of music in healthcare, we're now ready to apply these insights into our teaching practices. Section 2 will guide you on integrating music into vocational healthcare curricula, providing practical strategies for enriching your students' learning experience.





# 3. The Student Curriculum in your context

## Teaching music in healthcare in vocational education

In this section, we focus on how to weave music into healthcare curricula within vocational education. This part covers strategies for teaching, integrating DaDOM into your lessons, and enhancing work placements with music, ensuring you're well-prepared to bring these innovative practices into your classroom and workplace.

## Integrating DaDOM into your care programmes

Adding DaDOM to your care programmes is about making it fit with what your school and country already aim to teach in healthcare. This means finding ways to include DaDOM in your lessons in a way that reinforces existing learning goals and processes. Teaching music in healthcare through the DaDOM student curriculum is a great way to introduce or strengthen patient-centred care as a concept, adding new tools for care staff in supporting activities of daily living (ADL), and teaching about care plans and systematic thinking in care. The curriculum also touches on brain anatomy and physiology, showing the effects of music on the brain.

The next chapters provide examples from different countries to show you how it can be done. These examples are here to give you ideas on how to use DaDOM in your own classes to meet the existing learning objectives of the course you teach.



## The Netherlands

In the Netherlands, the CanMEDS framework helps define what nurses need to know and do. This framework is part of the teaching plan, which makes it easy to include DaDOM. Teaching students to use music as part of Activities of Daily Living (ADL) is a useful skill. The teaching plan talks about "providing care and support in the nursing process." This includes knowing about anatomy, physiology, pathology, recognizing behaviour, observing, and helping patients. All these topics are covered when you teach about music in healthcare. This shows how DaDOM fits into teaching important nursing skills.

## Lithuania

In Lithuania, schools have to follow a set programme and can't add completely new sections to it. However, they can include music in healthcare within the existing program. They do this by using music as a tool to achieve the goals already set out in the curriculum. This approach allows students to learn about the benefits of music in healthcare without changing the core structure of their education.

DaDOM works well in two types of classes:

1. Social Worker Assistant: This class has a part about "Identifying a client's need for assistance." It teaches students how to understand what each client needs and how to work with them. DaDOM fits right into this part, adding new ways to care for clients with music.
2. Nursing Assistant: Another class is called "Working with the Elderly." It includes learning about "the Elderly and Dementia," and DaDOM topics can be added here. This gives students new ideas for helping older people, especially those with dementia.

## Iceland

In Iceland, teaching about the effects of music in care helps staff do their jobs better. Nursing homes like the DaDOM project because it shows how music can help in care. Nursing assistants learn more ways to make their clients feel better. For example, they find out what music the client likes, make a playlist, and use it in daily care like ADL. They see if the music makes the client happier, more active, talk more, and feel less scared during everyday tasks like bathing and eating.

The nurse assistant programme follows a main curriculum that is the same for all schools, but it has space for adding topics like music in healthcare. This subject is taught both in the basic and practical nursing courses.



## Practical steps

These examples from the Netherlands, Lithuania, and Iceland show that there are many ways to add music in healthcare into care curricula. It can be a separate section, part of existing courses, or a practical project. Each country has found its own way to include this topic, showing that it's possible to adapt this idea to different educational systems.

By seeing how DaDOM matches what you already aim to teach, you can give your students new skills in using music to care for patients, all while teaching them how to be well-rounded care workers.

Integrating the DaDOM project into your curriculum opens doors to the transformative power of music in healthcare education. By incorporating music into your teaching, you can enhance the learning experience of your students, foster their understanding of the therapeutic benefits of music, and equip them with valuable skills for their future careers in healthcare. To help you navigate this integration process, here are practical steps that teachers can take to seamlessly integrate DaDOM into their curriculum, regardless of their location in Europe.

**Identify Alignment with National Guidelines and Learning Goals:** Explore national guidelines, learning frameworks, or educational standards in your country that define the skills, competencies, and learning goals for healthcare professionals. Identify areas where the skills fostered by the DaDOM project, such as communication, person-centered care, and holistic well-being, align with these guidelines. This alignment helps you make a case for integrating music in healthcare training within the existing educational framework.

**Identify Relevant Modules or Subjects:** Review your existing curriculum and identify modules or subjects that align with the goals and themes of the DaDOM project. Look for areas where music in healthcare can enhance the learning outcomes and skills development of students. Examples could include modules on patient care, well-being, communication, or working with specific populations such as the elderly or individuals with dementia.

**Start Small and Build Up:** Begin by introducing small integrations of music in healthcare into your curriculum. Start with specific lessons, activities, or projects that showcase the benefits and relevance of using music in care settings. Gradually expand these integrations, incorporating more modules or subjects over time. This step-by-step approach allows you to assess the impact, gather evidence, and build support for further integration within your educational institution.



