

## IMLS Sparks! Ignition Grant Final Performance Report University of South Florida Contemporary Art Museum

### **Overview**

The University of South Florida Contemporary Art Museum received a 2013-2014 IMLS Sparks! Ignition Grant for its proposal to establish a 15-hour course in art observation for USF Health students and to develop a simulation assessment tool to measure the transfer of students' improved observation skills to a clinical context, while documenting the process and products of the program online. USFCAM achieved partial success in reaching these goals: The museum developed a 12-hour workshop series, voluntary to attend, which served 70 students; an assessment that included clinical images to demonstrate skills transfer was implemented and positive results were obtained with a small cohort, but a simulation tool was only designed and not yet implemented; and the project was documented but not as robustly as proposed. The result was the development of a sustainable educational program at USFCAM that has the potential to achieve these goals more fully in future semesters.

### **Changes**

In November 2013, a budget revision request was sent by USFCAM to IMLS and approved. The revised budget reallocated IMLS Sparks! Ignition Grant funds solely toward program instructor stipends and a consultant fee, rather than toward a combination of instructor stipends, consultant fee, travel expenses for conference presentations and a consultant site visit, and workshop supplies. This change was requested by USFCAM to reduce paperwork and process expenses more efficiently.

### **Activities Completed**

USFCAM achieved its greatest success in terms of developing and implementing an ongoing educational program, called "Art In Health," for USF Health professional students. At the outset of the project, our goal was to create a 15-hour course based on a pilot program of arts-based observation training workshops for healthcare students that USFCAM first implemented during Fall 2012 as a six-hour experience. At this early pilot stage, the program consisted of one three-hour workshop based in the art museum, using Visual Thinking Strategies with students to practice observation and communication with works of art, and one three-hour workshop based in an art studio and built on drawing and collage exercises that emphasize close looking. The museum workshop was taught by USFCAM associate curator of education Megan Voeller, Art In Health program director; the art studio workshop was taught by two former art professors, Dolores Coe and Bruce Marsh. Prior to receipt of the IMLS grant, USFCAM had extended the program to nine hours during Spring 2013, engaging USF Theatre & Dance faculty member Merry Lynn Morris to develop a three-hour workshop of movement and body awareness exercises.

In our proposal, USFCAM aimed to offer a 15-hour, 1-credit elective course based on the pilot workshops by September 2013, following announcement of the grant in July 2013. The proposed course was projected to serve approximately 60 students during fall and spring semesters. The timeframe projected for this conversion to a course was overly ambitious; further, as conversations progressed with USF Health faculty who had initially supported the development of a course, it became apparent that adopting the course format would eliminate the program's ability to serve interdisciplinary cohorts of healthcare students because of the incompatibility of schedules and curricula across divisions of USF Health. (As detailed in the project proposal, the program's integration of an interdisciplinary range of healthcare students was a unique feature in terms of research design and highly desirable to USF Health, which emphasizes preparing students for team-based healthcare delivery.) It was determined that the workshops would continue on a voluntary basis.

During September-October 2013, USFCAM offered a 12-hour version of the Art In Health program that consisted of three four-hour workshops: the Museum Workshop, the Studio Art Workshop and the Movement Workshop. The workshops initiated during Spring 2013 were expanded by one hour each. On the recommendation of consultant Alexa Miller, who co-developed Harvard's elective course "Training the Eye," which serves as a model program for USFCAM, two USF Health faculty members were engaged to lead reflective discussions at the conclusion of the workshops, stimulating students to draw connections between the observation exercises just practiced and the provision of healthcare. USF Morsani College of Medicine professor Frazier Stevenson joined the Studio Art Workshop to lead a discussion of visual observation using dermatology slides as examples (an activity he witnessed and adopted during an informational visit to Harvard University during May 2013); USF College of Public Health faculty member Aurora Sanchez-Anguiano joined the Museum Workshop and participated in a concluding discussion of documentary photographs chosen for their relevance to public health issues. Subsequently, this incorporation of health faculty as co-instructors into the workshops has continued, subject to their availability. (Efforts were made to establish a correlate for the Movement Workshop, with physical therapy and nursing professors participating in the workshop at different times, but neither persisted as a regular collaborator.)

During Fall 2013, the Art In Health program attracted 25 volunteer healthcare student participants, who came from six disciplines: public health (9), medicine (7), social work (5), pharmacy (2), nursing (1) and physical therapy (1). (One of the public health masters students was also enrolled in the masters in social work program; she is counted as public health.) Additionally, two undergraduates in art and psychology and two public health faculty members participated, bringing the total number of participants to 29. (Faculty who request to join the program in the role of student-participant are welcome.) Reflecting the voluntary nature of the program, attendance varied over the course of the workshop series: 22 participants attended the Studio Art Workshop; 23 attended the Museum Workshop; and 22 attended the Movement Workshop. In other words, all participants attended at least one workshop, 25 out of 29 completed at least two workshops, and 13 students

completed all three workshops. (The number of students completing three workshops might have been higher if not for the cancellation of one of the Studio Art Workshops offered, due to a health emergency on the part of the instructor; a subsequent attempt to reschedule yielded enrollment that was too low to proceed.)

While student feedback was positive, likely reflecting their status as volunteers, the program instructors reported that four hours felt too long. As a result, during Spring 2014 a slightly different format was implemented. The original three workshops were scaled back to a duration of three hours each and a fourth workshop utilizing a different arts-based approach—sound and listening, which received support from advising health faculty members—was introduced as a two-hour pilot session.

During Spring 2014, the Art In Health program attracted 22 participants, who came from five healthcare disciplines: public health (10), medicine (4), speech-language pathology (5), pharmacy (1), social work (1), speech-language pathology faculty (1). Reflecting the voluntary nature of the program, eight students completed all three workshops. Six students attended the pilot Listening Workshop, which was offered following the other workshops and led by USF Music faculty member Paul Reller. Activities developed for this workshop included a “blindfolded sound walk,” after which students were tasked with reflecting all that they heard, how the lack of sight effected their aural perception, and the sensation of being led blindfolded by a classmate.

As a result of an annual meeting with health faculty hosted by the program to report progress and recruit new collaborators, an unforeseen opportunity arose in May 2014 to serve a group of undergraduate College of Nursing students during the summer semester. The students, undergoing accelerated coursework toward their BS degrees, would be required to take the workshops. A series of workshops was quickly arranged and included the Listening Workshop as a full, three-hour session; 22 nursing students attended all of the workshops. The nursing professor who arranged for the students to attend envisioned the experience as a trial run for requiring approximately 80 nursing students to complete the workshops during Fall 2014.

During the summer semester, a certificate of completion was designed as a way to incentivize attendance in the program in general; the first set of certificates was given to the nursing students.

Assessment progressed at a slower pace than that envisioned by the program organizers, but progress was made. A survey tool was developed in collaboration with USF Psychology faculty member Wendy Bedwell and graduate student Keaton Fletcher. The tool aimed to duplicated existing findings that the quantity of student observations—measured through their writing in response to image prompts—increases following Visual Thinking Strategies-based interventions (observation training programs). Bedwell and Fletcher paired the image prompts with an array of psychological scales intended to measure what was changing in student attitudes to cue better observation: tolerance of ambiguity, openness to experience, mindfulness, perspective taking and goal-orientation. Over the course of the grant period, these measures changed as the survey was developed and refined based on conversations with colleagues in the fields of museum and medical education and

discussion within the team. In addition to three image prompts (a narrative art image, a dermatological image of diseased hands, and an x-ray) and the psychological scales, the survey included an open-ended question that asked students “What did you learn?” in relation to their professional pursuits. Retroactive IRB approval was completed during summer 2014.

The main challenge to assessment was low participation in the surveys (pre- and post-) on the part of the program’s voluntary attendees. During Fall 2013, nine students successfully completed the survey, which was delivered online via Survey Monkey; during Spring 2014, five students successfully completed the survey. (In multiple cases, students completed only the pre- or post- test, rendering their responses unusable.) During this time participation in the survey was too low to generate meaningful variation on many of the psychological measures. Student feedback to the open-ended question “What did you learn?” provided valuable qualitative feedback, but not the desired quantitative measure.

