

Art in Medicine: Session 2

The Role of the Arts and Humanities in Medical Education



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The Role of the Arts and Humanities in Medical Education

12:05-12:15

Evidence for the use of arts and humanities in medicine

12:15-12:30

Dr. Balhara's programs

12:30-12:45

Dr. Chisolm's programs

12:45-12:50

Our CME course

12:50-1:00

Q & A

The Integration of the Humanities and Arts with Sciences, Engineering, and Medicine in Higher Education: Branches from the Same Tree (2018)

Chapter: Summary

“evidence is sufficient to urge the support and evaluation of courses and programs that integrate the arts and humanities with...medicine in higher education.”



MEDICAL EDUCATION

The Role of Arts and Humanities in Physician Development: From Fun to Fundamental

In Medical Schools

Table 1. Summary of selected programs.

School, program name	Targeted audience	Museum/community partnership	Session number	Session duration (hours)
Baylor College of Medicine, 'Art of the Human Body'	Medical Students, year unspecified	Houston Museum of Fine Arts	4	2
Columbia University Vagelos College of Physicians and Surgeons, Weill Cornell Medical College, 'Observation and Uncertainty in Art and Medicine'	MS1	Metropolitan Museum of Art, New York City	6	2
Harvard Medical School, 'Training the Eye: Improving the Art of Physical Diagnosis'	MS1	Museum of Fine Arts, Boston	9	2.5
Icahn School of Medicine, 'The Pulse of Art'	MS1	Solomon R. Guggenheim Museum	11	1.5
Perelman School of Medicine, 'Art, Observation, and Empathy'	MS1	Philadelphia Museum of Art	7	1.5
Rush Medical College, 'Humanities in Medicine'	MS1	The Art Institute of Chicago	18	?
University of Buffalo, 'Learning to Look: An Artist's Remedy to the Physician's Perspective'	MS1-MS3 (3-year curriculum)	Expressive Visual Arts program for adult and adolescent inpatients, Aspire of WNY, Inc., Aspire Center for Learning	8	2
University of Cincinnati, 'Art of the Clinical Encounter'	Medical Students, year unspecified	Cincinnati Art Museum	6	1.5
University of Washington, 'Visual Thinking: How to Observe in Depth'	MS1, MS2	Henry Art Gallery, Seattle Art Museum, Frye Art Museum	10	1.5
UT Health San Antonio, 'Art Rounds'	Interprofessional (nursing and medical students)	McNay Art Museum	8	1.5
UT Southwestern, 'The Art of Examination'	MS1, MS2	Dallas Museum of Art, Nasher Sculpture Center, The Warehouse, The Crow Collection of Asian Art	7	2

Visual Literacy & Observation Skills



*Huang et al
Klugman et al
Naghshineh et al
Gurwin et al
Image: Alex
Colville*

Encourage critical and creative thinking



Housen, et al
*Image: Rodrigo Abd,
Associated Press*



Professional Identity Formation & Self-Reflection

Tolerance of Ambiguity



Bentwich, et al
Image: Luisa Ginesta

Empathy



Bentwich, et al

Potash et al

Image: Andrew Wyeth

Examine implicit biases/assumptions



Voelker et al, Zeidan et al



Images: Kehinde Wiley; Jacques Louis-David

As a means to process/debrief clinical experiences



Gaufberg, et al.
Image: Mstyslav Chernov,
Associated Press

Enhance Wellness & Resiliency



Mukunda et al
*Image: Mstyslv Chernov,
Associated Press*

Dr. Balhara's Programs



A Multidisciplinary Initiative Encouraging
Scholarship, Education, and Innovation
in the Medical Humanities & Social Emergency Medicine

H³EM

Health Humanities at
Johns Hopkins Emergency Medicine

A Health Humanities Curriculum to Teach the Social Determinants of Health

- Successful training in the Social Determinants of Health (SDoH) should bridge classrooms and EDs by providing frameworks for translating knowledge to clinical application in the care of the individual patient
- The Health Humanities may serve as that bridge

Diverse disciplines:
literature, art, ethics,
anthropology, etc

Diverse points of view:
patients, healthcare
teams, communities

Medicine is but one
contributor to health

Discourse about not just
disease, but health

A Health Humanities Curriculum to Teach the Social Determinants of Health

1. Encourages critical thinking about SDoH in EM
2. Fosters meaningful engagement with patients, families and communities
3. Promotes self-reflection on clinical experience
4. Translates knowledge of SDoH into patient care

Narrative Medicine

Taking a biopsychosocial and patient-centered approach to understand the personal connections between patient and physician, the meaning of medical practice for the individual physician, and medicine's discourse with the society it serves

