

Using Art Observation in Museum Education to Broach Topics of Bias and Power Among Health Professional Trainees

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BACKGROUND

According to the Liaison Committee on Medical Education, training on cross cultural interaction and bias is a high-priority topic in medical education. Thus, there is a need for educational interventions that can inform trainees on the existence of biases, sensitize them to their own biases, and provide avenues to begin combating bias in themselves and their surrounding communities. Although used successfully for training in observation, less has been published on the use of fine art, specifically painting or sculpture, as a means of entry into discussion on issues of bias in medicine relating to race, gender, class, weight, etc. *Making the Invisible Visible: Art, Identity, & Hierarchies of Power (MIV)* is a 3-hour, guided museum tour that uses art observation to provoke dialogue about biases embedded in western culture as well as their influence on personal and professional interaction. The tour highlights the difference between observation and subjective interpretation to explore the assumptions informing our understanding. Through a series of guided questions, the

historic meaning of each work and the artist's intentions are interpreted through a contemporary lens and related to modern medical practice. Session facilitators use current research on healthcare disparities to contextualise the discussion and begin suggesting ways to combat the phenomenon in practice and society.

MATERIALS AND METHODS

Evaluation surveys were collected and structured focus group interviews were conducted with the first cohort of student participants in 2015. Evaluation surveys have been used each year subsequently (2016-2023). The focus groups were transcribed and qualitatively analysed by a two-person research team.

RESULTS

Of the 388 surveys collected (72% response rate), 75% considered MIV above average (30%) or excellent (45%). Focus groups revealed appreciation for the topic and the use of art education.

DISCUSSION

Through MIV, students acknowledged their own biases and reported a deeper understanding of how biases inform systemic oppression. Although some students admitted to self-censorship, all greatly appreciated peer perspectives that were offered. All participants recognized the need to continue the dialogue throughout medical training.

CONCLUSION

While demonstrating art observation as a viable tool for discussing bias in healthcare, MIV has highlighted a desire for more curricular content on the subject and offered a potential framework for future discussions. *MIV's* location early in the curriculum serves as an impetus and framework for future discussion.