The Summer 2014 nursing group emerged as the best possibility for assessment to date, though not the hoped-for interdisciplinary mix of students. Surveys, administered by nursing faculty outside of the workshops, were successfully collected from each student in this group. A summary of results can be found in the abstract for “Healthcare and Humanities: Assessing Art-Based Training for Nurses” included in the “Grant Products” section. The number of words students used to describe image prompts significantly increased from the pre-test to the post-test for the x-ray  $t(7) = 3.16, p = .02$ , the image of hands  $t(7) = 3.62, p = .01$ , and the art image,  $t(7) = 5.20, p = .001$ . These results achieved by the USFCAM survey are similar to existing studies into the effectiveness of VTS-based observation training programs (Klugman 2011, Naghshineh 2008). Further analysis of the correspondence of word use to number of observations and type of observation (descriptive, interpretive, evidentiary or considering multiple possibilities) is underway.

Contrary to expectation, this increase in observation was not accompanied by correlative changes in the attitudes/personality measures, except in the case of empathy, which appeared to decrease between the pre- and post-test. The abstract referenced above concludes that the apparent decrease in empathy may be the result of the students’ frustration with being required to take the workshops, which was voiced in their open-ended feedback. Thus, despite faculty interest, it was determined (with input from a dean) following the summer session that it would not be possible to continue to require nursing students to take the workshops. (Nursing students now again participate only on a voluntary basis.)

The team did not achieve the goal of implementing a simulation-based observation test involving a standardized patient. This goal was outlined in our project proposal but made untenable by the small size and voluntary nature of participant groups, in the judgment of the program director. Discussions were undertaken to begin to develop such an assessment, which would entail a clinical examination room interview between a standardized patient (actor) and a participant (health student) enrolled in the workshops. The standardized patient would evince a list of symptoms and complaints, both physically and verbally, during an interaction with the student of limited duration. After the encounter, the

student would be tasked with writing down her/his observations of the patient and information elicited through conversation and questioning. Comparison of pre- and post-tests would assess the quantity and quality of student observations before and after the observation training intervention. Implementing such a simulation test remains a goal of the Art In Health program and is briefly addressed in the “What’s Next” section of this report.

Self-publication was the aspect of the project where USFCAM was weakest. On the one hand, the museum was a visible presence at national art conferences with the program director presenting at the 2014 annual conferences of the College Art Association and the National Art Educators Association. The latter presentation took place as part of a panel on healthcare and art education chaired by Hope Torrents of the University of Miami, where VTS is also used with health students. USFCAM also completed a poster session at a regional conference of the Performing Arts Medicine Association held at USF in 2014. These presentations facilitated the sharing of the project’s process and products with the field; however, the production of a blog documenting the project, as outlined in the proposal, was underachieved. A blog was created but only two posts were published, while the proposal described a series of bi-weekly posts during the year that would have numbered around 15. The program director conducted two interviews with students who attended the workshops; a short one was published, but a longer, more substantial one has not yet been published. A Facebook group for the program was established in June 2014. These self-publication activities, which constitute a critical component of the project’s potential impact, are incomplete and it is the intention of the program director to complete them going forward.

## **Project Results**

During the course of the grant period, USFCAM made substantial progress toward the goals laid out in the proposal but did not fully realize them to varying degrees. In retrospect, the proposal goals were such that a period of two years would have been a more realistic timeframe than one academic year. We learned that healthcare faculty support of the program has been and will continue to be essential; health faculty members who were involved, as advisors or co-instructors, recruited the most students and elicited the most participation from their divisions. The major hurdle to fully realizing the assessment goals set out in the proposal was the lack of a cohort of students of suitable size (about 60 students) who were required to take the workshops and participate in pre- and post- assessment tools. The proposal predicted that it would be possible to convert the voluntary workshops into a course in short order; this proved not to be true, despite faculty support during initial conversations. Despite this setback, the museum successfully developed a sustainable educational program that served 70 students during the grant period.

In terms of quantitative research, the project produced evidence that a cohort of 22 College of Nursing students significantly increased the number of observations made in response to image prompts on a post-test compared to a pre-test. This outcome reinforces existing research into the effectiveness of museum-

based observation training programs and, if published following its delivery at a conference in April 2015, would have the impact of adding weight to an argument for museums as a fruitful site for learning and skill-building for students in disciplines outside of art and art history, especially healthcare. The program has continued to use these survey tools with students who attended the workshops during Fall 2014.

The impact of a program such as Art In Health is measured by its visibility and the accessibility of information about its process and outcomes. USFCAM had impact nationally in 2014 through conference presentations at the College Art Association (audience approximately 100) and National Association of Art Educators (audience approximately 30), which detailed the program's pedagogical approach and the process of collaborating with university colleagues across disciplines. It did not generate the impact proposed via an online blog that would be more widely accessible than conference presentations. The completion of such self-publication remains an ongoing project for the Art In Health program, along with future public presentations and external publication.

### **What's next?**

USFCAM's Art In Health program plans to maintain its progress on multiple fronts. The program continues to attract new faculty collaborators, including a medical educator who will replace an outgoing colleague (Frazier Stevenson) who has been one of the Art In Health program's key proponents and a co-instructor in workshops. While losing Dr. Stevenson could be a setback for the program, his colleague has so far proved to be an exciting collaborator with an interest in further developing the simulation tool described above, as his teaching involves regular use of standardized patient interactions.

The existing Art In Health program of four workshops offered each semester will be supplemented by periodic one-time events, such as lectures and hands-on experiences, which will invite participants to draw connections between art and healthcare fields and offer a less onerous time commitment for busy students. For Spring 2015, a public talk by an internal medicine physician on the history of representations of physical illness in visual art is planned, along with a mindfulness meditation workshop led by a current Art In Health instructor.

During the course of the grant year, the Art In Health workshop series unexpectedly generated an offshoot program, called Art In the Clinic. Due to growing awareness on campus of the museum as a site of interdisciplinary art-health work, Art In Health received an inquiry, via USF's Art Department, from the USF Speech-Language Hearing Clinic requesting a match between an aphasia patient with an interest in painting and a studio art instructor. Subsequently the museum created a regular drawing group open to aphasia patients at the clinic, led by Art In Health instructor Dolores Coe, who oversees two to three undergraduate art student interns each semester. Together the group explores new studio exercises and techniques each week. Sessions are led by the art student interns with Coe's guidance and typically include two to three aphasia patients, one caregiver (the spouse of a patient) and one or more clinical Speech-Language Pathology graduate

students, who are provided with a weekly list of art vocabulary to stimulate verbal interaction with patients.

Art In the Clinic, active for five semesters, has generated a new relationship between USFCAM and the College of Behavioral and Community Sciences, where the clinic is housed. During Fall 2014, a USF Honors College student completed her thesis in the context of the clinic group, using qualitative methods including interviews and a specially designed survey tailored to the cognitive impairments of individuals with aphasia to assess the benefits of the workshops for patients. Of nine art students who have completed the internship experience, two have continued on to graduate school in either art therapy or “arts in medicine,” the University of Florida’s unique program that trains artists to work in healthcare environments. The student now enrolled in UF’s program will return to USF next semester to complete a for-credit master’s practicum course within the Art In the Clinic program.

With the addition of Art In the Clinic, the Art In Health program continues as a two-pronged endeavor: Observation training workshops (and other events) for USF Health students and a clinic-based drawing group for art students, patients and graduate students (clinicians-in-training) from the USF College of Behavioral and Community Sciences.

Regarding the workshop series and assessment, USFCAM will also continue to collect surveys from students who complete the workshops and work toward a publication of the College of Nursing cohort results. Bedwell and Fletcher will present the paper “Healthcare and Humanities: Assessing Art-Based Training for Nurses” at the annual conference of the Society for Industrial and Organizational Psychology in April 2015. Another presentation about the program is planned for a regional conference of the Performing Arts Medicine Association to be held at USF during March 2015. Program director Megan Voeller will submit a panel proposal, on the intersection of healthcare and arts education, for consideration to SECAC for its October 2015 conference. Additionally, discussions are ongoing between USFCAM and the Lowe Art Museum of the University of Miami about co-hosting an arts and healthcare conference in Miami in 2016 or 2017.

Finally, the program team continues to hope for greater curricular integration and the opportunity to turn the Art In Health workshops into a formal course, or to integrate activities into the workshops into a health faculty member’s classroom teaching. One possibility may be to offer a museum-based observation and critical thinking course for undergraduates, rather than graduate students, on a pre-medical or other health-related track. USFCAM will continue to explore these opportunities while serving the USF Health community.