Visual Thinking Strategies

A pedagogical art-based framework developed by a cognitive psychologist and museum educator that encourages discovery, reflection, and communication of perspectives to build critical and creative thinking skills

A Health Humanities Curriculum to Teach the Social Determinants of Health

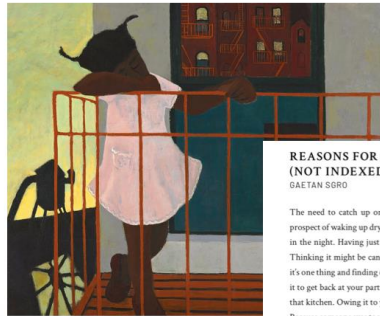
Session 1: Art and Community

- Asynchronous, off-site (museum)
- Group discussion of art, reflective exercises



Session 2: Introduction to the SDoH

- Synchronous, on-site
- Group discussion of paintings, photography, poetry followed by lecture



REASONS FOR ADMISSION (NOT INDEXED IN ICD-10) GAETAN SORO

The need to catch up on sleep. An ache to sleep on clean sheets. The prospect of waking up dry. To sleep without fear of being robbed or kicked in the night. Having just gotten insurance. Never having had insurance. Thinking it might be cancer. Thinking you'll deal with it later. Thinking it's one thing and finding out it's another. Doing it for your partner. Doing it to get back at your partner. Being sick and tired of lying. Of working in that kitchen. Owing it to your children. Something you saw on television. Because someone was too busy typing. You can't remember ever laughing. Because you are terrified of dying alone. Because you are terrified of living alone. Because you are terrified of him. Because you are blacked out and your friends dragged you in. Because nobody speaks your language. Because your wife left with the kids. Left you with the kids. Got herself admitted. Because of the voices. Because of the Earth's movements. Something the moon did. The bus strike. The election. Fleeing persecution. Because of a broken system. A positive review of systems. Because you lost a leg. Because you found religion. The promise of life-changing medicine. Broken promises. Because you needed a lift. Because like everyone else you wish.

Session 3: Narratives of Addiction

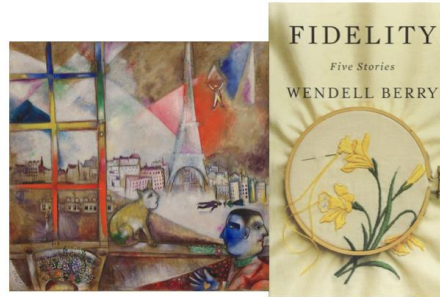
- Synchronous, on-site
- Co-facilitated by peer recovery coaches
- Group discussion of paintings and first person narratives of physician addiction, brief lecture, interactive panel with peer recovery coaches



A Health Humanities Curriculum to Teach the Social Determinants of Health

Session 4: The Built Environment

- Asynchronous, off-site (mural tour of Baltimore)
- Group discussion, creative art session

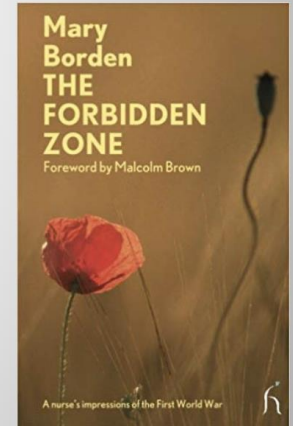


Session 5: Health Literacy

- Synchronous, on-site
- Group discussion of art and prose, small group activity practicing succinct and clear delivery of information, brief lecture on best practices

Session 6: Trauma-informed Care

- Synchronous, on-site
- Group discussion of short story with brief lecture



A Health Humanities Curriculum to Teach the Social Determinants of Health

Session 7: Social Justice and Resource Allocation

- Synchronous, on-site (Zoom)
- Group discussion
 - Portrait patient: Who gets the vent?
 - Principles of ethical allocation



Session 8: Social Justice and Anti-Racism

- Synchronous, on-site (Zoom)
- Group discussion of painting and poetry



A Small Useful Fact

Ross Gay

Is that Eric Garner worked for some time for the Parks and Rec. Horticultural Department, which means, perhaps, that with his very large hands, perhaps, in all likelihood, he put gently into the earth some plants which, most likely, some of them, in all likelihood, continue to grow, continue to do what such plants do, like house and feed small and necessary creatures, like being pleasant to touch and smell, like converting sunlight into food, like making it easier for us to breathe.

2019-2020 Curriculum Feedback

SUCH an important topic – we need more focus on this in residency.

