

Welcome to

# St. Claire's Hospital

## Staff Training Guide

Do one, fuck one up, teach one.

Hello Tom and Nick,

Lucy and I have put together this little guide so you know the rules that we used to shoot block one. As well as any roughly established ways of working within the set, colour temps etc, and also any fuck ups we've learned from on the way.

Please don't feel you can't step out of these guides, but we want to make sure that you have a note of what we've established should you want to continue it.

The shooting rules we use are designed to give an immediacy to the image and to centre the story on Dr Adam Kay. They can be a right pain, but they do make coverage simpler.

Any images I've used are based on the show LUT, with some extra work from me in Lightroom. They show intent but prob look a bit overgraded, likely not where the final image will end up.

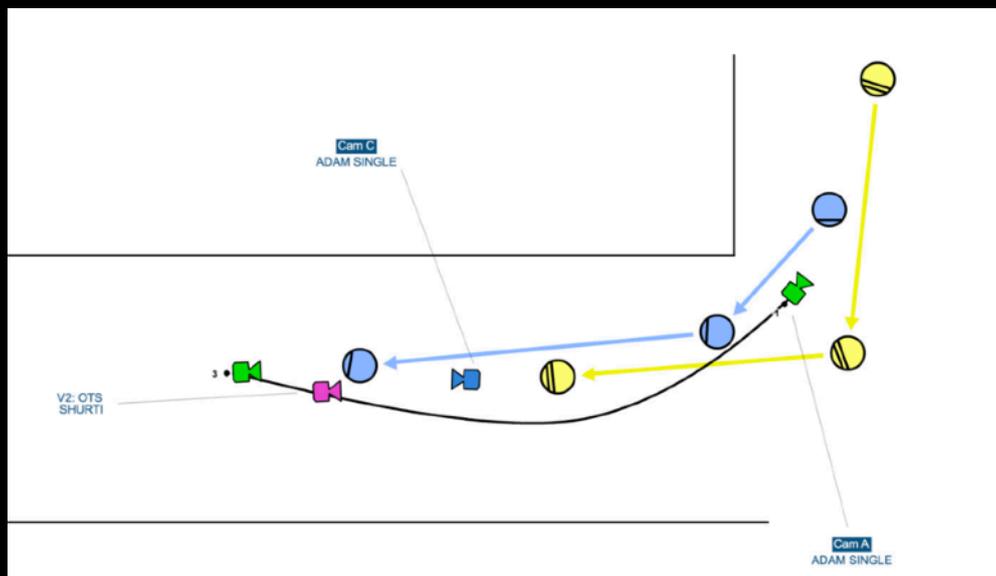
Ben

### General Style and Coverage notes:

- All the coverage is centred around Adam, and his movements in the hospital. The story, when possible, is his perspective.
- The coverage is built-up from a Mid-shot/MCU of Adam. Almost always shot on a 40mm lens (occasionally on a 50mm). Normally at eye level and normally zero tilt.
- This angle on Adam follows him throughout the scene (as much as beds and desks allow!). It's like the camera is his best friend.
- All the other coverage is shot over Adam's shoulder. The end result is that Adam is in every shot of the entire series (um, apart from scenes he's not in obv's).
- The other coverage ends up generally being on a 50mm, for close conversations, a 65mm for mid distance, and 85mm for people far away.
- I'd say we've likely shot 30% of block 1 on the 40mm, 50% on the 50mm and 65mm and the rest on the other lenses.
- We always centrally frame Adam. We always frame the other cast on the hard left or right of the frame.
- We very rarely shoot a standard wide of a scene, and almost never shoot a classic "establisher". Better to come into the scene with Adam, or on his shoulder.
- There are occasional scenes without Adam. If it's Shruti, we snap to her perspective as per all the above rules (shoot her on the 40mm etc etc). If it's anyone else, we normally go to a 65mm lens, rarely shooting a "wide" of the scene.
- We rarely shoot a closeup. Most closeups are "nipples and up".
- We try not to move the camera for 4th wall breaks (although there are times). They can feel a little "TV presenter" if we are moving with Adam.

Example:

Adam single runs throughout scene, generally kept clean. Second slate for Adam turn around. Shruti coverage over Adams shoulder.