## **Grant Products**

1. Syllabi for Art In Health Studio Art and Movement workshops
2. Photo documentation of May 2014 Art In Health workshops with USF College of Nursing students
3. Assessment tools: Pre-workshop and post-workshop surveys administered to students
4. Comments from Spring 2014 students in response to “What did you learn?”
5. Abstract, “Healthcare and Humanities: Assessing Art-Based Training for Nurses,” conference presentation for the annual conference of SIOP, the Society for Industrial and Organizational Psychology, 2015
6. Presentation, “The Art of Attending: Training Interdisciplinary Healthcare Graduate Students at the University of South Florida Contemporary Art Museum,” College Art Association annual conference, 2014
7. “USF Leverages Arts, Sciences for Better Healthcare,” 83 Degrees Media (83degreesmedia.com), Mar. 4, 2014
8. Art In Health Facebook page
9. Art In Health blog



## ***ART-OF-ATTENDING: Visual Arts Studio Workshop***

Spring 2014

### **Instructors**

Dolores Coe, Visual Artist, MFA, MA, Former Faculty Ringling College of Art & Design  
Bruce Marsh, Visual Artist, MA, Faculty Emeritus, USF School of Art & Art History

### **Overview**

Created for USF students in health disciplines and offered in partnership with USF Health, USF Contemporary Art Museum, this workshop is one in a series of three designed to improve the observation skills of USF graduate and professional students in health disciplines. Join other USF students for intensive arts-based training in observation, critical thinking and communication. Research shows that training health practitioners in art skills improves visual awareness. Each workshop includes a series of arts-based activities and a concluding discussion led by a USF Health faculty member, as available. The workshop series consists of: 1. Art Studio Experience, 2. Museum experience, and 3. Movement Experience.

### **Workshop Description**

You will engage in a sequence of hands-on drawing and color collage experiences designed to focus on the act of observation and to explore different modes of attending and active response. The drawing and arts processes are used as tools to directly cultivate observation skills and are entirely open to the beginner or the more experienced. The goal is to be put in direct contact with the process of active attending, cultivate processes of seeing more acutely and to prepare to more accurately communicate the visual verbally. In the course of the activities you will be introduced to a beginning cluster of conceptual models, information and processes for decoding visual experience that can be applicable to health care practitioners and provide a springboard for further development.

### **Learning Objectives**

1. To heighten and expand the ability to see; to experience observation as an active, developable skill
2. To engage in and practice a range of active observation methods that produce awareness of the process: To observe directly without preconception
3. To heighten awareness of perception as a complex interaction of factors: physiological, psychological, cultural—and level of active engagement
4. To initiate a common visual based vocabulary with which to communicate
5. To stimulate connections between processes introduced and applications as health care practitioners

**For further introductory reading and reference:**

**Color:**

- *“Interaction of Color”*, Joseph Albers
- *“Interaction of Color - App for Ipad”*; (The Joseph Albers book text, illustrations and interactive illusion experiences for further exploration)
- *“The Art of Color: The Subjective Experience and Objective Rationale of Color”* by Itten, Johannes

**Perception:**

- *“Vision and Art: The Biology of Seeing*, by Livingstone, Margaret
- *“How to Use Your Eyes”*, by Elkins, James
- *“Art and Visual Perception—A Psychology of the Creative Eye”*, by Arnheim, Rudolph
- *“Visual Thinking”* by Arnheim, Rudolph
- *“Art and Illusion”* by E. H. Gombrich

**Drawing:**

- *“The White Bird”*: writings by John Berger, 1988, “Drawn to that Moment”
- *“The Natural Way to Draw”*, by Kimon Nicalaides, 1941
- *“The New Drawing on the Right Side of the Brain”*, by Betty Edwards, 1999
- *“The Zen of Seeing: Seeing/Drawing As Meditation*

**Philosophy:**

- [Phenomenology of Perception](#) by Maurice Merleau-Ponty
- *Action in Perception* by Alva Noe, 2004
- *Varieties of Presence* by Alva Noe, 2012

...& a couple of artists working directly with perception and experience:

- *“Seeing Is Forgetting the Name of the Thing One Sees”*, by Weschler, Lawrence (on Robert Irwin)
- *“James Turrell: A Retrospective* by [Michael Govan](#)”, [Christine Y. Kim](#), [Florian Holzherr](#) and [Alison de Lima Greene](#) (Apr 11, 2013)

**To see and experience:**

- James Turrell, *“Joseph’s Coat Skyspace”*, permanent commissioned installation, Ringling Museum of Art, Sarasota, FL

Spring 2014

Instructor: Merry Lynn Morris, MFA  
PhD candidate, Texas Woman's University  
Faculty, Dance Program, USF  
Mmorris3@usf.edu

***Visual/movement literacy project with medical/health students: Body and Movement Focus***

**Overview:** A workshop for USF students in the health disciplines, this workshop is one in a series of three meant to improve your observation skills. In partnership with USF Health, the USF Contemporary Arts Museum offers a series of three workshops designed to improve the observation skills of USF graduate and professional students in health disciplines. Join other USF students for intensive arts-based training in observation, critical thinking and communication. Research shows that training health practitioners in art skills improves visual awareness. Each workshop includes a series of arts-based activities and a concluding discussion led by a USF Health faculty member, as available. The workshop series consists of: 1. Art Studio Experience, 2. Museum experience, and 3. Movement Experience.

**Description of workshop:** You will be interactively engaged in a series of movement observation and experience activities developed to heighten your individual level of bodily awareness and engagement as well as to heighten your abilities to perceive the movement detail and bodily habitus/expression of others. The intent is to provide you with new tools of *seeing* and *reading* the body to enhance your existing skill sets as health practitioners. We will draw from the theoretical model of Rudolf Laban as a point of reference for observing, experiencing, and analyzing movement.

**Learning Objectives:**

1. To heighten and expand the individual's level of body awareness and movement patterns (including psycho-social relationships).
2. To heighten and expand the ability to see and "read" the movement/body language of others.
3. To understand and engage with movement and the body as an expressive, communicative, creative experience (often "under the radar" of cognitive awareness).
4. To make linkages between movement literacy and practice as health care professionals.

**Reading materials:**

Distributed: "Brain Dance" – Ann Green Gilbert  
(<http://createdance.org/about/founder-and-artistic-director/>)

Laban Movement Analysis Overview hand-out from *Making Connections*,  
Peggy Hackney

## Suggested books:

*The Meaning of the Body*, Mark Johnson  
*Making Connections*, Peggy Hackney  
*Body Movement, Coping with the Environment* Irmgard Bartenieff  
*Free Play: Improvisation in Life and Art*, Stephen Nachmanovitch

Articles: Lourens, Tino, Roos Van Berkel, and Emilia Barakova. "Communicating emotions and mental states to robots in a real time parallel framework using Laban movement analysis." *Robotics and Autonomous Systems* 58, no. 12 (2010): 1256-1265.

Stuckey, Heather L., and Jeremy Nobel. "The connection between art, healing, and public health: A review of current literature." *American Journal of Public Health* 100, no. 2 (2010): 254-263.

Foroud, Afra, and Ian Q. Whishaw. "Changes in the kinematic structure and non-kinematic features of movements during skilled reaching after stroke: A laban movement analysis in two case studies." *Journal of Neuroscience Methods* 158, no. 1 (2006): 137-149.

Bouchard, Durell, and Norman Badler. "Semantic segmentation of motion capture using laban movement analysis." In *Intelligent Virtual Agents*, pp. 37-44. Springer Berlin Heidelberg, 2007.

Barrett, Terry. "Experiencing Art with the Ill, the Elderly, and Their Caregivers," *Teaching Artist Journal*, Volume 9, Number 2, pages 90-100, 2011.

Barrett, Terry. "Art Interpretation as a Clinical Intervention Toward Healing," with Patrice Rancour, *Journal of Holistic Nursing*, Volume 29, Number 1, March 2011, pages 68-80.

