The Online “Personal Responses Tour”: Adapting an Art Museum–Based Activity for a Virtual Setting

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The process of becoming a healthcare professional—whether a psychiatrist or other physician, a dentist, or a nurse—requires acquiring competencies that extend well beyond the acquisition of knowledge and procedural skills. Learners must also demonstrate strengths in communication, teamwork, adaptability, empathy, social advocacy, and resiliency [1, 2]. These intra- and inter-personal relational skills are teachable and can be fostered, in part, through reflective thinking and mindful practice [1, 3, 4]. To date, however, a disproportionate emphasis on technical and cognitive abilities over relational skills persists as the norm throughout medical and other health professions education.

The integration of the arts and humanities into health professions training is one way to build relational skills and promote humanistic practice [1, 2, 5–8], and the Association of American Medical Colleges (AAMC) recognizes the critical role of the arts as foundational to medical education [6]. A recent scoping review identified over 400 programs that integrate a wide range of arts and humanities (e.g., narrative medicine, visual arts, music) across the spectrum of medical learning (from pre-medical through continuing medical education) [8]. Not surprisingly, visual arts–based medical education programs sometimes take place in an art museum, providing a perhaps unfamiliar and potentially transformative space for

arts-based teaching and learning [9]. Art museum–based teaching is an innovative approach to health professions learning, which can build clinical skills, foster personal growth, and support professional development [1, 2, 6–8, 10–12] and is rapidly becoming an area for faculty development across health care professions [13].

In this *Educational Case Report*, we describe our experiences with one art museum-based method—the Personal Responses Tour (PRT)—a teaching strategy originally developed by museum educator Ray Williams that has been in use with medical and other health professions learners for the past fifteen years [14]. We describe our use of the PRT with medical students adapted for specific curricular needs (e.g., exploring personal, relational, and professional identities; community-building; support of self-care), as well as the creation of an online version of the PRT during the COVID-19 pandemic. We begin by providing a practical explanation of the PRT so that interested educators can understand and perhaps replicate this activity with their own learners. Although the traditional PRT—based in the art museum with a unique prompt for each participant—has previously been described [3, 14], we report its successful adaptation for a virtual setting and the use of both single and unique prompts. Our authorship team consists of the developer of the PRT (RW), art museum–based health professions educators (MSC, FSZ, MS), a medical student (MKH), and a pre-medical student who participated in the PRT sessions (NC).

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Pedagogical Grounding

Art museum–based teaching is grounded in a broad range of methodologies, often focused on understanding historical context, generating interpretations from available visual evidence, or analyzing the creative choices made by the

artist. The PRT departs from these traditional approaches by privileging the emotional and associative experiences of individual viewers as a means to both personal insight and building community among a group. The approach resonates with Reader Response Theory as well as educator Parker Palmer's concept of a "third thing" [15–17], both of which value individuals' diverse responses to a "text" and suggest that difficult topics are easier to talk about if discussed through the lens of an object external to the individual. In the case of the PRT, an art object—external to both the participant and the facilitator—allows challenging topics to be approached indirectly or, as Palmer says (quoting Emily Dickinson), "on the slant" [16, 17]. The use of an art object in this way is a central concept in the PRT, to promote reflection and open sharing around potentially challenging topics [14, 17]. The PRT is suitable for all levels of learners in any health professions field or medical specialty. It may be particularly relevant for those in psychiatry for whom comprehensive abilities in the domains of observation, communication, bias awareness, and empathy are critical components to successful practice.

The Personal Responses Tour

Traditionally the PRT takes place in a museum. It begins as facilitators invite participants to randomly select a pre-prepared prompt from an unmarked container. All of the prompts are different, allowing each participant to draw a unique prompt. Prompts can be written on small manila tags or cardstock and decorated if desired (e.g., with beads). Examples of prompts include the following: "Find a work of art that reminds you of something from your past," "Find a work of art that resonates with a professional value that you hold dear," and "Find a work of art that you might choose to share with a depressed friend." After selecting their prompts, participants are given 20–30 min to travel through a series of rooms or galleries within the art museum while searching for an object that personally resonates with each of them in the context of their selected prompt. Once the artwork has been identified, participants spend time examining their chosen work in detail, each privately reflecting on the connections between the prompt, the artwork, and their individual life experiences.

After time for selection and reflection, participants then reconvene as a group to tour the galleries together. When the group reaches an object selected by a fellow participant, the group pauses while this individual reads their prompt, shares why they chose the particular artwork in response to the prompt, and responds to any additional reflections from the group. As the group continues to tour the museum galleries together, it is natural for elements of trust, vulnerability, and authenticity to increase, thus leading to rich discussions of

shared introspections. At the close of the activity, the facilitator can collect the prompts for reuse, or allow the participants to keep them as mementoes of the experience. For a group size of 12–15 participants, 75 min is a sufficient amount of time for the entire activity. Figure 1 presents a visual summary of the PRT process.

Adapting the PRT for a Virtual Setting

With the need to pivot to online learning due to the COVID-19 pandemic, we adapted the traditional PRT format [3, 14] to a virtual setting as part of an elective course for second to fourth year medical students at Johns Hopkins School of Medicine. The elective was a 5-day, full-time course designed to explore professional identity formation through arts-based activities. Each day of the course included an approximately 2-h synchronous online group session (i.e., Zoom session), followed by various asynchronous independent assignments. Over the duration of the course, we led 3 unique Personal Responses Tour activities, each modified to meet the activity's specific curricular objective(s). These included the following: (1) an initial PRT to prompt self-reflection and build community (day 1); (2) a 2-part PRT to explore professional motivations and aspirations (days 3 and 4); and (3) a final PRT on self-care (day 5). In lieu of a physical museum, we curated a slide deck "gallery" of art images, selected to meet each activity's curricular objective(s). These images came from a variety of sources, including free, open-access online museum collections. We provided these slide decks to participants with the instruction to browse individually the images in response to their prompts.

