In 1998 there were five clowns in one hospital -- Cooper University Medical Center in Camden, New Jersey. They called themselves *The Bumper “T” Caring Clowns* to honor the man who taught them all - *Bumper “T” Clown*. These five clowns had a vision that the program was just too important and wonderful to simply serve one hospital, so they developed a training program and taught their first group of volunteer clowns in 2002. In April 2002, twenty-four caring clowns graduated and began their volunteer work at local hospitals including: Lankenau, Bryn Mawr, Paoli Memorial, Pottstown, Riddle, Cooper Medical System, and Virtua Memorial. Word spread quickly throughout the Main Line Health System. Graduates campaigned passionately and recruited colleagues and friends to join this heartfelt endeavor. Over the last four years, they have graduated over 150 Bumper “T” Caring Clowns and today boast a roster of 101 active volunteer clowns.

They currently volunteer in 24 hospitals in Pennsylvania, New Jersey and Maryland, serving many local community hospitals as well as such world class teaching medical institutions as Cooper University Medical Center, in Camden, New Jersey and in Philadelphia, The Thomas Jefferson University Medical Center, Pennsylvania Hospital and The Hospital of the University of Pennsylvania.

*Their story continues on Page 5.*

Pictured above are the original five Bumper T Clowns. Seated in the middle is DR Bumper T (George Edwards). Behind him from the left are DR Curly Bubbe (Esther Gushner), DR Bucket (Robert Bleiler), DR Silly Reba (Reba Strong), and DR HuggaBubbe (Aviva Gorstein).
George Edwards aka, Bumper T [pictured above at work in the hospital], is the founder of Bumper T Clowns. He has been a volunteer clown for over 30 years. [See page 9 for Bumper T’s Story] The clowns in his organization decided to call themselves Bumper “T” Caring Clowns to honor his dedication.

Bumper's vision was to develop a national organization dedicated to establishing a high standard of appropriate behavior for hospital caring clowns and to create guidelines and a training program for hospital caring clowns. In February 2002, the Bumper “T” Caring Clowns were incorporated as a 501C3, not-for-profit organization

**Mission Statement**

The Bumper “T” Caring Clowns, Inc. is a volunteer organization dedicated to making a positive difference in the lives of hospitalized patients, their families, friends and care-givers. Therapeutic Clowning is a powerful and effective tool in promoting the healing process.

**Concept**

Using medically related and traditional humor, the Bumper “T” Caring Clowns act to relieve some of the anxiety experienced by patients and their families during the hospital stay.

They remind visitors and others that there is a healthy part of the patient that also needs attention: humor and fun are the best prescriptions for this. Bumper “T” Caring Clowns, by their presence, give hospital personnel (Health Care Team) and other care givers a chance to “lighten up” and celebrate the life portion of their jobs.

Visits are personalized to the patient's ability to enjoy what is happening. The Bumper “T” Caring Clowns are just as willing to sit quietly, hold a hand and listen, as they are to provide humorous diversion. It is healthy clowning for everyone.

Bumper “T” Caring Clown volunteers represent the essence of the human spirit. Their magical moments envelop those they encounter with embracing hugs and warm smiles. Their sensitive approach allows the patient, family and staff to experience some reprieve from the stresses of the hospital environment. Bumper “T” Caring Clowns add a dimension of humor but, more importantly, they bring support, encouragement and a message of hope.

**Guidelines**

The Bumper “T” Caring Clowns will offer their services to hospitals where the program has been endorsed and approved by the hospital's administrative staff.

**Appropriate Conduct**

- Present a friendly, outgoing demeanor at all times.
- Modify noise level (voice and props) appropriate to a hospital setting.
- Must consult appropriate charge staff upon entering each unit and before visiting patients.
- Need to be sensitive to the emotional climate in hallways, elevators and waiting rooms.
- Accept rejection graciously. (Don't take it personally)
- Be aware of “Clown-Fear” syndrome.
- Modify the length of your visit to accommodate patients' needs.
- Must use discretion when patient is attended by a physician or nurse.
- Must practice confidentiality. (HIPAA) *
- Must practice hospital rules of hygiene and infection control.*
- Must attend hospital orientation and abide by all rules and regulations.
- Limit eating/drinking to appropriate areas (cafeteria or snack bar.)

**Dress Code:**

- Lab coats/scrubs must be part of the hospital clown attire
- Appearance must be neat and clean at all times.
- Discretion should be used in selection of jewelry and badges.

The Bumper T Caring Clowns use “DR” instead of “Dr.” to indicate they are not medical doctors.

* For articles on HIPAA and Hygiene, please check out www.hospitalclown.com “Workshop Handouts.”

These two articles are in PDF for to download.