PDF's of Terry Barrett articles available at:  
<http://www.terrybarrettosu.com/articles.html>

## Photographic documentation of USF Art In Health workshops

Instructor Merry Lynn Morris leads USF College of Nursing students in the Art In Health Movement workshop, May 2014, University of South Florida. All photos: Will Lytch, USF Contemporary Art Museum





## Photographic documentation of USF Art In Health workshops

Instructor Megan Voeller leads USF College of Nursing students in the Art In Health Museum workshop, May 2014, University of South Florida. All photos: Will Lytch, USF Contemporary Art Museum





## Photographic documentation of USF Art In Health workshops

Instructor Paul Reller leads USF College of Nursing students in the Art In Health Listening workshop, May 2014, University of South Florida. All photos: Will Lytch, USF Contemporary Art Museum





## Photographic documentation of USF Art In Health workshops

Instructors Dolores Coe and Bruce Marsh lead USF College of Nursing students in the Art In Health Studio Art workshop, May 2014, University of South Florida. USF Morsani College of Medicine professor Frazier Stevenson leads students in a discussion of dermatology slides at the conclusion of the workshop. All photos: Will Lytch, USF Contemporary Art Museum





**Last 4 Digits of Phone Number & Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_

**Please answer each of the following questions to the best of your ability.**

<p>1. What is your sex?</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<p>2. What is your age?</p>	<p>_____</p>	
<p>3. What is your race or ethnic background? (check all that apply)</p>	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: Please Describe _____	
<p>4. If you chose more than one race or ethnic group in the previous question, which one do you most identify with?</p>	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: Please Describe _____	
<p>5. Are you fluent in more than one language?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, which languages, in order of most fluent to least fluent? <p>_____</p>	
<p>6. Marital Status (check all that apply):</p>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Living with Another <input type="checkbox"/> Domestic Partnership
<p>7. MCAT Score:</p>	Total: _____ Physical Sciences: _____ Verbal Reasoning: _____ Biological Sciences: _____	

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<p>8. Specialty Area of Study:</p>	<hr/>
<p>9. Have you taken courses (formal course for credit or informal) in visual art?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No                  If so, please elaborate.</p> <hr/>
<p>10. Have you taken courses (formal course for credit or informal) in dance/movement?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No                  If so, please elaborate.</p> <hr/>
<p>11. Have you taken courses (formal course for credit or informal) in music?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No                  If so, please elaborate.</p> <hr/>

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**For each of the following statements, please indicate how accurately each describes you.**

	<b>Very Inaccurate</b>	<b>Moderately Inaccurate</b>	<b>Neither Inaccurate or Accurate</b>	<b>Moderately Accurate</b>	<b>Very Accurate</b>
1. I believe in the importance of art.	1	2	3	4	5
2. I am willing to select a challenging work assignment that I can learn a lot from.	1	2	3	4	5
3. I do not enjoy going to art museums.	1	2	3	4	5
4. I often look for opportunities to develop new skills and knowledge.	1	2	3	4	5
5. I'm concerned with showing that I can perform better than my coworkers.	1	2	3	4	5
6. I would avoid taking on a new task if there was a chance that I would appear rather incompetent to others.	1	2	3	4	5
7. I see beauty in things that others might not notice.	1	2	3	4	5
8. I enjoy challenging and difficult tasks at work where I'll learn new skills.	1	2	3	4	5
9. I try to figure out what it takes to prove my ability to others at work.	1	2	3	4	5
10. Avoiding a show of low ability is more important to me than learning a new skill.	1	2	3	4	5
11. I enjoy it when others at work are aware of how well I am doing.	1	2	3	4	5

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12. For me, development of my work ability is important enough to take risks.	1	2	3	4	5
13. I prefer to work in situations that require a high level of ability and talent.	1	2	3	4	5
14. I'm concerned about taking on a task at work if my performance would reveal that I had low ability.	1	2	3	4	5
15. I prefer to avoid situations at work where I might perform poorly.	1	2	3	4	5
16. I prefer to work on projects where I can prove my ability to others.	1	2	3	4	5

**Please consider how much you agree with each of the following statements in the context of WORK.**

	<b>Completely Disagree</b>	<b>Mostly Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Mostly Agree</b>	<b>Completely Agree</b>
1. I have a good understanding of how this training will fit my job-related development.	1	2	3	4	5	6
2. If someone opposes me, I can find means and ways to get what I want.	1	2	3	4	5	6
3. It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4	5	6
4. If I am successful in this training, it will make me more effective at work.	1	2	3	4	5	6
5. I am confident that I could deal effectively with unexpected events.	1	2	3	4	5	6

6. Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4	5	6
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4	5	6
8. No matter what comes my way, I'm usually able handle it.	1	2	3	4	5	6

**Go on to the next page.**

**Below you will see phrases describing people's behaviors. Please use the rating scale below to describe how accurately each statement describes you. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. So that you can describe yourself in an honest manner, your responses will be kept in absolute confidence. Please read each statement carefully.**

**I...**

	<b>Very Inaccurate</b>	<b>Moderately Inaccurate</b>	<b>Neither Inaccurate or Accurate</b>	<b>Moderately Accurate</b>	<b>Very Accurate</b>
1. Am the life of the party.	1	2	3	4	5
2. Sympathize with others' feelings.	1	2	3	4	5
3. Get chores done right away.	1	2	3	4	5
4. Have frequent mood swings.	1	2	3	4	5
5. Have a vivid imagination.	1	2	3	4	5
6. Don't talk a lot.	1	2	3	4	5
7. Am not interested in other people's problems.	1	2	3	4	5
8. Often forget to put things back in their proper place.	1	2	3	4	5
9. Am relaxed most of the time.	1	2	3	4	5
10. Am not interested in abstract ideas.	1	2	3	4	5

**Go on to the next page.**

11. Talk to a lot of different people at parties.	1	2	3	4	5
12. Feel others' emotions.	1	2	3	4	5
13. Like order.	1	2	3	4	5
14. Get upset easily.	1	2	3	4	5
15. Have difficulty understanding abstract ideas	1	2	3	4	5
16. Keep in the background.	1	2	3	4	5
17. Am not really interested in others.	1	2	3	4	5
18. Make a mess of things.	1	2	3	4	5
19. Seldom feel blue.	1	2	3	4	5
20. Do not have a good imagination.	1	2	3	4	5

**Go on to the next page.**

**For each of the following statements, please indicate how accurately each describes you.**

	<b>Very Inaccurate</b>	<b>Moderately Inaccurate</b>	<b>Neither Inaccurate or Accurate</b>	<b>Moderately Accurate</b>	<b>Very Accurate</b>
1. It really disturbs me when I am unable to follow another person's train of thought.	1	2	3	4	5
2. If I am uncertain about the responsibilities involved in a particular task, I get very anxious.	1	2	3	4	5
3. Before any important task, I must know how long it will take.	1	2	3	4	5
4. I don't like to work on a problem unless there is a possibility of getting a clear-cut and unambiguous answer.	1	2	3	4	5
5. The best part of working a jigsaw puzzle is putting in that last piece.	1	2	3	4	5
6. I am often uncomfortable with people unless I feel that I can understand their behavior.	1	2	3	4	5
7. A good task is one in which what is to be done and how it is to be done are always clear.	1	2	3	4	5

**Go on to the next page.**



**Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience.**

	<b>Almost Never</b>	<b>Very Infrequently</b>	<b>Somewhat Infrequently</b>	<b>Somewhat Frequently</b>	<b>Very Frequently</b>	<b>Almost Always</b>
1. I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
2. It seems I am "running on automatic" without much awareness of what I'm doing.	1	2	3	4	5	6
3. I rush through activities without being really attentive to them.	1	2	3	4	5	6
4. I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there.	1	2	3	4	5	6
5. I find myself doing things without paying attention.	1	2	3	4	5	6

**Go on to the next page.**

**Please rate how strongly you agree or disagree with the following items.**

	<b>Does not describe me well</b>				<b>Describes me very well</b>
1. Before criticizing somebody, I try to imagine how I would feel if I were in their place.	1	2	3	4	5
2. I sometimes try to understand my friends better by imagining how things look from their perspective.	1	2	3	4	5
3. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.	1	2	3	4	5
4. I believe that there are two sides to every question and try to look at them both.	1	2	3	4	5
5. I sometimes find it difficult to see things from the "other guy."	1	2	3	4	5
6. When I see someone being taken advantage of, I feel kind of protective toward them.	1	2	3	4	5
7. If I'm sure I am right about something, I don't waste much time listening to other people's arguments.	1	2	3	4	5
8. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.	1	2	3	4	5
9. I try to look at everybody's side of a disagreement before I make a decision.	1	2	3	4	5
10. I often have tender, concerned feelings for people less fortunate than me.	1	2	3	4	5

**Go on to the next page.**

11. I would describe myself as a pretty soft-hearted person.	1	2	3	4	5
12. Sometimes I don't feel sorry for other people when they are having problems.	1	2	3	4	5
13. Other people's misfortunes do not usually disturb me a great deal.	1	2	3	4	5
14. I am often quite touched by things that I see happen.	1	2	3	4	5
15. When I see someone who badly needs help in an emergency, I go to pieces.	1	2	3	4	5
16. I sometimes feel helpless when I am in the middle of a very emotional situation.	1	2	3	4	5
17. In emergency situations, I feel apprehensive and ill-at-ease.	1	2	3	4	5
18. I am usually pretty effective in dealing with emergencies.	1	2	3	4	5
19. Being in a tense emotional situation scares me.	1	2	3	4	5
20. When I see someone get hurt, I tend to remain calm.	1	2	3	4	5
21. I tend to lose control during emergencies.	1	2	3	4	5

**Go on to the next page.**

**Write the name of the man in the picture in the blank.**



1.

