NEW EDUCATIONAL METHOD

The Online Art Museum [version 2]

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Abstract

This article was migrated. The article was marked as recommended.

With the onset of the coronavirus-19 (COVID-19) pandemic, we transformed an in-person art museum-based course for medical students into an online format. This brought new challenges but offered unexpected advantages. The course included daily close-looking of artworks using the Visual Thinking Strategies method, group arts-based activities, reflective writing, and independent creating assignments. The virtual format allowed us to incorporate important features that were unavailable in our in-person elective: multi-media activities, access to nearly unlimited international works of art, and personal reflection from one's private space. As instructors, the experience enlightened us on the value of online arts-based teaching.

Keywords

arts-based teaching, visual arts, medical humanities, e-learning, coronavirus-19, art museum, COVID-19, online learning, digital, visual thinking strategies

Open Peer Review

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| Version | Date       | 1 | 2 | 3 |
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| version 2 | 03 Sep 2021 | view | view | view |
| version 1 | 26 Aug 2020 | view | view | view |

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Any reports and responses or comments on the article can be found at the end of the article.
The Online Art Museum

Like medical educators across the globe, we were forced quickly to adapt our educational delivery because of the coronavirus-19 (COVID-19) pandemic. We transformed an art museum-based course for medical students to an online format, which brought new challenges but offered unexpected advantages.

During fall 2019 and winter 2020, our team designed and piloted sessions of an art-museum course for medical students. This course, part of a wave of arts-based teaching in medical education (Association of American Medical Colleges, 2020; Fancourt and Finn, 2019; Haidet et al., 2016), was designed as a month-long in-person elective at The Baltimore Museum of Art (BMA) for 4th year medical students with the goals of exploring what it means to be a physician, to be human, and to lead a good life. We piloted 6 2-hour sessions with medical students to get feedback on different activities, as well as how they viewed the relevance of the course. These sessions were co-planned and -led with museum educators at The BMA (EB, SW). Activities centered on themes of family, community, education/work, and included both beholding and creating of art (e.g., close viewing of a painting, sketching a sculpture from multiple perspectives) with personal reflection and small group discussion. These pilot data will help refine the course, which will launch in 2022.

In March 2020, our university ceased in-person classes amidst the COVID-19 pandemic and called upon faculty to rapidly develop online electives for medical students. This prompted our team, comprised of medical school faculty (MSC), staff (MKH), trainees (HK, KS), and art museum educators (EB, SW, PY) to adapt and condense our in-person elective into a five-day course, “The Online Art Museum: Exploring Professional Identity through Art.” We ran this full-time course twice, in April and May 2020, on the Zoom videoconferencing platform, with 10 and 8 students, respectively.

Our course required two hours of in-class time on Zoom (see Table 1 for typical schedule with examples of activities) with additional daily out-of-class assignments. Each day’s in-class session began with a facilitated group discussion using the Visual Thinking Strategies (VTS) method, a pedagogical approach that involves a facilitated group discussion about a work of art that encourages close looking and holding space for multiple interpretations (Yenawine, 2013). After VTS, students shared reflections on their out-of-class assignments, which included reading and creative work. We then launched into a group activity, unique each day, adapted from previously piloted museum-based activities we had run throughout the year, many designed by educators at the BMA. For example, one group activity asked students to look at a piece of art together and write a group poem in response. We closed each day’s in-class session with a reflective writing exercise and five-minute meditative exercise.