Loved everything about this session. I look forward to the rest of the series.

Very engaging. Would love to have more interactions with other branches of the hospital

I think it is so important that we become more involved with our surrounding community and a mural tour was a great way to get out in the community and see some of the artwork

More! Excellent discussion. These spaced repetition reminders of humanities are necessary.

2019-2020 Curriculum Evaluation Study (ongoing)

- Encouraged critical thinking and improved knowledge of SDOH
- Expanded way of thinking about patients, challenge biases/preconceptions, more likely to incorporate patients' and families' perspectives into care plans
- More curious about patients' social contexts and surrounding Baltimore communities
- Helped process own clinical experiences and found sharing in a group setting to be valuable
- Encouraged patient advocacy and a more collaborative, inclusive patient practice environment

2019-2020 Curriculum Evaluation Study (ongoing)

- It really encourages me to **spend the extra few minutes with my patients to figure out why they're really here** if it's not obvious and how I can really help them
- It allowed me to **reflect on what others feel or go through in regards to their access to healthcare**. It also allowed me to pause and **think about what biases we all have**, myself included, even if they are unconscious. For example **we make assumptions about people just based on the colors in paintings, so what do we do in real life** . I definitely pause and think more in my everyday life now
- The description of specific situations and emphasis on details **helped understand others' perspectives better, ie empathize, get in their shoes**. It also shed the light on areas that I had very superficial understanding about
- **It is a constant reminder to treat the individual person behind the disease**

2019-2020 Curriculum Evaluation Study (ongoing)

- **Sometimes I just want to listen to [patients'] stories**, even if non-relevant to their medical care
- I think I tend to ask more social history than I used to and began to do it less as a routine but more because I was **genuinely interested**.
- The curriculum has **emphasized the dynamic relationship that JHH has with Baltimore City** and provides insight for areas of improvement.
- **I've started noticing all the murals and statues and sculptures around the city** and trying to learn more about them. More interested in all the communities around the city
- **I have tried to read more literature** since starting the humanities curriculum and get back to my love of great books

2019-2020 Curriculum Evaluation Study (ongoing)

- **Emerging themes**

- Examination of personal biases
- Opportunity to team-build and share perspectives with colleagues
- Increased interest in patients' social and community contexts
- "Feeling human again"
- Necessity of the humanities in resident education and in improving patient care
- Such curricula should a formal, required component of resident education

A Virtual Museum-Based Activity for Incoming EM Interns

- Conducted over Zoom for Stanford and JH EM interns last month
- Collated images from the Cantor Museum + local murals (Stanford session) and Baltimore Museum of Art, the Walters, + local murals/galleries (JH session)
- Engaged interns in reflection on their strengths and weaknesses going into residency and on their professional identity formation
- Thematic analysis ongoing

Other Health Humanities at Hopkins EM Activities



Casting off
By: Richa Mangrökar

I first started knitting when I was in high school. Since then it has been one of my favorite ways to relax and decompress after a long day, which has become essential during my medical education journey. When I first moved to Baltimore for medical school, I lived in an apartment downtown and walked to school every day. The things I stood out to me during those walks. Oh, I saw and met the same homeless individuals on my route. Two Maryland writers are much older than the ones back home in Texas.

I decided early in my first year of medical school to reach out to a community knitting group. The group's goal is to make local groups like Heidi's combination: a way to

Prior to finding this we give my knitted goods. Item. A brown, slightly successful endeavor to someone out there in I made over a dozen in

As I progressed through less time to knit hats, a project. I found a not various knitted and rectangles that are tan

The pieces that are tan and tan features with of these rectangles for to represents one of the Baltimore has impact

Photo Credit: Brandon Hsu



Sounds of my stethoscope

by Lukas Ramcharan



Gretel, by Korie Zi

Later, they would call him the Broken Man.
Found in inhuman angles next to the box truck.

He stood a little too close to the edge.

He was thrown a little too far.

His body in the air too long.

Meeting the gravel, kissing the dirt.

The end of his life, the beginning of a resuscitation.

But, he never stopped bleeding.

Heroes, degenerate measures: aorta plugged, leg amputated.

Still, he wept crimson, from the wounds where his face used to be.

The blood soaked my socks. The sunset over his scalp bloomed purple.

Five hours of transfusing, of deliberating, of working, working, working.

Of not wanting to be the person who calls it.

We delivered him with a cooler of reds. With a prayer.

Doors closed. I stood alone. Lost.

But, on the floor, he had left his mark.

That trail of blood through unfamiliar halls.

Drip, drip, drip.