This man was the 25<sup>th</sup> president of the United States and served from 1879-1901.

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2.

This man was the 8<sup>th</sup> president of the United States and served from 1837-1841.

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3.

This man was the 15<sup>th</sup> president of the United States and served from 1857-1861.

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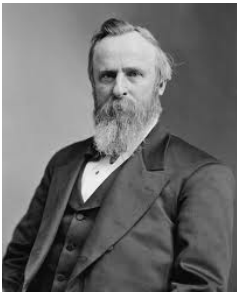
**Go on to the next page.**



4.

This man was the 14<sup>th</sup> president of the United States and served from 1853-1857.

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5.

This man was the 19<sup>th</sup> president of the United States and served from 1877-1881.

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**Go on to the next page.**

What is going on in this picture? (Please respond on following page.)



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What is going on in this picture? (Please respond on following page.)



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What is going on in this picture? (Please respond on following page.)



**Go on to the next page.**



**Last 4 Digits of Phone Number & Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_

**Please indicate how much you agree with each of the following statements.**

	<b>Completely Disagree</b>	<b>Mostly Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Mostly Agree</b>	<b>Completely Agree</b>
1. I was actively engaged during the training sessions.	1	2	3	4	5	6
2. The activities and exercises the trainers used helped me know how to apply my learning on the job.	1	2	3	4	5	6
3. I believe that the trainers were experts in their field.	1	2	3	4	5	6
4. My job performance will improve when I apply the new things that I have learned in training.	1	2	3	4	5	6
5. The topics covered in the program were relevant to the things I do on my job.	1	2	3	4	5	6
6. It was difficult for me to pay attention during the training.	1	2	3	4	5	6
7. I can see myself performing my job more effectively after attending this program.	1	2	3	4	5	6
8. The trainers effectively taught the course material.	1	2	3	4	5	6
9. I get excited when I think about trying to use my new learning on my job.	1	2	3	4	5	6

**Go on to the next page.**

**Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience.**

	<b>Almost Never</b>	<b>Very Infrequently</b>	<b>Somewhat Infrequently</b>	<b>Somewhat Frequently</b>	<b>Very Frequently</b>	<b>Almost Always</b>
1. I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
2. It seems I am "running on automatic" without much awareness of what I'm doing.	1	2	3	4	5	6
3. I rush through activities without being really attentive to them.	1	2	3	4	5	6
4. I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there.	1	2	3	4	5	6
5. I find myself doing things without paying attention.	1	2	3	4	5	6

**Go on to the next page.**

**For each of the following statements, please indicate how accurately each describes you.**

	<b>Very Inaccurate</b>	<b>Moderately Inaccurate</b>	<b>Neither Inaccurate or Accurate</b>	<b>Moderately Accurate</b>	<b>Very Accurate</b>
1. It really disturbs me when I am unable to follow another person's train of thought	1	2	3	4	5
2. If I am uncertain about the responsibilities involved in a particular task, I get very anxious	1	2	3	4	5
3. Before any important task, I must know how long it will take.	1	2	3	4	5
4. I don't like to work on a problem unless there is a possibility of getting a clear-cut and unambiguous answer.	1	2	3	4	5
5. The best part of working a jigsaw puzzle is putting in that last piece.	1	2	3	4	5
6. I am often uncomfortable with people unless I feel that I can understand their behavior.	1	2	3	4	5
7. A good task is one in which what is to be done and how it is to be done are always clear.	1	2	3	4	5

**Go on to the next page.**

**Please consider how much you agree with each of the following statements in the context of WORK.**

	<b>Completely Disagree</b>	<b>Mostly Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Mostly Agree</b>	<b>Completely Agree</b>
1. If someone opposes me, I can find means and ways to get what I want.	1	2	3	4	5	6
2. It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4	5	6
3. If I am successful in this training, it will make me more effective at work.	1	2	3	4	5	6
4. I am confident that I could deal effectively with unexpected events.	1	2	3	4	5	6
5. I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4	5	6
6. No matter what comes my way, I'm usually able handle it.	1	2	3	4	5	6

**Go on to the next page.**

**For each of the following statements, please indicate how accurately each describes you.**

	<b>Very Inaccurate</b>	<b>Moderately Inaccurate</b>	<b>Neither Inaccurate or Accurate</b>	<b>Moderately Accurate</b>	<b>Very Accurate</b>
8. It really disturbs me when I am unable to follow another person's train of thought	1	2	3	4	5
9. If I am uncertain about the responsibilities involved in a particular task, I get very anxious	1	2	3	4	5
10. Before any important task, I must know how long it will take.	1	2	3	4	5
11. I don't like to work on a problem unless there is a possibility of getting a clear-cut and unambiguous answer.	1	2	3	4	5
12. The best part of working a jigsaw puzzle is putting in that last piece.	1	2	3	4	5
13. I am often uncomfortable with people unless I feel that I can understand their behavior.	1	2	3	4	5
14. A good task is one in which what is to be done and how it is to be done are always clear.	1	2	3	4	5

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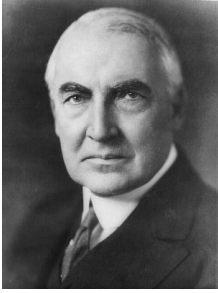
	<b>Does not describe me well</b>				<b>Describes me very well</b>
1. Before criticizing somebody, I try to imagine how I would feel if I were in their place.	1	2	3	4	5
2. I sometimes try to understand my friends better by imagining how things look from their perspective	1	2	3	4	5
3. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.	1	2	3	4	5
4. I believe that there are two sides to every question and try to look at them both.	1	2	3	4	5
5. I sometimes find it difficult to see things from the "other guy	1	2	3	4	5
6. When I see someone being taken advantage of, I feel kind of protective toward them.	1	2	3	4	5
7. If I'm sure I am right about something, I don't waste much time listening to other people's arguments.	1	2	3	4	5
8. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.	1	2	3	4	5
9. I try to look at everybody's side of a disagreement before I make a decision,	1	2	3	4	5
10. I often have tender, concerned feelings for people less fortunate than me.	1	2	3	4	5

**Go on to the next page.**

11. I would describe myself as a pretty soft-hearted person.	1	2	3	4	5
12. Sometimes I don't feel sorry for other people when they are having problems.	1	2	3	4	5
13. Other people's misfortunes do not usually disturb me a great deal.	1	2	3	4	5
14. I am often quite touched by things that I see happen.	1	2	3	4	5
15. When I see someone who badly needs help in an emergency, I go to pieces.	1	2	3	4	5
16. I sometimes feel helpless when I am in the middle of a very emotional situation.	1	2	3	4	5
17. In emergency situations, I feel apprehensive and ill-at-ease.	1	2	3	4	5
18. I am usually pretty effective in dealing with emergencies.	1	2	3	4	5
19. Being in a tense emotional situation scares me.	1	2	3	4	5
20. When I see someone get hurt, I tend to remain calm.	1	2	3	4	5
21. I tend to lose control during emergencies.	1	2	3	4	5

**Go on to the next page.**

**Write the name of the man in the picture in the blank.**



1.

This man was the 29<sup>th</sup> president of the United States and served from 1921-1923.

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2.

This man was the 21<sup>st</sup> president of the United States and served from 1881-1885.

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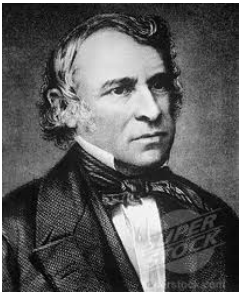


3.

This man was the 13<sup>th</sup> president of the United States and served from 1850-1853.

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4.

This man was the 12<sup>th</sup> president of the United States and served from 1849-1850.

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5.

This man was the 20<sup>th</sup> president of the United States and served from 1881-1881.

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**Go on to the next page.**

What is going on in this picture? (Please respond on following page.)