**Table 1. Typical daily schedule for course.**

| Activity | Length | Example |
|----------|--------|---------|
| Visual Thinking Strategies discussion | 40 minutes | --- |
| “Show and tell” from previous day’s independent creating activity and discussion of assignments | 30 minutes | Students are instructed to select an image from a provided slide deck of art that represents their motivation/aspirations for pursuing medicine. They then reflect on the connection, sketch the piece, and select a piece of music that relates. |
| Group activity (varies each day) | 30 minutes | Group poem in smaller group. After looking at a pre-selected piece of art, each participant writes a line that a figure in the painting might think or say. Participants share their lines, assemble into a poem, and then perform the poem when the larger group reconvenes. |
| Reflective writing exercise | 15 minutes | Students write for ten minutes in response to a prompt, then are invited to share if they wish. Example prompts: “Write about the world within you.” “Describe yourself through glasses of a different prescription than your own.” |
| Meditative exercise | 5 minutes | After a brief guided deep breathing exercise, the facilitator read a poem or played a song. For example, the first day closed with The Guesthouse by Jalaluddin Rumi (Maulana, Barks and Moyne, 2004). |
We were able to include a variety of activities in our online course. We incorporated multimedia experiences of music and video in class. Some homework assignments involved finding or making objects, which students could then show to their peers over Zoom. The school-wide schedule restructuring broadened our participant base to include students across multiple class years, enhancing the diversity of student perspectives represented. The online format also expanded the content we were able to access—we selected diverse works from online museum collections around the globe and were not limited to art currently exhibited at The BMA.

Students provided feedback on a post-class survey that included both closed and open-ended questions. In response to the close ended questions, all respondents (n=11) expressed a desire for a formal arts-based program in their medical education. When queried about preferred format, over half (n=7/11) said they would prefer a mix of online and in-person activities, while two students expressed interest in an entirely online course.

Students were asked open ended questions about the pros and cons of the online format. Representative quotes are provided in Table 2. Participants commented on how they found meaning and connection despite the virtual setting. One student described the group dynamic as “a close knit and safe community.” Another student commented that being able to participate from the security and comfort of home fostered a feeling of ease to reflect and share, leading to deepened introspection.

From our perspective as course facilitators, we found that students shared deeply personal stories and reflections in the virtual setting. We appreciated that students had the option to turn off their cameras during individual tasks such as writing exercises to allow for individual introspection and privacy on a different level than our in-person course could offer in the public museum space. Transforming art museum-based teaching to a virtual setting was a challenge-how would we recreate the magic of the art museum online? But with the help of technology, we were able to carry out arts and humanities-based activities in a virtual classroom. The experience opened our eyes to the potential for online arts-based teaching to bring us closer while staying physically distant. On the last day of the course, students lingered past the official end time, reluctant to leave the sanctuary we had created together.

**Take Home Messages**
- Art museum-based activities for medical education are possible in an online format.
- Online arts-based teaching may offer access to inclusion of multi-media activities and nearly countless works of art from online collections, as well as private opportunities for student reflection.

| Strengths |
|------------------|
| “I thought this was the next best thing to an in-person course. I felt engaged and I appreciated being able to see and hear my colleagues and educators.” |
| “I am grateful we have tools and [are] able to adapt to still get to have meaningful conversations and activities. The online activities were meaningful... very powerful and inspiring.” |
| “I loved having the opportunity to take this course online and having everyone with their camera on in such a small group was almost like doing it in person.” |
| “A great way to engage from afar, the comfort of home can also facilitate reflection. Although there are benefits to being in a museum, being at home comes with unique advantages for self-reflection” |
| “I thought the sessions went well over Zoom. Way less awkwardness than I was expecting based on previous experiences.” |

| Limitations |
|------------------|
| “Easier to accidentally disengage [in online setting], for example to get an email and respond to it during the course as opposed to ignoring it, or not even knowing it came because you are not on your electronic device.” |
| “Weaknesses- not being able to meet in person, maybe a little more [of a] barrier to speak and share over video” |
| “I wonder if some of the images were blurry for people, based on their internet connection. During one session, the photo appeared blurry for me. It may help to check in with students to confirm that they can see the image clearly.” |

*At the end of the course, we invited students to participate in an optional, online feedback survey as part of an IRB-exempted research study. Eleven of the eighteen students filled out the survey (response rate = 61%). These are some of the responses to the item: “If you have any comments about the online format of the course [strengths and/or weaknesses], please share them here.”*
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Declarations
The author has declared that there are no conflicts of interest.

Ethics Statement
Johns Hopkins School of Medicine Institutional Review Board reviewed this study and designated it exempt research on 23 April 2020 (IRB00247502).

