Creating Community and Exploring Identity: Integrating a Virtual "Museum Tour" Into Intern Orientation

Setting and Problem

Each July, interns join new training programs, often in unfamiliar places with limited social support. Program orientations are typically designed to assist interns in not only acquiring the necessary knowledge and skills to be effective novice clinicians, but also often contain elements designed to foster socialization and begin developing a shared culture. The COVID-19 pandemic, however, has had a substantial impact on trainees; a recent study indicated that medical students believe their preparation for intern year was unfavorably impacted by the pandemic.[1] Many residency orientations have transitioned to the virtual environment, creating unique challenges and opportunities for innovation. While knowledge and skills can be taught via online didactics and virtual procedure labs, facilitating the assimilation of shared attitudes, values, and socialization presents a challenge within standard educational paradigms in virtual environments.

Intervention

We implemented a virtual 2-hour "museum tour" drawing upon established techniques from art-based pedagogies. Art-based education has had demonstrated effects on creating psychological safety, leveling traditional hierarchies, discovering a common language, and clarifying group values, while enhancing observation skills and critical thinking. Session objectives were to facilitate navigation of identity transitions, enhance observation and reflection skills, build collective values, and inspire a sense of belonging and community. We conducted the session 4 times (for each incoming intern class in July 2020 and July 2021 at 2 emergency medicine residency programs). Sessions were facilitated by 1 to 2 clinical faculty with training in art museum–based education, using images curated from online collections of local museums or murals in each program's corresponding city. Participants completed a presession art-mediated reflection on their hopes and concerns about starting residency. The session began with a personal responses tour, wherein participants choose and share an image that resonates with them from a curated virtual gallery, to create space for acknowledging existing identities and forging personal connections among the group. We subsequently facilitated an open-ended discussion of a single work of art using a structured facilitation approach (Visual Thinking Strategies) that encourages collaborative meaning-making and exploration of new perspectives. Next, we transitioned the context from personal to professional by asking participants to "diagnose" and "interview" a portrait as though it were a patient, allowing them to practice close-looking, reasoning, and reflection on biases. We concluded the session with an art-mediated group discussion of professional identity, which mirrored the discussion of personal identity at the start of the session.

Outcomes to Date

Eighty-one percent (44 of 54) of participants completed an institutional review board–exempt post-session evaluation. Residents reported that the activity allowed them to reflect on their identity, role as a physician, and biases, while getting to know their colleagues and cities better. One participant concluded, "I learned that I am nervous and excited about my new journey starting residency and it's ok to have anxiety and lean on my class/faculty. . .I hope to become the best physician I can be by growing collectively with my class and not being afraid to be vulnerable or wrong." Free text responses commonly described how the session facilitated a shared experience within a supportive community, forged bonds with co-interns, and highlighted the importance of bringing an open-minded approach to interactions with patients and colleagues (TABLE). Participants said they enjoyed how the session created a safe space for self-reflection and vulnerability: "It made me think a lot about my internal bias and initial impressions of images. The discussion. . .with my classmates reminded me that I am not alone and in a safe space to discuss my fears about starting residency." Almost all (91%, 40 of 44) agreed they wished to see more arts- and humanities-based sessions in residency education.

The virtual "museum tour" represents a low-cost, replicable approach to easing the transition to residency while building a sense of community. It also represents a means to ensure humanities

DOI: http://dx.doi.org/10.4300/JGME-D-21-00994.1

TABLE
Resident Responses to Museum Tour Evaluation

Responses to the Prompt: "Please Rate Your Level of Agreement With the Following Statements":	Strongly Disagree, No. (%)	Disagree, No. (%)	Neither Agree/ Disagree, No. (%)	Agree, No. (%)	Strongly Agree, No. (%)
This session allowed me to reflect on my identity and role as a resident and new physician.	0 (0)	0 (0)	3 (7)	15 (35)	25 (58)
I found this session to be helpful in thinking about how to leverage my strengths and vulnerabilities in residency.	0 (0)	0 (0)	7 (16)	9 (21)	27 (63)
This session encouraged me to think about my own biases or assumptions.	0 (0)	0 (0)	3 (7)	17 (40)	23 (54)
Participating in this session will change the way I think about or interact with patients in the future.	0 (0)	2 (5)	7 (17)	13 (31)	20 (48)
Participating in this session will change the way I think about or interact with colleagues in the future.	0 (0)	0 (0)	8 (19)	13 (31)	21 (50)
This session allowed me to practice the skills of close looking and observation.	0 (0)	0 (0)	4 (10)	15 (36)	23 (55)
I feel that the skills we practiced today will be useful to me in the future.	0 (0)	0 (0)	4 (10)	14 (33)	24 (57)
This session helped me get to know my co-residents better.	0 (0)	0 (0)	2 (5)	5 (12)	36 (84)
This session helped me think about [the city around me] in a different way.	0 (0)	1 (2)	18 (42)	8 (19)	16 (37)

education is accessible to residents at orientation and beyond. This is especially important since the Association of American Medical Colleges has deemed the arts and humanities as integral to medical education and has identified a paucity of humanities curricula in graduate medical education. Faculty seeking to replicate this activity should partner with local museum educators and artists while ensuring that selected art originates from local institutions and is representative of diverse subjects, media, and artists.

References

1. Winn AS, Weaver MD, O'Donnell KA, et al. Interns' perspectives on impacts of the COVID-19 pandemic on the medical school to residency transition. *BMC Med Educ*. 2021;21(1):330. doi:10.1186/s12909-021-02777-7

Kamna Singh Balhara, MD, MA
Assistant Professor, Assistant Residency Program Director, Department of Emergency Medicine, Johns Hopkins University School of Medicine

P. Logan Weygandt, MD, MPH
Assistant Professor, Assistant Residency Program Director, Department of Emergency Medicine Johns Hopkins University School of Medicine

Holly Caretta-Weyer, MD, MHPE
Clinical Assistant Professor, Associate Residency Program Director, Department of Emergency Medicine, Stanford University School of Medicine

Sara M. Krzyzaniak, MD
Clinical Associate Professor, Residency Program Director, Department of Emergency Medicine Stanford University School of Medicine

Linda Regan, MD, MEd
Associate Professor, Vice Chair of Education, Residency Program Director, Department of Emergency Medicine, Johns Hopkins University School of Medicine

Nathan Irvin, MD, MSHPR
Assistant Professor, Department of Emergency Medicine, Johns Hopkins University School of Medicine

Corresponding author: Kamna Singh Balhara, MD, MA, Johns Hopkins University School of Medicine, kbalhar1@jhmi.edu, Twitter @KamnaBalharaMD