**Digital Reciprocity: The surprises of zoom based applied theatre practice with patients living with dementia**

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Hello everyone, thank you for inviting me to share thoughts on this important topic. My name is Dr Nicky Abraham, usually I am a lecturer in applied theatre practices as RCSSD, but I’m currently working within the dementia care team within imperial college healthcare Nhs trust running digital applied theatre projects including Life in Lyrics – a project creating personal songs to celebrate patient identities, Your Story Your Way – a project that brings to life patient stories through animation, film, music videos, audio books…really any medium requested by patients, Wonder VR – a project that created bespoke VR360 interactive immersive experiences for patients of places they miss, aspire to see or create, Hear Me Out – a podcast sharing stories between family and patients in covid wards, Auchi Street – a collaborative film making project on an acute dialysis ward, and intergen – an intergenerational project happening between schools and hospitals in medicine for the elderly wards.

Having received funding for our collaborative Student Knowledge Exchange Project from Research England and the Office for Students as we entered the first UK lockdown in 2020, I have to admit though I was over the moon to deliver this news to the staff from the Dementia Care team who were redeployed to the Nightingale and other covid wards to support the surge in patients, I was also worried about how we would translate our practice, which was build upon in-person designs into responsive, engaging, and high quality digital applied theatre interactions to support patients living with dementia.

In the summer of 2020, I worked with my project co-lead, Dementia Specialist Healthcare Support Worker Victoria Ruddock and project partner Consultant Nurse in Dementia and Delirium, Jo James in addition to a group of MA Applied Theatre from RCSSD to develop a pilot digital project that took place on tablets donated by My Improvement Network.

**Intrusion & Comfort**

I wanted to break down this reflection on the theme to think about ethical issues we also had to face and the surprising responses we didn’t pre-empt from patients. I think it’s important to say that the approaches I am talking about worked not only in hospitals over lockdown but also in high-risk pathway COVID wards between January – March this year. One of the themes I wanted to discuss was intrusion. We were not sure how many patients had ever used a tablet, let alone interacted with someone online live on a tablet. We were concerned it might feel exposing or intrusive to work this way, yet what we found is that patients were excited about this possibility of interaction, particularly those who were still unable to have visitors or struggling to get access for carers at that time. Company was important. Digital forms that allowed social interaction were not only accepted but embraced by patients. They enjoyed the discoveries they made seeing themselves and students online. They also found the ability of the student facilitators to respond instantly to their music requests, search for artists, or reference points about places they missed, or schools they went to as children to be magical. Patients sung along to lyrics on YouTube with students facilitating, ward staff came to watch what was happening, other patients peered around curtains, sang along or like week, all started swaying and singing the chorus of their favourite tunes together. Community started to rebuild, relationships easily formed online, and we were able to create more comfortable experiences the more we learnt how to make sessions creativity exciting, responsive and bespoke and the digital world we had no choice but to operate within opened up possibilities for instantaneous response to actively listen and demonstrate that action through image, sound, and story.

**Intuition & Engagement**

The next point I wanted to share is what seems to be a bit of hot topic amongst fellow practitioners I’ve spoken to and that is a concern that working on Zoom for applied theatre practice in a variety of contexts somehow means that we are less able to be intuitive and read the room. However, I have found that the opposite is true. I’ve noticed that students, who have all also undertaken Tier 2 dementia training as part of our projects, and delivered by experts like Jo and her team, grow to intuit the needs of the participants they work with because they have to listen, they have to watch carefully, and always apply their learning from training to their session. They have direct view of the patient. They need to keep their attention and focus in a positive, creative way, so they need to pay attention and be mindful of how they interact and appear on screen to enhance that experience and make it meaningful and bespoke for every patient they work with. Person-centred care is at the heart of our work, and thinking of patients as artists, and active citizens is central to our pedagogy of reciprocity, which we have coined to describe the way we work online. We have learnt not to compromise in our practice, but to think like water, to navigate the consistent obstacles we face in terms of restrictions, changing PPE, and experience to make every interaction matter for patients. In this sense, active listening is unavoidable, and intuitive responses are enhanced for students after only a few weeks of working on projects.

**Transmedia Responsivity and Training**

A final point I’d like to share is about our developing transmedia approach to practice. We know that our students are on placement, and we want to support their knowledge, and development at all times. We are fortunate to have a partnership with experts that make this possible. We use WhatsApp to guide, advise, transcribe and offer expert input from the dementia care team live in sessions, in workshop planning, design and debriefs in addition to the processes of making digital artefacts which result from many of our projects. This strategy calms students when they have a worry or question, because we can respond instantly and guide them to a solution or strategy without interrupting the session. In this sense, we are facilitating in person supporting the patient our side, and online to collaborate with the students who are learning and holding the session. This means we can ‘live’ train students too. I’ve noticed that this strategy not only builds student confidence, but also advances the speed of learning because of this type of intensive support and instant guidance. This is an observation students have also made in our recent public engagement festival of work. If you would like to see any of this please do contact me, I’m happy to share, my Twitter handle is @DrNickyA.

**What will we keep**

In summary, what will we keep:

* Well, we will keep transmedia, and we will keep several projects as digital interactions too as a preference expressed by patients. We will keep this level of support and intensive training as provision for best practice, and responsive facilitators. We will also share what we learn whenever we can to support others who would like to undertake similar practice but may be worried about how to do this.

**What will we leave behind**

* We will leave behind doubt, we will leave behind inflexible practice, we will leave behind hierarchical leadership structures that are unhelpful and inhibit learning, we will leave behind fears about uncertainty and embrace what is possible, rather than feeling blocked by what we assume is not.

And most of all, we will remember that the urgency for our work has only increased, and we have a responsibility to find ways to make things possible, and not compromise on quality. There’s always a way, we just need to be brave enough to find it. Thank you.