Reflection in a Museum Setting: The Personal Responses Tour

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Abstract

Introduction We describe an educational innovation piloted by the director of education at a university art museum and a physician-educator using the museum holdings as reflective triggers for medical learners. This innovation is distinct from the emerging trend of using art to build observation skills, enhance pattern recognition, and improve diagnostic acumen. Our intervention is specifically designed to promote individual reflection, foster empathy, increase appreciation for the psychosocial context of patient experience, and create a safe haven for learners to deepen their relationships with one another.

Methods Individuals randomly selected a question from a set prepared by the authors to guide a reflective exploration of the galleries. Each question was different, but all invited an emotional response—a connection between a work of art and some aspect of life or medical practice, for example, "Focus on a memorable patient, and find a work of art that person would find meaningful or powerful" or "Find an image of a person with whom you have difficulty empathizing." The exploration ended with a shared tour of evocative objects selected by the participants. The duration of the exercise was approximately 1.5 hours and required minimal faculty preparation.

Results Most of the participants rated the exercise as 5 (excellent) on a 5-point Likert scale and particularly cited the effectiveness at stimulating reflection on meaningful issues and community building.

Discussion The exercise is easily reproducible in any art gallery space. The same basic format and facilitation technique opens new and different conversations depending on the composition of the group and the choice of artwork. Museum-based reflection warrants further experimentation, analysis, and dissemination.

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Editor's Note: The online version of this article contains the reflection questions used in this study.

Introduction

Reflection and reflective practice have been cited as important to the professional development of physicians and are used to teach and assess humanism,[1] build self-awareness,[2] enhance empathy,[3] and foster cultural competence.[1–4] Reflection exercises are being incorporated at all levels of medical education, and there is evidence to support the effectiveness of such interventions.[5] Modalities such as writing,[6,7] role-play, and group discussion are commonly used, often in response to a reflective trigger, such as a question or patient vignette. Reflective triggers may also come from the arts,[8] with poems, stories, dramatic readings, film clips, and visual art objects serving as effective "third things"[9] that provide learners with a safe and effective avenue to approach issues of meaning, explore sensitive or "taboo" topics, or discuss complex emotional responses.[10]

We describe the Personal Responses Tour, an easily reproducible reflection exercise conducted in the museum setting by the authors (E.G. and R.W.), a physician-educator, and the Director of Education of a university art museum. The Personal Responses Tour represents a refinement of a model developed by R.W. for general public audiences in the mid-1990s. It is distinct from the emerging trend in which art museum educators collaborate with medical school faculty to build observation skills and improve diagnostic acumen.[11] It is also distinct from other familiar ways that museum spaces are used, such as expert-led tours focusing on art history or artistic technique. This educational intervention has not been previously studied.

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Methods

Intervention

Before the activity, brief reflection questions designed to guide exploration of the galleries (provided as online supplemental material) were transcribed onto cards. Questions invited an emotional response, a connection discovered between a work of art and some aspect of life. Examples included: ''Focus on a memorable patient of the past year, and find a work of art that person would find meaningful or powerful'' and ''Find a work of art from a culture or religious tradition other than your own, and identify something you find beautiful about the work.''

Before the museum tour, 3 ground rules were outlined at the beginning of the session: (1) confidentiality is maintained within the group, both regarding reference to patients and personal revelations of group members; (2) individuals are encouraged to stay within their own comfort zone in revealing personal information or feelings; and (3) group members should not question or challenge the personal responses of others. Our project was reviewed for ethical and human safety concerns by the Director of Education of the museum.

At the start of the tour, participants randomly selected a question. With that question in hand, participants embarked on a 20 to 30 minute individual reflective exploration of the galleries with the goal of identifying a work of art that resonated with their objective within 10 minutes. Once a work of art was identified, participants were encouraged to spend several minutes with their object. The group then reconvened for a tour of the evocative objects and the thoughts and feelings they stimulated (FIGURE). Participants acted as ''tour guide'' of their own object by reading their question and spending 1 to 3 minutes sharing their responses. A brief time for group participants to extend the reflection was allowed. The role of the facilitator was primarily to manage time and, occasionally, to use reflective listening or ask questions. The duration of the exercise was approximately 1.5 hours, depending on number of participants.

Participants

Medical students and residents from a single university-affiliated community hospital participated in the exercise between May 2008 and August 2009. Participation occurred during 2 existing required courses: the medical students' Patient-Doctor course, and the residents' Psychosocial Curriculum. Student and resident time was protected from other activities and pagers were turned off.

Evaluation

All participants were asked to evaluate the experience with a written survey using a 5-point Likert scale response to 3 statements and 3 questions with free-text responses; the survey was developed by the authors and has not been validated. Descriptive statistics were calculated.

What was known
Reflection exercises facilitate professional development in the areas of humanism, self-awareness, empathy, and cultural competence.

What is new
An intervention to use a gallery visit and art images as reflective triggers for medical learners.

Limitations
The sole implementation barrier is the requirement for protected time away from the clinical environment.

Bottom line
Reflection on art may foster empathy and increase appreciation for the patient experience.

Results

Eight groups (4 groups of third-year medical students, and 4 groups of mixed internal medicine, psychiatry, and transitional-year residents), participated in the exercise. Group size ranged between 8 and 18 members.

The survey response rate was 83% (71/86). Most respondents (65%, 46/71) rated the overall exercise as 5 (excellent) on a 5-point Likert scale (overall rating, 4.5; range 3–5); respondents particularly cited its effectiveness at stimulating reflection on meaningful issues and community building among the group. There were no differences between the mean responses based on level of training (students versus residents).