Like Gretel, searching for solace, I followed. My eyes hugging the lines of the.

Trailing those little ruby gems through the corridors.

Until they abruptly stopped, with the swish of the mop.

I looked up. Our eyes met. Swish.

As though to say that finally, for the Broken Man, it was over.

Health Humanities at Johns Hopkins Emergency Medicine

HumanisEM Speaker Series 2019-2020 Inaugural Lecture

NARRATIVE RISKS AT THE BEDSIDE: STORY AS A CRITICAL SKILL

6 p.m. Wednesday, Sept 25
Armstrong Medical Education Building
West Lecture Hall

Jay Baruch, MD

Writer and Physician
Associate Professor of Emergency Medicine
Brown University
Director, Program in Clinical Arts and Humanities
Co-Director, Medical Humanities &
Bioethics Scholarly Concentration



Please RSVP to kenneth.kohler@jhmi.edu
Follow us at [@jhmiHEM](https://twitter.com/jhmiHEM)



Health Humanities at Johns Hopkins Emergency Medicine

HumanisEM Speaker Series 2019-2020

INCARCERATION, HEALTH, AND ADVOCACY IN THE TIME OF COVID19: PERSPECTIVES FROM THE LA COUNTY JAIL SYSTEM

May 22, 2020
12:30pm EST
Via Zoom

JENNIS HSIEH, MD, JD
Assistant Professor, Emergency Medicine
Director, Social Medicine & Community Health
Harbor-UCLA Medical Center
Los Angeles County Department of Health
services

SHAMSHER SAMRA, MD, MPhil
Assistant Professor, Emergency Medicine
Harbor-UCLA Medical Center
Attending Physician, LA County Jail System
Medical Director, LA County
Whole Person Care

Please RSVP to kenneth.kohler@jhmi.edu
Follow us at [@jhmiHEM](https://twitter.com/jhmiHEM)



Humanities Exposure + Emergency Resident Attributes

- Multi-site survey of five emergency residency programs
- Preliminary data demonstrates that greater exposure to the humanities corresponds with **higher elements of empathy**
- Specifically, reading and writing for pleasure, as well as viewing/discussing art are independently associated with **higher empathy**
- Viewing/discussing art is also independently associated with **increased tolerance of ambiguity**

GME Health Humanities Distinction Track

- Longitudinal, interdisciplinary track in the health humanities offered to any resident or fellow at Johns Hopkins Medicine
- Asynchronous curriculum providing targeted exposure and mentorship in the health humanities to future clinicians, educators, and leaders in the health humanities
- Core readings, curated group discussion activities, mentorship on humanities-related project, opportunities for publication
- Pilot cohort of five residents
 - Projects include humanities education, museum-based education, a children's book on pathology, and a historical analysis of the humanities in medical education

Dr. Chisolm's Programs



Pope has said that the “proper study of mankind is man” and even though a clinician has science, art, and craftsmanship, unless he is intensely interested in human beings, he is not likely to be a good doctor.