We began the course with the first PRT variation, where all students were instructed to select an image from the slide deck that said something meaningful about themselves. Students were paired and sent to breakout rooms, where they had ten minutes to select an image and share it with their partner. After reconvening as a larger group, each student shared their partner's image and paraphrased their partner's reflection of why they selected the image. The facilitator then shared their screen with the activity's slide deck and advanced through the images. When a participant identified their partner's selected image, the facilitator paused on that image while the learner introduced their partner and shared their reflection.

In the second variation of the PRT, as an out-of-class assignment, we asked students to "select an image that connects with why you wanted to enter the field of medicine and/or connects with your professional aspirations." In addition to reflecting and writing on this prompt, we also invited the participants to sketch the image they selected and find a piece of music that embodies the image.

The Personal Responses Tour at a Glance

Fig. 1 A visual representation of the Personal Responses Tour activity (illustrations drawn by NC)

The following day, during the synchronous Zoom session, as we reviewed the slide deck together, students shared their selected artwork and reflections with the class.

The final variation of the PRT took place on the last day of the course and centered on the theme of self-care. Multiple prompts were created with this curricular objective in mind and included the following: “Think about a low point in the past month or two, and find a piece of art that may have helped you during that time” and “Find a work of art that reminds you of childhood. What resonates with you?” In this case, course facilitators provided each participant with a unique prompt via private message. We gave participants 10–12 min for observation and reflection, with the option of turning off their camera for privacy. After this period, we reconvened and scrolled through the slide deck together, pausing when we reached each learner’s selected image and they shared their reflection.

Participant Feedback

Participants provided feedback on all course activities (including each PRT) using an anonymous poll rating the activity on a Likert scale from 1 (very poor) to 5 (excellent). They also completed a post-course evaluation survey, which included an open-ended item about which course activity they found most meaningful. We informed participants that their participation was voluntary and part of a research study. The Johns Hopkins School of Medicine institutional review board reviewed this research and designated it exempt.

The course has run five times; however, the program evaluation described in this report was conducted only during the first two offerings of the course, with a total of 18 student participants (10 in the first session, 8 in the second). On average, participants rated the PRT #1 (day 1, identity and partner sharing) as 4.7/5 (SD = 0.5) ($n = 18/18$, response rate = 100%), the PRT #2 (day 3, professional motivations/aspirations) as 4.8/5 (SD = 0.5) ($n = 16/18$, response rate = 89%), and the final PRT #3 activity (day 5, self-care) as 4.6/5 (SD = 0.6) ($n = 17/18$, response rate = 94%). The mean rating across all PRT activities was 4.7 (SD = 0.5). One participant described the motivations and aspirations of PRT activity as “an incredibly informative exercise. It really helped me get in touch with myself and remember why I wanted to become a physician, which I feel is something I had lost recently.” Another participant commented on the value of being able to choose an image to reflect on during the self-care PRT.

Facilitator Reflection

Although we are reporting here on the PRT as used in our online course with medical students focused on professional identity formation, we have had extensive experience using the PRT—both in the museum and online—with health professions learners across the learning continuum (from college through continuing professional development) to meet a variety of learning objectives. With all of these groups, we have found that PRT enables participants to reflect deeply and share

openly about personal aspects of their lives—including their upbringing, hopes, desires, and fears—and participants have remarked on how meaningful it is to get to know their peers on this more authentic level. As facilitators who have participated in these PRT sessions, we too have noticed a remarkable ability for this activity to spark reflection, meaning-making, and creative thinking in both our learners and ourselves. While as facilitators we find ourselves partial to the wonder and allure of being in the physical space of the art museum, we have been pleasantly surprised at how successfully the PRT can be adapted for virtual learning.

What We Know About the PRT

Art museum-based activities promote a wide range of skills in health professions education, including close observation, communication, critical thinking, and tolerance of ambiguity [7, 10–12, 18–20]. Gauferg and Williams reported on the use of the PRT with medical students and residents who particularly highlighted the PRT's ability to promote listening, communication, empathy, reflection, renewal, and the ability to “get in touch with their own humanity” [3, p. 547]. Anecdotally, coauthor MSC has used such pedagogies with psychiatry learners (medical students, residents, and practicing psychiatrists) in virtual settings and found it helpful to build community, develop critical psychiatric skills (e.g., observation, communication, bias awareness, empathy), foster personal insight/growth, promote perspective-taking, and nurture a commitment to social advocacy for patients with psychiatric illness and their families.

While the existing research and personal anecdotes are encouraging, the PRT remains underused and under-evaluated compared to other art museum-based teaching methods, such as Visual Thinking Strategies [8, 19]. Considerable room exists for future exploration of the impact of the PRT and its variations among health professions learners, including psychiatry trainees and practitioners. Implementing the PRT in the art museum requires resources—preparation time, materials for creating tags with prompts, access to a museum, and time to run the sessions—which may be prohibitive for some educators, although some of these barriers can be decreased or eliminated by using different variations of the PRT we describe.

The PRT is an innovative art museum-based activity that encourages reflection and discussion, while building community among medical and other health professions learners [3]. From our experience, the PRT is of particular interest to psychiatry trainees and educators as a means to build clinically relevant skills. The PRT is an easily replicable teaching

method that offers educators and learners a refreshing way to look inward and come together in reflection and conversation.

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Declarations

Disclosures On behalf of all authors, the corresponding author states that there is no conflict of interest.

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