Cam C: Adam Single 40mm



V2: OTS Shruti 50mm



## Camera General notes:

- Alexa MiniLF, full frame with 16:9 extraction, 25fps.
- Shooting RAW, with a monitoring LUT from Toby Tomkins.
- Shutter set as default to 120 degrees. For a small snap of staccato and energy. Please be careful of this, lots of things flicker and even normal practical fluorescents can give a subtle rolling shutter effect. I've occasionally switched to 90 or 180 degree shutter, or just dialled something in.
- Generally we use Panchro Mitchel Diffusion A. For a subtle, slightly retro look. This can give some issues in the bokeh, especially with out of focus horizontal lines, a twist on the matte box solves this. Heavier diffusions can give more flare for more intense moments.
- Lenses are Zeiss Supreme primes. I'd say we shoot around 1/2 the show on the 40mm, the rest on the 50mm and 65mm. Occasional 85mm use. But it's rare we go wide.
- shooting at 2000ISO the entire time, occasionally 1600-2500 ISO. This is to give extra latitude in the highlights (overhead fluorescents burning out were my main concern). The intent is to throw a BUCKET of noise and grain and muck at the image later on, really breaking the image, so any extra noise from 2000ISO will be covered up by that (not that you notice on the LF). Toby Tomkins has asked for a fairly dense negative, so at that ISO try not to underexpose too much, if at all.
- Watch out as the LUT stops the false colour working in the highlight clip. I keep a finger on Raw/Log check the whole time to really see what is clipping, if anything.
- The LUT skews a bit magenta, I find +2 green balances it out mostly.
- We have 3 types of handheld. normal on the shoulder, Easyrig and "Protonpack". The latter strips the camera down as small as possible and places the batteries and Tx onto a backpack. It takes around 6-7 minutes to swap into this mode. It's great for especially difficult scenes and locations. It hurts my arms though.
- The show is extremely handheld, we've only really been using dolly or steadicam for special moments. Preferring the immediacy, simplicity, and unobtrusiveness of a handheld camera.
- Be warned Ben Wishaw moves FAST and changes speed quickly. I've tried to not ask him to slow down whenever possible. We have a rickshaw on set, on standby if you ever need it.

## Hospital Day Lighting Notes/Learnings:

Probably the most challenging thing: how to believably and consistently create shape and contrast in a location designed to have super flat bright lighting, and a style which wants to feel authentic and naturalistic. AND shooting the show in a way where we swing the camera around and see everywhere all at once. FML.

You'll find of the overhead fluorescents in the set build contains a single Astra Titan tube. These are hard-wired for power and data, so are very reliable. Each one has fake PAT Test sticker on it, with the corresponding code for the lighting desk, so they are very easy to dim or turn off via your radio to the desk op. I find I mess with them constantly. Honestly it's an incredibly powerful tool.

At 2000ISO you can generally get T5.6-T8 directly underneath one of them, so they produce a decent, useable stop.

As a general note for Day Interior scenes at the Hospital, I've kept the fluorescents around 6300K, fractionally cooler than daylight.

As it hard to believably produce decent contrast in the hospital, I've tried to add colour contrast whenever possible. Most of the side rooms (delivery rooms for example) I've set to either tungsten, or warmer 2400K. So wherever you look there is some warmth and some coolness.

Sometimes I've pushed daylight from the side rooms into the corridor, sometimes tungsten. I've constantly struggled with trying to make the centre of the set build NOT feel like a set, keeping doors and windows open whenever possible (it turns out most of the time on a labour ward they would all be closed!).

In a real hospital, all the lights in the work areas are good quality and in great working order, so I've generally kept them switched on and without any green spike.

However, I feel that we can push things in the non-public facing areas. I feel that is where the management don't care about the quality of light. I've skewed a bunch of green into the lights in the Staff Room and Changing room. Both of them I have set to 2800K +1/2 green on the overheads.

After much discussion about the hospital feeling warm or cool, we ending up shooting at 4600K with a +5 tint. This skews things generally cool and green in the hospital. My feeling is that the warm things (faces etc) in the frame will feel warmer if they are within a cooler world. But by doing that cool/green in camera, rather than with the lighting, we can always pull back later in post.

After the first few days of shooting we've pretty much kept that colour temp across ALL the hospital scenes. Having that locked means we don't have issues across different sets. If we want a set to feel warm, we skew the lighting that way, rather than shifting the WB.

We have a Skypanel 360 and a 12k on a cherry picker on the south side of the building. These can be used to push lighting in fairly deep into the building. Unfortunately because of the building work on the north side we have zero lighting control there. On sunny days there is a building which gets hit by sun and can be a real prick!

Bed heads are a good place for colour contrast. We kept them at around 2400K most of the time. So even in a daylight environment we can have a tungsten push, at around eye level. The Bedhead Titan Tubes are battery powered, so watch out they don't die mid take.

## Colour Examples:



Changing room: daylight windows, Overheads lights @ 2800K +1/2 Green



Side Rooms: Daylight windows, Overhead lights @ 3200 (no green).



Staff Room at Night: 2800K + 1/2 Green



Triage. Overheads are 6300K, bedheads are 2400K

### Hospital Night Lighting Notes/Learnings:

For night scenes we changed things around a little. I leaned a lot on our medical advisors about what night in a ward looks like. There is defo some artistic licence to what we did.