In response to the question, ''What did the museum experience have to do with being a good doctor?'' participants overwhelmingly reported that the exercise helped them get in touch with their own humanity and that of their patients. They cited the opportunity to employ ''empathic listening'' and to ''see things from many perspectives.'' One student observed that ''a key to being both a good doctor and interpreting art is to be able to pick up on intricate details of all types including, but not limited to, body posture, expression, clothing, environment, attentiveness, coloring.'' Another respondent commented that ''while viewing artwork in the museum setting could be beneficial for observation skills, in this visit it was more useful as an exercise in listening to one another and also identifying our motivations and passions.... Appreciating those things within ourselves will help focus why it is we would like to become practitioners of medicine and perhaps give us a sense of purpose in times that may be very difficult.''

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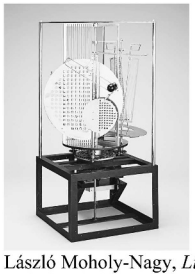
Question: If you were bringing a depressed friend to the museum, what work would you share with them and why?
Participant Reflection: This question really got me to think. If someone is depressed, is it better to bring them to a painting that is cheerful – with flowers and lots of color – in an attempt to cheer them up? Or to a more somber work – so they understand that they are not alone in their suffering? And of course different individuals might respond differently to different works of art so it is important to think about the unique individual in the choice. I ended up choosing this abstract sculpture which I think conveys strength, resilience and possibility.
Brief follow-up discussion considered effective strategies to express empathy and encourage resilience in work with patients.



László Moholy-Nagy, *Light Prop for an Electric Stage (Light-Space Modulator)* 1930, Harvard Art Museum Collection

Question: Find an image of a person with whom you find it difficult to empathize, and think about the barriers.
Participant Reflection: At first I could find lots of images I had a hard time empathizing with. But you know, the longer I stood and stared at a painting, I could usually find something that endeared me to the person, some connection I could make. The aristocratic woman in this painting, for example, is looking at herself in the mirror, applying make-up and seems so vain. But then you notice that in fact she is not very attractive and her make-up is not very well-applied. I started imagining that she was deeply insecure and using the make-up as a 'cover-up'. I started creating a story for myself of what her life was like. I wish I could ask her some questions to get to know her better.
Brief follow-up discussion centered on the importance of understanding the barriers to empathy (personal biases, time-pressures, negative role-modeling), and how it can be helpful to find out more about the patient as person in overcoming them.

François Boucher, *Jeanne-Antoinette Poisson, Marquise de Pompadour*, 1758, Harvard Art Museum Collection

Question: Find an object that for you expresses pure joy!
Participant Reflection: When I was a kid, my family didn't have much money. We got one present for Christmas. But the one thing my mom did for us every year was to let us pick out a new lunch box for school. This was a really exciting ritual, something we all looked forward to. This 18th century Japanese lunch box with its removable thermos would have been a very cool one to have! But seriously, what the lunch box means to me is the greatest joy can happen in the smallest moments – you just have to tune in.
Brief follow-up discussion centered on the importance of finding joy and meaning in small moments in one's personal life and in patient care.

Portable Lunch-Box Set (Sagejûbako) with Various Designs Japanese, Mid Edo period, 18th century, Harvard Art Museum Collection

FIGURE **Sample Reflections With Associated Work of Art**

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Participants celebrated the opportunity for renewal and noted that the "space allowed for a peaceful separation from our busy days that was conducive to reflection," that the process "makes me feel whole and exceptionally calm," and that "moments like these are few and far between as a doctor." The same basic format and facilitation technique opens new and different observations and conversations depending on the composition of the group and choice of artwork.

Discussion

The Personal Responses Tour is an effective and easily reproducible means to promote meaningful reflection and build community among groups of medical learners. It is well-received even when participation is required of students and residents who otherwise might not have elected such an experience. The exercise is readily adaptable and reflection questions can be written to allow participants to focus on particular topics (eg, death and dying, spirituality, or cultural awareness). Minimal faculty preparation includes openness to the exercise and familiarity with the format and ground rules. Although our experience is with a large university museum, most gallery or museum spaces are rich with potential reflective triggers.

The success of this exercise is the way that a "third thing" (such as a work of art) allows the participant to first discuss feelings and responses in displacement; the conversation quickly moves to one's own experience. If revelations ever become too personal, the focus can always be shifted back to the work of art. Thus, the art work serves an important modulating function to simultaneously achieve depth of discussion and emotional safety. The physical separation from the stressful hospital environment within a peaceful, controlled museum environment seems to foster renewal and may complement efforts to prevent burnout. Engagement in the exercise requires no previous training in the arts or art history, and in fact, learners with such backgrounds may need to be encouraged to cultivate a "beginner's mind" as they tour the museum. The availability of multiple works of art and the process of making choices in response to an individualized reflection question seems to activate and engage the learner in the reflective process.

The main barrier to this exercise is finding protected time for medical students and residents to be away from the clinical environment. Such an investment is worthwhile because learners may return with an enhanced perspective, stronger relationships with one another, and a sense of renewal.

Conclusions

More research is needed to assess outcomes of this exercise beyond learner satisfaction and faculty acceptability. Demonstrating the direct impact of reflective practice interventions on patient care is difficult. The authors are currently exploring measurement of outcomes, such as patient-centeredness, physician/student empathy, and teamwork.

Our institution's confidence in the effectiveness of the personal responses tour in stimulating reflection and building community is demonstrated by the recent adoption of this exercise as a requirement for all first-year medical students as part of their Patient-Doctor course. Our focus on the reflective and affective domains in the museum setting is, perhaps, unique and warrants further experimentation, analysis, and dissemination.

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