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**Please take a moment to describe how you think this training might impact your clinical skills and practice. What did you learn?**

**Go on to the next page.**

**Please write any additional feedback you have for the workshop organizers. Thank you!**

## Art In Health Student comments – Spring 2014

[What did you learn?]

“I learned to be more perceptive of my surroundings. I became more aware of my own thoughts, movements and emotional response to different stimuli. I believe I will be more pensive and think more critically when approaching new situations and observing others. I will be more conscientious in how I carry myself, how others carry themselves and appropriate situations to adapt my energy and perspective.”

“In the art studio, I learned to look at things from different perspectives and assimilate whole things from pieces. In the visual workshop, I learned to interpret things objectively and express feelings associated with observation. In the movement workshop, I learned to use the control of my body to regulate my behavior or emotion.”

“The most important skills relate to leadership, especially the role of moderating in the art workshop. Other skills include abstract thinking, teamwork, appreciating the thoughts and views of other people.”

“I really enjoyed this workshop series. I intend to use components of each segment with my client this semester. The tasks were engaging yet do-able, and provoking. The over-arching theme of mindfulness is something that I have an interest in as well.”

“I think that I can use what I’ve learned in my clinical practice by helping children and adults cope and learn through art, movement and observation skills. I believe art will serve as another form of communication as well as a way to teach new skills. The art section also showed me a new way of explaining a task to make it more fun and less effortful. The museum tour offered me a new way to ask clients to look for clues. I believe these new observation techniques will be beneficial in increasing observation skills. I also really enjoyed the brain dance as a new way to engage my clients in therapy.”

“Increased observation skills (really looking for visual clues and details, not just big picture stuff). Not to rush in judging a situation/scene/person, careful deliberation, observation of verbal and non-verbal messages. Facilitation skills—particularly important when I enter an unknown culture and community with the goal of helping to promote their health. Feeling comfortable with being uncomfortable in some situations. A willingness/ease/confidence with being out of your element; greater willingness to step outside your comfort zone in the future. Increased awareness that I can actually do some art; I can draw, despite never seeing myself as such an artistic person. Appreciation for the creativity and stretch (variety/breadth) of abilities within me. Not taking myself so seriously; you don’t have to be good at everything; just try and do your best and not worry if you think you look stupid; get out of your own hand (head?). There are often no right answers, no clear path, no

clean-cut set parameters in how to address an issue or situation—very applicable to global health. ... The workshop instructors themselves were extremely talented at making us “non-artistic” health professionals feel comfortable and confident enough to step into the art world.”

“I will be more observant and aware of what’s going on around me. I will also try to keep in mind my own perception of things and how that plays into my perception of others. I learned that I don’t pay as much attention as I previously thought, and my own perception really does color how I view people and situations.”

“Unable to attend studio workshop. Museum: ability to ask open-ended questions so that patients and peers will be able to explain how they feel, etc. Be able to collaborate better with others and see their points of view. Movement: Understanding of how movement has a physiological effect and how we can use it to benefit patients, peers and ourselves! Ex., certain movements, speech patterns can give a bigger message than first perceived.”

Any other feedback:

“This workshop series was phenomenal! It really does help you to really think about why you see and think a certain way, and how the mind can automatically fill things in and/or distort images (people or pictures). I like how the trainers really tried to incorporate these skills into how we would apply this in our everyday lives and health sciences profession. A course would definitely be something I would be interested in or another workshop at the very least.”

“Workshops were very fun and a wonderful learning opportunity. I felt very privileged to be able to be a part of the program and hope USF is able to share more experiences like this with the maximum number of students possible!”

## **Healthcare and Humanities: Assessing Art-Based Training for Nurses**

Wendy L. Bedwell, Keaton A. Fletcher, & Megan Voeller  
University of South Florida

A recent shift toward emphasizing humanities in healthcare training has resulted in visual art observation programs being incorporated into many health professional curriculum (Gordon, 2005). The most highly recognized program among these courses is Visual Thinking Strategy (VTS; DeSantis & Housen, 2009; Reilly et al., 2005). VTS relies upon semi-guided observation and open-ended discussion among interdisciplinary participants in order to give trainees an opportunity to practice objectively analyzing information from multiple points of view without fear of being “wrong” (Reilly et al., 2005). Discussing ambiguous healthcare-related imagery in multidisciplinary groups has been reported to have a number of beneficial results including improved observation of emotion, increased empathy and compassion, and positive aspects of team training (Reilly et al., 2005). Most notably, however, VTS has been shown to result in improved visual diagnostic abilities in residents (Naghshineh et al., 2008). This suggests that the knowledge, skills, and abilities gained by observing pieces of art transferred to the workplace, enabling physicians to better diagnose illnesses from visual cues (e.g., radiographs or dermatological symptoms) than their counterparts who did not participate in VTS. These unexpected findings are encouraging and yet confusing. It remains unknown as to what elements of VTS are crucial for resulting in these performance improvements. Further, the mechanisms by which visual diagnostic ability improves remain undetermined.

The purpose of this study is to replicate previous findings that show VTS is linked to improved visual diagnostic ability as well as further explore the mechanisms by which these increases in ability occur. Specifically, this study will examine whether previous exposure to art-based humanities influences the effectiveness of a multi-modal VTS-based training program.

First, we simply hypothesize (1a) that the number of words used to describe test images (i.e., a public health photograph, image of hands with dermatological symptoms, and an image of a chest X-ray) will increase from a pre-test to the posttest.

An initial goal of the implementation of humanities in healthcare training was to increase empathy in health care professionals (Charon et al., 1995). This desired increase in empathy might be a potential mechanism by which health care professionals increase their cultural competency in the delivery of care and in the address of public health concerns. Therefore, we hypothesize (2) that the training will result in an increase in self-reported empathy. Lastly, we recognize the importance of goal orientation in the development of new skills (VandeWalle, 1997), particularly those outside of one's comfort zone (van Hooft & Noordzij, 2009). Therefore, we hypothesize (3) that goal orientation will significantly predict the number of words used to describe each image.

### **Method and Results**

Participants ( $N = 25$ , 100% female,  $M_{age} = 24.52$ ,  $SD_{age} = 6.35$ ) were recruited from an elective course in an accelerated nursing program at a Southeastern university. Participants received no compensation for participating in the study. Participants were given a set of personality measures and a pre-test to complete prior to the first course. Students then attended one, three-hour session per week for the four weeks of the program. Each session was designed to be interactive in nature and focused on a different artistic skill (i.e., music, movement/dance, creating visual art, observing visual art). The sessions were designed around the VTS model and ensured students responded to the questions "What do you see/hear/feel?" and "What makes you say that?" At the end of the series of courses, students were again given a set of personality measures, as well as training reactions and a parallel version of the pre-test.



We found that the number of words used to describe the images significantly increased from the pre-test to the posttest for the X-Ray  $t(7) = 3.16, p = .02$ , the image of hands  $t(7) = 3.62, p = .01$ , and the public health image,  $t(7) = 5.20, p = .001$ , thus supporting hypothesis 1. We did not find support for hypothesis 2, but rather found counter-evidence to suggest that empathetic concern (a subscale of the empathy measure) actually decreased from before the training ( $M = 4.35, SD = 0.42$ ) to after the training ( $M = 4.14, SD = 0.60; t(17) = 2.27, p = .04$ ). Perspective taking did not significantly differ,  $t(17) = -1.78, p = .09$ , nor did personal distress,  $t(17) = 0.98, p = .34$ . Hypothesis 3 was partially supported. Goal orientation (i.e., learning-goal orientation,  $b = .55, t(14) = 1.95, p = .07$ ; avoidant performance goal orientation,  $b = .12, t(14) = 0.57, p = .58$ ; and prove performance goal orientation,  $b = .93, t(14) = 3.23, p = .01$ ) was found to significantly predict the number of words used to describe the chest X-ray in the post-test,  $R^2 = .47, F(3,14) = 4.19, p = .03$ . Goal orientation, however, did not significantly predict the number of words used to describe the image of the hands ( $R^2 = .09, F(3,14) = 0.47, p = .70$ ) or the public health image ( $R^2 = .19, F(3,14) = 1.07, p = .39$ ).