There is a difference between what I call "8pm Nightmode" vs "1am Nightmode", with the later version being far darker and more "pools of light". Although trying to stay away from a haunted old hospital look. Ideally keeping continuity of the side rooms still being tungsten, with some daylight areas in the corridors.

We slightly shifted the colour temps for night, to increase the warm/cool split.

For night work, camera white balance is 5000K +2 green, corridor overhead flourescents are set to 8000K with plus 1/4 green (baking some of the green in). Side rooms overheads are 2700K.



Labour ward corridor. 8000K +1/4 green on the overheads; side rooms are 2700K. Some are off. Lights are on, but out of vision/round the corner.



Labour ward nurses station. 8000K +1/4 green on the overheads; side rooms are 2700K.

## Operating Theatre notes:

Chances are you'll be in prosthetics turnaround hell on these days (oh and real babies too). The prosthetics are amazing, but treat these days like you'd treat a stunt. They are the days where we've repeatedly failed to complete on. Urgh!

We've kept the camera in a similar place WB wise. I think 4600K +5 green.

The big soft box/lighting grid is made from bicolour tek-tiles. We've added 1/2 blue to all of them, and we set them to 4600K (with the Gel that gets to around 8000K-10000K, a more useful range).

It's divided into 25 individual squares. I have a photo of the grid on my phone and I just call in the lamps I want on and off. I generally only have about 5-10 of the lamps on at any one time, just the very upstage ones. There was a note from (real) Adam Kay in prep about the operating theatre being very bright "like coming out of a cinema in the day". I think keeping brightness in the background, and keeping the light cool has allowed us to keep shape and moodiness here.

The Disc Lights are AMAZING. They are ultra-parabolic and were incredibly focusable (T45 anyone?) but also green as hell when we first got them. We removed some green glass from inside and added some diffusion round the bulb. The end result is something that is less focus-able but still very very useable. Inside is a 24v 100w bulb; a Dedo bulb essentially! Because of the electronics inside, we can't directly dim them. BUT I find them so good it's not an issue. They do spill a little, so you'll find they put a little toplight on actors heads if they get too close.

I've quite often run a pair of dedos, clamped them onto the arm of the Disc's and used them to replace or supplement the disc lights. I think a dedo with 1/4 CTO seems to be a pretty good match.

Pro tip: Swabs are your friend! They provide lovely clean white bounce for the disc lights/dedos. Honestly I can't get enough of those things.

There are some wall lights which have titan tubes installed. Those we have set to 10,000K +1/2 green.

There are also some "windows" around the top of the room. These were originally supposed to be light boxes, but I've used them as windows instead; giving the impression of a corridor on the other side of the wall. We have some kinoflos outside the room. In Day scenes, we use daylight lamps, with 1/2 Blue and hit the windows directly. In Night scenes, we use tungsten tubes and lower the lamps so they are less intense and push less into the room.

In the scrubs room we have another titan tube above the sink and a 4x4 Litetile in the ceiling. It's generally set to 3200K and on a very low level, to fill the shadows.



- 2x rows of ceiling tile powered up (3 rows are off). I think potentially one is dimmed here too.
- Disc Lamps doing their thing (although near-side one is off if you look closely)
- "Daylight" at the windows



Upstage on the ceiling tiles, disc light on, potentially a dedo in there too!  
 Pretty sure there was a lot of negative fill behind camera too.

Swabs bounce light amazingly. When they get bloody they tend to make a more magenta bounce, which is both annoying and amazing at the same time.

## Other useful things:

## Honeycrated Titan Tubes

We have 3 or 4 Titan tubes with egg crates on them. And simple ceiling panel mounts. These can attach anywhere on the ceiling and are invaluable to help create shape. They can be matched exactly to the overhead flourescents and again controlled by desk op via walkie talkie. We use these all the time (I wish I'd used them more).

## "James Leech's"

Named after our spark James, these are simple corex flags which tuck into the side of the flourecents. They hang below the fixture by about 6 inches so they produce a very solid cut. In the Staff Room and the Changing Room I generally keep them on all the lamps, all the time, to create more "pools of light" than on the wards.

## Corex Sheets

Of course very good for negative fill. We have a system which allows them to easily clip onto the ceiling tiles across the hospital set, very handy (as long as you're not swinging the camera about too much!).

## Asteria NYX bulbs:

We have a bunch of these, although to be honest they are underused. I find normal tungsten lamps with mini dimmers to be more practical

## "Broken" lights:

We set a couple of broken lights near the start of our block, with simple shorting-out chases, which get fixed when the political visits in Ep4. As time has passed between blocks and eps, feel free to break a couple if you like! less is more though I reckon.