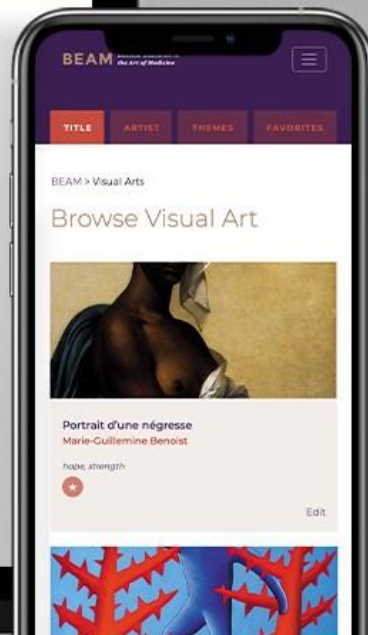
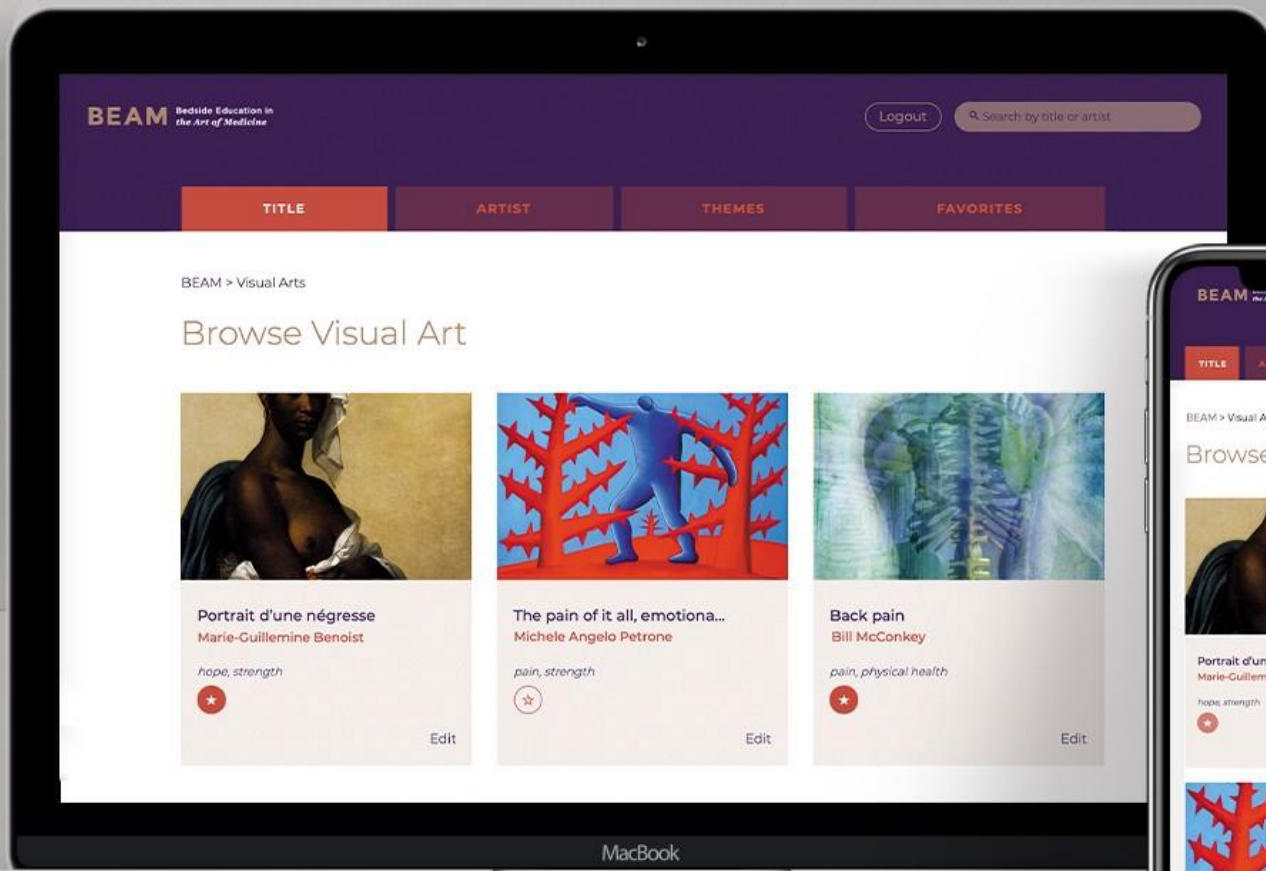


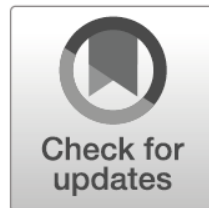
The Paul McHugh Program for Human Flourishing

Vision: to achieve more humanistic clinical practice relevant to human health and flourishing
via

1. **education for a good life** (i.e., including reflection on living a good life)
2. **rigorous engagement** (i.e., bringing classical intellectual traditions into engagement with contemporary thought)
3. **interdisciplinary scholarship** (i.e., broadening fields for benefit of specialists and public)
4. **intellectual friendship** (i.e., modeling free and fair inquiry through teaching which builds intellectual friendship)
5. **truth and generosity** (i.e., challenging universities to pursue truth more vigorously while maintaining a spirit of generosity with colleagues/leaders)

Bedside Education in the Art of Medicine





Bedside Education in the Art of Medicine (BEAM): an Arts and Humanities Web-Based Clinical Teaching Resource

Christiana M. Zhang¹ · Margot Kelly-Hedrick¹  · Susan W. Lehmann¹ · Eden N. Gelgoot² · Anna K. Taylor³ · Margaret S. Chisolm¹

Received: 21 February 2020 / Accepted: 17 June 2020

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Medical humanism recognizes that medicine is a public trust gained, in part, by physicians' promise to serve people in need

educational and professional development experience" of medical students and practicing physicians [8].