**HIPAA is not about a Hippopotamus**

A Clown's view of the HIPAA Regulations (Health Insurance Portability and Accountability Act), which went into law in April 2003. This is mandatory reading for hospital clowns in the USA. What clowns need to know about confidentiality.

**The Hygiene Mind Set**

A “must read and study” primer for all hospital clowns. Includes protocols for using face painting, and puppets, and keeping the clown healthy as well as the patients.
There is a wide variety of hospital clown programs, each with its own “prescription” for providing joy and laughter in a hospital setting. DR Bumper “T” explains this approach.

With our soft make-up and gentle demeanor, the patient's expectation is for a pleasant visit rather than entertainment. Dressed in our lab coat and scrubs, we are welcomed as part of "the wellness team." As we enter the room, we look a little otherworldly, but also a little like a real person. This is a wonderful combination that immediately puts the patient at ease. Our red noses are the passports to the hearts of patients, family members and staff. And that same red nose provides an often needed chuckle for the real doctors.

Before acceptance into the Bumper “T” Caring Clown Training Course, we require all prospective clowns to "shadow" us. The shadowing experience enables both the prospective student and the Bumper "T" Clown instructor to ascertain if this will be a good fit.

Our training course consists of eight (8) hours of classroom training and a minimum twelve (12) hours hands-on "shadowing" an experienced Bumper "T" Caring Clown. We emphasize sensitivity training, "being in the moment", the art of listening, and "reading the room", i.e. implementing what was learned in the classroom. We also stress that it is very important to be yourself.

Bumper “T” Caring Clowns are not "character" clowns. We advise our students not to become clones of their teachers. Instead, we urge them to be comfortable being the best YOU that you can be.

Obviously, this program is not for everyone. In those cases we assist these prospects in seeking other clown venues.

Bumper “T” Caring Clowns fill a special niche, serving primarily ADULT patients, often in critical care areas. When people ask if we’re in the hospital to visit the kids, we say that we’re there for the "kid" in you. Ninety-five percent of the hospitals on our roster offer no pediatric services.

From Aviva Gorstein ~ DR HuggaBubbe

I'd like to mention a quotation that appeared in Bill Moyers’ "Healing and the Mind." He quoted Rachel Naomi Remen, "...the most important thing we ever give each other is our attention." [See side bar] These few words absolutely epitomize the Bumper "T" approach. We teach it to our students. When our students shadow us, they watch carefully for ways in which we gave "attention" to the patient—not to the illness, not to the wound, not to the blood pressure — but to the patient—the person. When we enter the room, we always knock on the door and ask the patient if they would like a visitor. If they say they would rather not have a visit, we leave. And that alone empowers the patient! After all, patients in a hospital don't often have a choice about who enters the room! After getting a good look at us, they usually invite us in. If the patient feels like playing, great! We'll play with them. If the patient feels like joking and giggling, wonderful! If the patient would like some sight gags, or a little magic, terrific! But often the patient just needs to hold my hand, and feel the comfort of my sitting quietly keeping them company so they won't feel alone. Sometimes they need to talk, to unload their fears, their feelings of anxiety, and we will sit and listen. We teach our students that silent and listen have the same letters. A big part of the Bumper "T" Clowns curriculum is teaching listening and sensitivity skills.

In our classes on the Bumper "T" approach to hospital clowning, we use Anita Thies’ book, The Joyful Journey of Hospital Clowning [See below]. She shows a star with five ways the caring clown interacts with patients, family members and staff.

The five roles are: clown as friend; clown as playmate; clown as cheerleader, clown as listener, and clown as entertainer. We can be just one or a combination, depending on the individual needs of each patient.

This is perhaps the biggest difference between the Bumper "T" approach to hospital clowning and the "entertainer" approach. The entertaining clowns certainly have an important and appreciated role in the hospital setting, but our approach is different.

I would be remiss if I didn't mention a story that I heard at clown camp about Christopher Reeve. It seems that when he first realized the extent of his injuries, and the impact this would have on his family and his lifestyle, he was seriously thinking of "pulling the plug." While he was considering his options, his old friend from college days, Robin Williams, paid him a visit. He came into the room with a lab coat, granny glasses, and an accent. He made Christopher Reeve laugh, but more importantly, he made Christopher realize that his old friend did not come to visit a spinal cord or nerve endings, he came to visit Christopher – the person! It made him realize that even though his body was compromised, his spirit was alive and well.

This story had a profound effect on me, and it is told to our students. We teach our students that when we come into the room, we visit the patient—the person. We teach that it is important to understand that we cannot change the diagnosis or the prognosis of anyone we visit – that all we have is the moment. And if, in that moment we can lower the anxiety, bring a smile, lighten the mood, we've done something wonderful – and the patient would not have had that moment, if we didn't visit them that day.