## Discussion

Despite the limitations of a small sample size, we believe that the findings from this study suggest that the value and mechanism of action of art-based humanities courses for healthcare professionals need to be further evaluated. This study suggests that perhaps empathy is negatively affected by the additional workload of these courses, something that is reflected in open-ended answers to reaction questions (e.g., *The workshops were helpful and fun, it just was at a really bad time. I felt like it stressed me out because I had a lot of other programs/assignments and tests to worry about*). Further, the gains in performance might be attributed more to maturation rather than the training program. The relationship between goal

orientation and the description of X-rays might be explained by desire to learn in other concurrent coursework, not the current training. However, the significant increase in performance pretest to posttest suggests there is learning occurring, but we have yet to adequately explain why. Future research needs larger samples, a control group, and on-the-job measures of performance.

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MEGAN VOELLER

## **The Art of Attending: Training Interdisciplinary Healthcare Graduate Students at the University of South Florida Contemporary Art Museum**

I was interested in addressing the topic that Irina and Clare have put forth because of a collaboration that USFCAM embarked on with USF Health two years ago. USFCAM is an academic museum on the campus of the University of South Florida in Tampa, where we are part of a larger entity called the Institute for Research in Art, which includes Graphicstudio, a 45-year-old experimental printmaking workshop. And USF Health is USF's consortium of health colleges. In our educational programming at CAM, we're generally quite engaged with faculty and students across campus, though with a bent toward disciplines with relatively similar research methods, e.g., communication, creative writing, Latin American studies, anthropology. Collaborating with USF Health has entailed a deeper engagement with the academic and research 'other' and an expansion of our understanding of what the museum has to offer in academic partnerships.

### **Attending: An Interdisciplinary & Inter-professional Interest**

Probably many of you are familiar with the trend in museum education toward using art museums as a venue for practicing visual observation with medical students. We were aware of this trend and particularly inspired by the Harvard elective course called "Training the Eye." Because that program, which now has a decade of history, has been well documented and publicly presented, I'm not going to spend much time describing it, except to say that its main methodological basis is in Visual Thinking Strategies, or VTS, which is a facilitated discussion format in which observations are elicited from participants in response to three basic questions. As a rationale for using VTS with medical students, Harvard's 2008 study reported that practicing VTS resulted in their students making significantly more observations in response to clinical images and using evidence to back up their interpretations – habits that could be preventative of medical misdiagnosis.<sup>1</sup>

If you're familiar with VTS, you probably know that people tend to love it or hate it. As a method, it comes out of cognitive science rather than art history, and is really about teaching critical thinking as a process rather than conveying information related to works of art. We chose to use it because VTS has been the basis for several other programs in medical education, and it has been shown to be effective in that context. (And we even work with Alexa Miller, one of the co-founders of Harvard's VTS-based program, as a consultant.)

At USF, this foundational research became a jumping off point for us as we considered what collaborative opportunities on our campus, and more broadly what research questions, might come out of becoming a second-generation version of one of these programs. (The other model in addition to Harvard that was a touchstone

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<sup>1</sup> Naghshineh, Sheila et al. "Formal Art Observation Training Improves Medical Students' Visual Diagnostic Skills." *Journal of General Internal Medicine* 23, 7 (2008): 991-997.

for us was the University of Miami.) And by the way, this was something that our museum initiated as an entrepreneurial venture to reach a new audience and to locate a new source for educational funding.

Having identified a model that we wanted to adopt and adapt, we went about changing it in a couple of significant ways, and this was something we did with a planning team that included administrators and faculty from USF Health. First, USF Health requested that we expand the scope of our program to be open to all health graduate students and, eventually, students in affiliated professional tracks that are technically outside of the college but related to healthcare—so far, that’s been social work and speech-language pathology. This meant that from the start, our program was not going to place as much emphasis on the idea of “clinical skill building,” because some of the disciplines involved do not identify with clinical practice as an end goal.

Then also, in an effort to stay authentic to the spirit of the Institute for Research in Art and our role in a multidisciplinary College of the Arts, we decided to place equal emphasis on making-and-doing activities from a variety of arts disciplines, though VTS in the museum would retain a key role.

Over a year, we developed a series of three three-hour workshops that use pedagogical strategies drawn from studio art and dance as well as museum education. The studio art workshop consists of life drawing and color collage activities framed by the instructors as observation exercises rather than art-making, as well as a discussion about the physiological and cultural factors at play in perception. The museum workshop consists of VTS discussions of works of art, primarily photographic portraits of people selected for their ambiguity, as well as iPhone self-portraits made by the students during the session. The dance, or movement, workshop consists of movement exercises based on Laban Movement Studies, which allows the students to quickly acquire a vocabulary for describing different qualities of movement and to observe and practice those styles. A fourth, planned workshop—which has been offered once as a prototype—is a music workshop with listening exercises including a blindfolded soundwalk. Additionally, Health faculty from medicine and public health lead concluding discussions at the end two of the workshops about how observation relates to caring for patients and communities.

While we do make connections to clinical examination skills during the workshops, we’ve taken a broader approach to observation that is encompassed for us by the word “attending.” Attending is a process of directing one’s perceptual and cognitive focus that extends beyond visual observation into other sensory modes and entails an awareness of the social and interpersonal dimensions of being present in a given context. My co-instructors and I – all “art people” - feel that this attention to the internal and external world is something that artists are generally very skilled at, and it is something that people can learn through experiences with art. Our health faculty believe this process of attending relates to the untaught elements of real expertise in healthcare, dimensions of human understanding that cannot be found in textbooks and where creative approaches to training are sorely needed.

So this idea of “attending” as a framework has allowed us, first, to open up a space for exploring together what there might be to learn at the intersection of the arts and health, and second, to create a deeply interdisciplinary and inter-professional experience for the students we were tasked with serving in this way. By the way, we’ve served just over 80 students with the workshops so far, and about 75% of them had never been to the museum before.

### **Assessing Outcomes**

Evaluation was a condition of our funding and got us curious about exploring it as another layer of cross-disciplinary collaboration. During our first semester, we implemented a survey designed in-house, which yielded positive feedback: 94% of respondents said they would recommend the workshops to peers, while 80% said they saw connections between art observation and their work in healthcare. Subsequently, we moved to make this a more robust component of the program and partnered with a professor of organizational psychology, whose research already focused on the efficacy of team training in health-related contexts. With her and her graduate students we developed a survey around measures of tolerance of ambiguity, mindfulness and other elements—essentially mapping the concept of “attending” onto a cluster of existing psychological measures—as well as open-ended questions. We’re in the process of implementing this survey with students who take the workshops.

That we’re gathering quantitative data in this way has already helped motivate continuing support for our program. However, it won’t capture one of the signs of the impact of these workshops, which has been their growth into offshoots back into the disciplines they were designed to serve. For example, I’ve had a pharmacy professor invite me to lead a VTS session in her psychiatric pharmacotherapy elective course, where getting doctoral students to become comfortable with the prospect of ‘no single right answer’ in clinical cases has been a challenge, she says. Separately, a group of pharmacy professors required a student enrolled in a leadership course to complete our workshops. One of our social work students left the museum and used VTS with a client group of mothers with drug addictions, selecting photographs she felt would elicit conversations about their life experiences. And our current organizational psych grad student is investigating a dissertation project around teaching clinicians to be better listeners through choral training. Interviews and narratives can be used to document these occurrences, which would elude our more quantitative assessment.

### **Drawing in the Clinic**

One especially interesting example of this feedback has been a transfer of interest in drawing as an observational practice into the speech-language pathology clinic at USF. We were asked by a clinician there to work with one of her aphasia clients, someone who had lost most of his ability to communicate verbally following a stroke but who paints prolifically as a hobby. The artist who co-teaches our Studio Art workshop and I agreed that she would offer this patient essentially the same

studio art workshop that we were offering to the health grad students, with its emphasis on drawing as a practice of close observation and a form of visual communication about that process. To expand the educational opportunity of this, our artist would facilitate the sessions by supervising two undergraduate studio art majors as interns, and they would do the actual drawing with the client and design future sessions themselves. In addition, a graduate student speech-language pathology clinician-in-training would attend.

Over the past three semesters, five art student interns have completed more than 20 sessions with the client. Just anecdotally, to give you some sense of why this excites the clinicians, the client now attends twice as many speech therapy sessions per week because of his interest in acquiring vocabulary related to drawing, which the clinical grad students take from our drawing sessions and incorporate into their work with him. And this semester, a second aphasia patient has joined the group.

This collaboration has set up a feedback loop where speech-language pathology grad students are coming as enthusiastic participants to our observation workshops and to the museum, but they're there for a slightly different set of reasons. There's still the idea that they're learning how to become better observers of themselves and, potentially, their patients, but also now the possibility that we might even be teaching them practices that they can use or experiment with clinically – further activating the museum as a place that is relevant to their future professional paths.