BEAM fosters discussion & dialogue

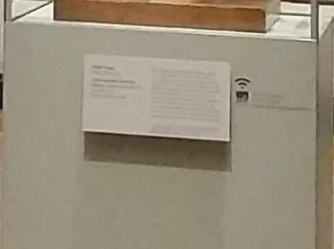
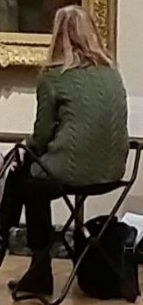
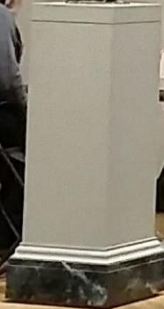
- The beauty of art is that it's more of a subjective thing. I appreciated being able to [use art] to process and interpret and experience and also hear from [others on my team].”
- “There’s something about art and pictures that helps solidify [the patient-provider relationship]. My patient showed me her entire wedding album and I felt like I was sharing the experience [with her].”
- “Using a tool like this app to create an opportunity to talk about feelings was really powerful. I think this would be a good debriefing tool for [difficult patients] to humanize them.”

Encourages viewing patient as a person

- It was helpful having a space to just reflect on our patients as a group. Wards get really busy, and it was nice to re-center and think about this patient in a more holistic way.”
- “I think it is helpful to have moments to stop and reflect and think about patients and humanize your patients more. I am not an art or poetry person but this seems like an efficient and stimulating way to encourage that.”
- “[This exercise] gave us an excuse to take a step back and slow down and think about the patient more as a person.”

Deepens clinician-patient connections

- “The beauty of this exercise is that I am getting insight into [this patient] by hearing how the team processes our interaction with her. I will see her care a little differently because of our discussion of her isolation.”
- “[It was helpful to remember that the] patient is not just a static image...there is a story behind [the patient] and we need to spend more time to get that story.
- “We should try to get to know the patient and not the disease. [This exercise] reminded me of that.”



Flourishing Art Museum Elective



FAME Objectives

- Facilitate student reflection on...
 - what it means to be human, to be a physician, and to lead a good life (for oneself and one's patients)
 - one's sense of self in relation to one's family, community, and education/training experiences
 - how family, community, and education/training experiences offer opportunities for leading a good life
 - the role of the arts and humanities in developing clinically relevant skills
 - how the arts and humanities can support self-care and wellbeing

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1 Family 2/1-2/5	9:00-1:00 Orientation & written reflection	10:00-1:00 American Visionary Art Museum Visual Thinking Strategies & Group Poems	Morning Self-learning*	9:00-1:00 Discussion Story telling (Fakunle)	Morning Self-learning*
	Afternoon Self-learning*	Afternoon Self-learning*	1:00-4:00 Baltimore Museum of Art (BMA) Museum educator session 1	Afternoon Self-learning*	1:00-3:30 BMA Museum educator session 2 3:30-5:00 Poetry & Written Reflection
2 Community 2/8-2/12	Self-learning*	10:00-4:00 Museum TBD Personal Responses Tour (PRT)	Morning Self-learning*	9:00-1:00 Discussion Story telling (Fakunle)	Morning Self-learning*
	<i>Week 1 assignment due</i>		1:00-4:00 BMA Museum educator session 3	Afternoon Self-learning*	1:00-3:30 BMA Museum educator session 4 3:30-5:00 VTS & Written Reflection
3 Work/ Education 2/15-2/19	Self-learning*	10:00-2:00 Remington JHPCP	Morning Self-learning*	9:00-2:00 Discussion Mask making (Stephens) Story telling (Fakunle)	Morning Self-learning*
	<i>Week 2 assignment due</i>	Afternoon Self-learning*	1:00-4:00 BMA Museum educator session 5	Afternoon Self-learning*	1:00-3:30 BMA Museum educator session 6 3:30-5:00 FF Story & Written Reflection
4 Self-care 2/22-2/26	Self-learning*	10:00-4:00 Meet at JHH Travel to Glenstone Nature VTS & PRT	Morning Self-learning*	Morning Self-learning*	Morning Self-learning*
	<i>Week 3 assignment due</i>		1:00-4:00 BMA Museum educator session 7	3:00-5:00 Bond Street Conference Room Jazz & Medicine seminar (Haidet) 7:00 Keystone Korner Optional dinner/concert	1:00-3:30 BMA Museum educator session 8 3:30-5:00 Music & Written Reflection <i>Summative assignment due by 2/26</i>

Visual Thinking Strategies



Personal Responses Tour



Group Poems





Interested in participating in a research study
that involves attending one
art museum-based session?



**The Baltimore
Museum of Art**
(near the Homewood campus)



Fri, September 27
10 am-1 pm



Maximum 3 hours
Includes 2 hour museum visit,
30 minute focus group
& short survey

3rd and 4th year medical students eligible

You will be providing feedback for the development of a new
art museum-based elective for Hopkins SOM students

Explore questions like:

What does it mean to be human?