**Adapt Lesson Plans and Activities:** Modify existing lesson plans or develop new activities that incorporate the use of music in healthcare. Consider how music can be integrated into practical exercises, role-playing scenarios, group discussions, or hands-on experiences. Design activities that allow students to explore the therapeutic benefits of music, develop their skills in using music as a tool, and reflect on its impact on patient well-being.

**Provide Learning Resources:** Utilize the learning materials and toolkits provided by the DaDOM project to support the integration of music in healthcare into your curriculum. These resources offer valuable guidance, practical tips, and evidence-based information on incorporating music into care practices. Share these resources with your students, ensuring they have access to relevant readings, case studies, or multimedia materials that deepen their understanding of music's role in healthcare.

**Advocate for a Place for Music in Healthcare:** In countries with inflexible curricula, where there may be limited opportunities for curriculum modifications, advocate for the inclusion of music in healthcare training. Present evidence-based research, case studies, and success stories to educational administrators, policymakers, or relevant stakeholders. Emphasize the positive impact of music on patient well-being, the development of essential communication skills, and the promotion of person-centered care. Through advocacy efforts, strive to create a space within the curriculum that recognizes and values the role of music in healthcare.

By following these practical steps, teachers can effectively integrate the DaDOM project into their curriculum, regardless of their location in Europe. This integration ensures that students receive comprehensive education and training in using music in healthcare, preparing them to become compassionate and skilled healthcare professionals who harness the power of music to enhance the well-being and quality of care for individuals in need.



## Integrating DaDOM into work placements

Integrating DaDOM into work placements for vocational care students is about using music to improve the care they provide. This approach is important because it helps students apply what they've learned in a real-world setting, making their training more relevant and effective. Here's how this can work, drawing on practices from the Netherlands, Lithuania, and Iceland. These ideas can help you think about ways to bring DaDOM into your students' work placements.

### The Netherlands

In the Netherlands, the focus is on ensuring staff know how to incorporate music into everyday care, beyond just entertainment. Achieving this involves giving students specific tasks related to music during their internships or training the care professionals directly. It's crucial to use music to support Activities of Daily Living (ADL), as this directly benefits patient care. Another useful strategy is discussing the patient's musical preferences during initial assessments.

### Lithuania

In Lithuania, there's an observation that few nurse assistants or social worker assistants understand how to effectively use music with clients. Music is often overlooked or used as a simple background element rather than a tool for care. A key step is for workplaces to recognise the positive impact of music. This awareness can begin with students who share their knowledge of music in care during their placements in social welfare institutions.

### Iceland

Iceland provides a model where students are prepared with both theoretical and practical knowledge about music in care. When they start their placements in hospitals or nursing homes, they're ready to use music to help with ADL. They explore the patients' musical preferences, create playlists, and observe how music influences the patients' mood, engagement, and ease with everyday tasks



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## Practical steps

The previous examples underline different methods for integrating DaDOM into vocational care student work placements. The final assignments in the DaDOM student curriculum are specially designed to connect with these placements, offering a structured way for teachers to implement this approach. By focusing on music's role in ADL and overall well-being, students can bring valuable insights to their placements, enhancing patient care and enriching their learning. This practical application of their training not only benefits the patients but also reinforces the students' understanding and skills in using music as a therapeutic tool in care settings.

Integrating the DaDOM project into students' work placements is an exciting opportunity to enhance the application of music in daily care and support within healthcare settings. By incorporating DaDOM into work placements, students can learn firsthand how music can positively impact the well-being and quality of care for individuals receiving healthcare services. In this section, we will explore four practical steps that teachers can take to seamlessly integrate DaDOM into their students' work placements. These steps will help guide teachers in providing the necessary training, assigning relevant tasks, encouraging evaluation and reflection, and fostering collaboration among students. Let's dive in and discover how to make the most of DaDOM in work placements!

**Involve and Inform the Care Organization:** Before students begin their work placements, it is essential to involve and inform the care organization where they will be working. Reach out to the organization's staff and supervisors to introduce the DaDOM project and its goals. Explain how the integration of music in care can benefit both the individuals receiving care and the staff. Share information about the training and resources students will be using during their placements. Collaborate with the care organization to ensure they understand the purpose and value of incorporating music into daily care and support. This involvement and communication lay the foundation for a successful integration of DaDOM into the work placement. The Care Organisation Toolkit developed by DaDOM is a great resource to help you with this.

**Assign Music-Related Tasks:** Give students specific tasks during their work placements that involve using music in daily care and support. For example, they can research the client's musical history, help create personalized playlists, or use music during activities like bathing or eating. By actively involving students in these music-related tasks, they can see firsthand how music positively impacts the people they care for.



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**Encourage Evaluation and Reflection:** Ask students to evaluate the effects of music on their clients' well-being and the quality of care during their work placements. Encourage them to look for signs of increased happiness, active participation, better communication, and a calm atmosphere. Help them reflect on these experiences and discuss what worked well and how they can improve their use of music in specific care situations.