External Funding
This article has not had any External Funding

Supplementary Files
Supplementary file 1 - revised_KellyHedrick_The Online art museum final clean.docx

Acknowledgments
Dr. Chisolm is the Director of the Paul McHugh Program for Human Flourishing, through which her work is supported.

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Open Peer Review

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P Ravi Shankar
American International Medical University

This review has been migrated. The reviewer awarded 4 stars out of 5

Thank you for an interesting article and for the revisions. We recently used VTS during an online workshop for medical teachers in India. We used paintings by our students at the International Medical University, Malaysia. The online mode of delivery has both advantages and limitations as you have pointed out. As the pandemic persists educators are gaining a better understanding of online teaching-learning methods.

Competing Interests: No conflicts of interest were disclosed.

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Megan Anakin
University of Otago

This review has been migrated. The reviewer awarded 4 stars out of 5

Dear Margot and colleagues, Thank you for publishing this revised version of your article. Thank you for the additional description of the programme in the introduction of this revised article. The description of students' evaluation responses also adds more information for the reader about how the programme
was appreciated by participating students. The take home messages are now well supported by the main arguments and data presented in the article. Thank you. Others who are interest in the area of medical humanities will find this article thought-provoking. I hope to see a future article from this group of authors. I would be keen to read more about how this course contributes to the development of future doctors into your medical programme and how it relates to our growing understanding about the importance of the humanities in medical education.

**Competing Interests:** No conflicts of interest were disclosed.
student feedback was valued in the first sentence of the seventh paragraph of the article. Please consider explaining how these evaluation findings might be used to enhance the online (or the in-person) course in the future. Please consider revising the take home messages so that they accurately reflect the evidence presented in this new education method or tool article. In the first message, please consider defining success earlier in the article and explain how success was measured or addressed by the students' evaluation feedback. In the second message, please consider revising the absolute statement about it not being possible to include multi-media activities, access to nearly unlimited international works of art, and private opportunities for student reflection in a public museum setting because the features of the month-long in-person elective were not described to the reader nor was other evidence from the literature presented to support this claim. I would be very happy to read and review a revised version of this article.

**Competing Interests:** No conflicts of interest were disclosed.

Reviewer Report 03 September 2020

https://doi.org/10.21956/mep.19008.r27273

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**P Ravi Shankar**
American International Medical University

This review has been migrated. The reviewer awarded 4 stars out of 5

This is an interesting description of an online arts museum course for undergraduate medical students. Online teaching-learning has become important during the ongoing pandemic. AMEE MedEdPublish has published a large collection of articles on the pandemic. The authors' initiatives are important. I would like to request the authors to provide more description about the module, the learning objectives, the actual painting used and how they were selected. A description of the out-of-class assignments would also be of interest. Online courses like these will be playing an important role in medical and health professions education for some time to come. The article will be of interest to all health humanities educators.

**Competing Interests:** No conflicts of interest were disclosed.

Reviewer Report 30 August 2020

https://doi.org/10.21956/mep.19008.r27272
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This review has been migrated. The reviewer awarded 5 stars out of 5

As clinical educators have had to quickly learn to adapt their curricula during the pandemic, I congratulate the authors for being brave enough to transform what would have been an in-person art-museum course for medical students to the online format. For those of us who currently are pioneering health professions' educators in these cultural places and open spaces, we know the value of being in the sanctity of the gallery and museum and many might be tempted to think that much of the very essence of the experience would be lost in the transition. This succinct and helpful account will encourage others to be brave, to take the plunge and innovate in the current circumstances whether teaching in this realm or in other areas of medical education. What the authors detail from the students themselves, is that there was great benefit and much to be gained, often unexpectedly from this online shift. At present, arguably more than ever before, educators need to reach out to their students, be present and offer them time and space to think, reflect and make meaning and the art-museum in this virtual form offered the students exactly that, as it always does, supporting the students personal development as they start to acquire their professional identities. This form of clinical teaching is not easy and requires skilful curation, sensitive presentation and good collaboration between museum educators and their clinical counterparts, but this expert team have shown that in the right hands the art-museum builds relational and self-care 'power skills' that are becoming even more vital for this next generation of doctors.

Competing Interests: No conflicts of interest were disclosed.