What does it mean to be a physician?

What does it mean to live a good life?

Interested? Contact Dr. Meg Chisolm, mchisol1@jhmi.edu

Participation is completely voluntary and a decision whether or not to participate will not affect
grades or standing in the program at Johns Hopkins. If you agree to participate, your feedback will
be confidential and will not be linked to any identifiable information. (You may contact the Johns
Hopkins Medicine Office of Human Subjects Research for further information at 410-955-3008.)
IRB #: IRB00210522



Lunch provided



**Transportation &
parking reimbursed**

Survey Responses

83% of participants found the session to be valuable (72% rating it as very valuable)

- “The ability to create our own stories & share them is particularly meaningful for me. In nearly equal parts it teaches us about ourselves/others’ beliefs/values and also about fostering creativity, imagination, & critical thinking.”
- “It really shared the different ways people think, and how I can be bettered by broadening by horizons.”
- “Taking time to reflect was very meaningful and comparing reflections on motivations to enter medicine vs future aspirations helped create insight. Medical school is very busy so having dedicated time for reflection and abstraction was very helpful.”

Themes Emerging from Focus Groups

- Form
 - Setting
 - Objects
 - Methods
 - Format
- Function
 - Personal inquiry
 - Appreciation of others
 - Critical skills

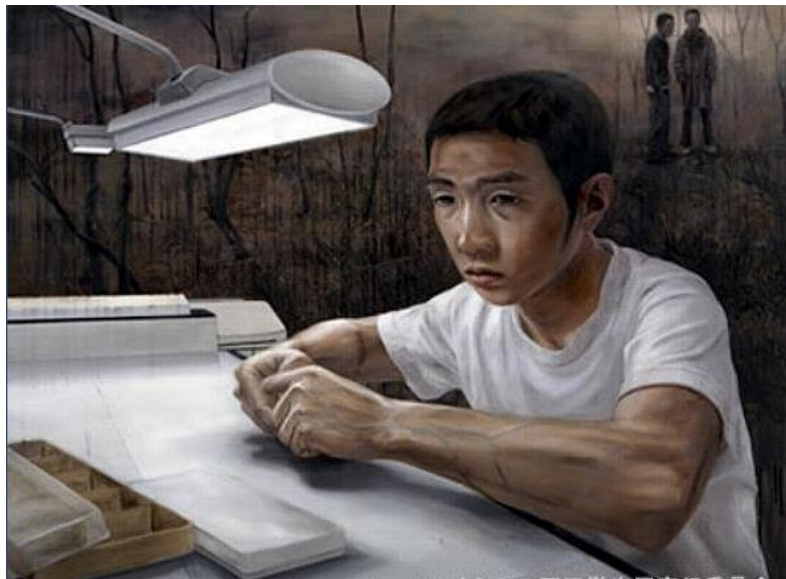
The Online Art Museum: Exploring Professional Identity through Art



The Online Art Museum: Exploring Professional Identity through Art

Activity	Length
Visual Thinking Strategies discussion	40 minutes
“Show and tell” from previous day’s assignments	30 minutes
Group activity (varies each day)	30 minutes
Reflective writing exercise	15 minutes
Meditative exercise	5 minutes

Online Learning Isn't All Gloom & Doom



It Was A Blast!



Survey Responses

“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”

“Thought the sessions went well over Zoom. Way less awkwardness than I was expecting based on previous experiences.”

New education method or tool

Open Access

The Online Art Museum

Margot Kelly-Hedrick^{[1][a]}, Kaitlin Stouffer^[1], Heather J Kagan^{[1][b]}, Philip Yenawine^[2], Elizabeth Benskin^[3], Suzy Wolffe^[3], Margaret Chisolm^{[1][c]}

Institution: 1. Johns Hopkins University School of Medicine, 2. Watershed Collaborative, 3. The Baltimore Museum of Art

Twitter Handles: a. mkellyhedrick, b. heatherkaganmd, c. whole_patients

Corresponding Author: Dr Margaret Chisolm (mchisol1@jhmi.edu)

Categories: Educational Strategies, Students/Trainees, Teaching and Learning, Technology, Undergraduate/Graduate

Abstract

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

Personal Communication

“During the week of the course and ever since then, my life has taken on a new course. I feel like I have a sense of purpose again. Before taking the class I felt almost like I was on a fast moving train that couldn't stop. I never really had the chance to stop and really think about my life, reflect on who I've become and what I really wanted for the future...and I felt lost....Then I took your class and something, several things, began to happen....I started to realize what was important to me and I wanted for myself....I am still on this journey to self-discovery but I feel like I have my life back again in my own hands...I just want to let you know that taking this class helped me start on that journey and I will forever be grateful for that.”