**Foster Collaboration and Sharing:** Create opportunities for students to collaborate and share their experiences of using music in care settings during their work placements. Encourage group discussions, presentations, or written reflections where students can learn from each other and inspire their peers. By working together and sharing ideas, students can enhance their understanding and application of music in healthcare.

By following these practical steps, teachers can successfully integrate the DaDOM project into students' work placements, allowing them to use music effectively in daily care and support. These steps empower students to develop valuable skills and knowledge, ultimately enhancing the well-being and quality of care for the people they serve.

## Integrating DaDOM into your school

Bringing DaDOM into your school more widely is a great step towards improving healthcare education with music. It's about introducing a fresh way of caring that benefits both students and patients. Here's how you can include DaDOM in your school's teaching, inspired by what's been done in the Netherlands, Lithuania, and Iceland.

### Netherlands - Firda, Drachten:

Making DaDOM a part of the school depends on having teachers who believe in the importance of this subject for caregivers. These teachers don't need to know how to sing or play music. What's important is that they can get other teachers excited and make students feel safe and supported. They need to be champions of DaDOM. It's also key that the people who decide what is taught in the school support DaDOM too. Adding DaDOM doesn't need extra money or resources.

### Lithuania - Karaliaus Mindaugo PMC, Kaunas:

DaDOM is used mainly in the healthcare department because the school has many different courses, like hairdressing and massage therapy, that don't need DaDOM. Two teachers have started teaching DaDOM, and they plan to share their experiences with other teachers in their department next year. If these teachers are interested, they will be given the DaDOM materials to use in their classes. This way, DaDOM can be adapted to fit into different teaching areas.

### Iceland - Fjölbrautaskólinn í Breiðholti, Reykjavík:

The school started with DaDOM in 2022, and the students really liked it. They found the project fun and saw how useful music can be in care. The teachers made sure to connect the learning to the students' first work placement, so the students really focused on understanding DaDOM. This shows how important it is for teachers to be interested in DaDOM and to understand its value so they can inspire their students, and you don't have to be a musician to teach this!



## Practical steps

Integrating the DaDOM project into schools, such as Firda in the Netherlands, Karaliaus Mindaugo PMC in Lithuania, and Fjölbrautaskólinn í Breiðholti in Iceland, can bring wonderful benefits to the education and training of caregivers. Here are some practical steps schools can take to make the integration of DaDOM a success:

**Find Passionate Teachers:** Look for teachers who understand the importance of music in healthcare and are excited to share this knowledge with their students. These teachers don't need to be musicians themselves, but they should create a positive and supportive learning environment that inspires students.

**Support Teacher Learning:** Provide training and resources to teachers, regardless of their musical background. Help them develop the skills they need to teach about music in healthcare effectively. This can include workshops, online courses, or guest speakers who can share practical tips and ideas.

**Blend it into the Curriculum:** Find creative ways to incorporate DaDOM into existing subjects or modules. Look for opportunities where learning about music in healthcare aligns with the goals and activities of caregivers. Adapt lesson plans and use DaDOM materials to make the lessons engaging and enjoyable for students.

**Foster Collaboration:** Encourage teachers to work together and share their experiences. Create a supportive community where teachers can learn from one another and exchange ideas. Observing each other's teaching methods and sharing best practices can lead to continuous improvement.

**Get Students Involved:** Engage students in hands-on activities that involve using music in daily care routines. Assign tasks during work placements or internships that encourage students to apply what they've learned about music in healthcare. Encourage them to reflect on their experiences and share their insights with their peers and teachers.

**Seek Support:** Share the benefits of integrating music in healthcare with decision-makers and professionals within the school. Show them how it enhances the education and training of caregivers. Share success stories, research findings, or student testimonials to demonstrate the positive impact of DaDOM.

**Continuously Improve:** Regularly evaluate the effectiveness of integrating DaDOM into the curriculum. Collect feedback from teachers and students to identify areas where improvements can be made. Stay updated on new resources and developments related to music in healthcare to keep the integration fresh and exciting.

By following these practical steps, schools can successfully integrate the DaDOM project into their educational programs. This will empower teachers and students to explore the wonderful possibilities of using music in healthcare, fostering compassion and skill in caregiving.

To help spread DaDOM in your school, there's a 'Train the Trainer' course available on the DaDOM website. This extra training helps teachers currently learning about DaDOM to teach their colleagues. This way, more teachers can learn how to include DaDOM in their classes, helping to bring music into healthcare education throughout your school. This effort not only adds to what the school offers but also helps build a strong team of teachers who can offer new ways to care through music.



## Conclusion

With the knowledge on teaching music in healthcare, in Section 3, we now turn our focus to the DaDOM Student Curriculum itself. This section will prepare you to confidently use the curriculum materials in your classes, ensuring you can bring music's healing power to your students' future healthcare practices.