Art Museum-Based Exploration of Pre-Health Professional Identity





2019 Ten by Twenty Challenge: One Year, One Goal

The 2019 Ten by Twenty Challenge seeks ideas to meaningfully advance any one of the Ten by Twenty goals by the end of 2020.

Winners

Creating A Community Biology Lab at JHU

Biology is becoming more accessible than ever before. The breadth of information available on the internet, the diminishing costs of DNA sequencing, and the open-sourcing of laboratory equipment have all changed the ways people engage in biology and are raising important questions on who 'gets' to engage in biology.

The Human Aging Project

Let's transform the way we provide health care for older adults by developing a new, more precise way to detect signs of future problems.

Art Museum-Based Exploration of Pre-Health Professional Identity

Pre-health students are vital to the life of the university, and we must continuously push past established educational practices and learning environments to explore new ways of helping these students reach their greatest potential.

Establishing the Johns Hopkins Disability Health Coalition

Approximately 26% of American adults have one or more disability, and this estimate is projected to increase over the next decade. Disabilities are any condition or impairment that limits one or more life activity or impacts societal participation, and includes disabilities that affect vision, hearing, movement, learning, remembering, communicating, and mental health.

Books and Brunch

There is a revolution burgeoning in our nation to ensure that every child receives the best education possible

Career Development For People Experiencing Homelessness

With homelessness as a large public health issue in the city of Baltimore, there have been efforts in providing better access to health care, affordable housing and career development to end homelessness. This project will focus on providing career opportunities and workshops at Health Care for the Homeless, which is located in downtown Baltimore and is often a hub for those experiencing homelessness due its location and provision of healthcare resources.

Pre-health professional identity exploration at the art museum

Explore what it means to lead a good life, for yourself as a future health professional and for your patients



The Baltimore
Museum of Art

6 unique sessions (sign up for one or multiple) on Friday afternoons for 2.5 hours*

- Jan 31 • Mar 6
- Feb 7 • Apr 3
- Feb 28 • Apr 17

Who can participate?

- Undergraduates...
- Post-bacc and graduate students...

...who are planning to pursue a health profession (e.g., medicine, nursing, dentistry, social work)

Sessions co-led by JHU School of Medicine faculty and BMA museum educators

Cost: Free!

To reserve your spot, email mkellyh1@jhmi.edu

Registration is first come, first served

No experience in art required

Supported by a JHU Ten by Twenty Challenge Grant

*All sessions are 1-3:30, except Mar 6 which runs 2-4:30

Who participated?

20% Undergraduate freshmen

20% Undergraduate sophomores

16% Undergraduate juniors

24% Undergraduate seniors

12% JHSPH graduate students

8% Recent Homewood graduates

Pair and Share Introductory Activity



Motivations Activity



Close Looking



Back-to-Back Drawing



Narrative Writing Activity



What Did They Take Away?

“The importance of self-reflection”

“I loved the amount of self-reflection and saw how we cannot view patients as a singular entity; everyone/everything is connected”

“Bringing in another perspective really deepens one’s understanding (or changes it)”



What about the Art Museum in CME?

Proposing strategies for achieving integration of humanities and arts across the educational and professional development experience of students pursuing the M.D. degree and physician faculty in practice;




<5%

of arts and humanities courses in health professions education
are targeted towards CME

CME at the Art Museum: Exploring the Role of Art in Observation, Reflection, Education, and Patient Care

- To be launched in Fall 2020
- Held at the Baltimore Museum of Art (or virtually)
- Each session = 2 hours, can accommodate up to 30 participants
- Offered 4 x throughout 2020-2021
- Each session distinct from previous

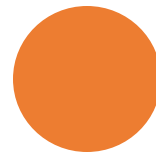


CME at the Art Museum:
Exploring the Role of Art in
Observation, Reflection,
Education, and Patient Care

- 15 minutes: Introductory Activity
- 30 minutes: Facilitated **Visual Thinking Strategies (VTS)** experience

CME at the Art Museum: Exploring the Role of Art in Observation, Reflection, Education, and Patient Care

- 60 minutes: Two additional activities centering on observation, reflection, and discussion
- Examples include the Portrait Patient, Personal Responses Tour, Group Poem, or Multiple Perspectives Drawing
- 15 minutes: Contemplative activity, Brief written reflection



Q & A



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