### **Curating Experiences around Skills**

In summary, at CAM this opportunity to explore a fairly deep, and deepening, collaboration with USF Health has offered some general insights into how we might reposition ourselves, or be more responsive to, our academic collaborators. One idea has been, in some instances of our programming, to place less emphasis on communicating the content of our exhibitions and more on learning together with our participants and collaborators how art can be useful to them as a context for practicing skills relevant to their own disciplines or professions, even ones that seem very far afield from art. This reframing has been an effort that takes some unfolding over time through experimentation, communication with partners, and an effort to understand their needs and respond in a way that is adventurous about testing the boundaries of what the work of our museum is, while remaining mindful of what our particular institution does well, authentically, and is capable, logistically, of carrying out.

# The Art of Attending: Training Interdisciplinary Healthcare Graduate Students at the University of South Florida Contemporary Art Museum



Megan Voeller  
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Megan Voeller is Associate Curator of Education and Program Director, Art In Health, at the University of South Florida Contemporary Art Museum, where she organizes a series of observation training workshops for graduate students in health-related disciplines. As a visual art critic for *Creative Loafing*, the Tampa-based weekly newspaper, she has written more than 250 exhibition reviews and feature stories about visual art. She is co-host of WEDU Arts Plus, a weekly public television series devoted to the arts.

# USFCAM & USF Health



- University of South Florida, Tampa, Florida
- USFCAM: Academic museum partnered with Graphicstudio, printmaking workshop, and located within College of the Arts
- 5,000 square feet; 12,000 annual on-site visitors per year
- USF Health: Consortium of health colleges including Medicine, Public Health, Pharmacy, Physical Therapy, Nursing
- Affiliated disciplines: Social Work, Speech Language Pathology (among others)



# Art observation for health (medical) students

- **Models for USF:**

- Harvard University “Training the Eye” elective course

Naghshineh, Sheila et al. "Formal Art Observation Training Improves Medical Students' Visual Diagnostic Skills." *Journal of General Internal Medicine* 23, 7 (2008): 991-997.

- University of Miami

“The Healing Arts,” <http://www6.miami.edu/miami-magazine/fall2011/featurestory4.html>

- **Other programs:**

- Yale University

Dolev, Jacqueline C. et al. "Use of Fine Art to Enhance Visual Diagnostic Skills." *JAMA: The Journal of the American Medical Association* 286, 9 (September 5, 2001): 1020-1021.

- University of Texas, San Antonio

Klugman, Craig et al. "Art Rounds: Teaching Interprofessional Students Visual Thinking Strategies at One School." *Academic Medicine* 86, 10 (2011): 1266-1271.

- **Other Reading:**

Alvarez, Sarah E. "A Beautiful Friendship: Art Museums and Medical Schools." *Journal of Museum Education* 36, 1 (2011): 57-68.

Gulden, Amy Chase. "Can Looking at Art Help Doctors Help Patients?" *Teaching Artist Journal* 7, 2 (2009): 123-130.

# Visual Thinking Strategies (VTS)

- Discussion method developed by museum educator Philip Yenawine and cognitive psychologist Abigail Housen
- Based on Housen's research into how viewers of art acquire visual literacy across stages of development
- Three questions:
  - What is going on in this picture?
  - What do you see that makes you say that?
  - What more can we find?
- Neutral facilitator paraphrases observations and introduces follow-up questions
- Repeated practice stimulates observation, critical thinking and communication skills that lead to growth in visual literacy
- Learn more: [VTShome.org](http://VTShome.org)

## “Site-specific” challenges/opportunities

- USF Health mandate: Offer a broadly interprofessional and interdisciplinary experience open to students from medicine, public health, pharmacy, physical therapy, nursing and related disciplines – most recently, social work and speech language pathology
  - Result: Improving clinical examination skills as a goal is deemphasized in favor of broader “attending” with different but related ramifications for each discipline
- USF College of the Arts: Develop observation training across artistic disciplines
  - Result: Methodological expansion beyond VTS

## Studio Art

- Color collage activities based on challenges to create optical illusions
- Still life drawing series as practicing close observation
- Slide show and conversation about physiological and cultural influences on visual perception
- End cap: Discussion of photographs of skin conditions (visual qualities) with visiting faculty member from medical college



# Museum

- VTS discussions of photographic works of art selected for ambiguity and because they contain images of people
- Students take turns facilitating VTS discussions as well as participating in them
- Hands-on activity: Students create iPod self-portraits and VTS them
- End cap: Discussion of suite of photographs related to public health issues with visiting public health faculty member



# Movement

- Introduction to terms from Laban Movement Analysis as conceptual framework for movement, e.g., weight as strong versus light, time as sudden versus sustained
- Practice expressive movements and practical movements such as handshakes and writing one's signature in LMA styles
- Students discuss feelings associated with doing and receiving movements as communication



## Attending: An Interdisciplinary and Interprofessional Interest

- Medicine: Visual examination skills, empathic connections with patients
- Public Health: Improved participant observation within health communities; understanding and being comfortable with cultural difference and complexity
- Pharmacy: Comfort with the prospect of no single right answer
- Social Work: Practicing reflective listening, self-awareness
- Speech-Language Pathology: Potential use of arts-based methods with clients

## Student feedback Spring 2014 (What did you learn?)

- “Increased observation skills— really looking for visual clues and details, not just big picture stuff. Not to rush in judging a situation/scene/person, careful deliberation, observation of verbal and non-verbal messages. Facilitation skills—particularly important when I enter an unknown culture and community with the goal of helping to promote their health. Feeling comfortable with being uncomfortable in some situations.
- “I learned to be more perceptive of my surroundings. I became more aware of my own thoughts, movements and emotional response to different stimuli. I believe I will be more pensive and think more critically when approaching new situations and observing others. I will be more conscientious in how I carry myself, how others carry themselves and appropriate situations to adapt my energy and perspective.”
- “In the art studio, I learned to look at things from different perspectives and assimilate whole things from pieces. In the [museum] workshop, I learned to interpret things objectively and express feelings associated with observation. In the movement workshop, I learned to use the control of my body to regulate my behavior or emotion.”
- “The most important skills relate to leadership, especially the role of moderating in the art workshop. Other skills include abstract thinking, teamwork, appreciating the thoughts and views of other people.”



## Drawing in the clinic



- Studio art workshop repurposed as activity to stimulate communication and motivation for aphasia patient
- Two art department undergraduate students are supervised by artist instructor, organized by museum
- Graduate student speech-language pathology students attend (often drawing with the group) and incorporate art vocabulary into their therapy sessions
- Drawing intervention is not art therapy but rather an observation exercise used for stimulating visual and verbal communication

# Finding common ground – from the academic museum



- Re-understanding what we have to offer through their eyes
  - This requires going beyond “thinking outside the box”; undertake an ethnographic immersion in their perspective
- Coming to terms with art’s utility as multiple and not limited to art historical, conceptual or formalist concerns
- Adopting an open mind about what constitutes the work of the museum
- Doing what feels authentic for our institution and partners
- Responding to support

Megan Voeller, Associate Curator of Education  
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Homepage, Institute for Research in Art (USFCAM and Graphicstudio)

<http://ira.usf.edu>

Art In Health program

[http://ira.usf.edu/CAM/cam\\_artinhealth.html](http://ira.usf.edu/CAM/cam_artinhealth.html)

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USF Leverages Arts, Sciences To Provide Better Healthcare

JANAN TALAHER | TUESDAY, MARCH 04, 2014



A small group of USF Health graduate students fall silent as they gaze at an enormous four-panel, floor-to-ceiling video installation of several women swimming underwater, a compelling and slightly eerie exhibit on display at the USF Contemporary Art Museum.

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ARTS, DIVERSITY, HEALTH, HIGHER EDUCATION, INNOVATION, TALENT

TAMPA

"What do you see?" "How does it make you feel?" "What do you think is going on?," asks the student leading the group discussion of the exhibit: "Blood, Sea" by Janaina Tschape.

Another equally riveting installation, Pedro Reyes' Imagine, also prompts an intense student discussion. In Imagine, Reyes has created musical instruments from weapons -- thousands of revolvers, bullets and machine guns confiscated by the Mexican government. The musical instruments are all functional, including a xylophone that's in perfect tune.

"What we're doing here is teaching visual thinking strategies using art," says Megan Voeller, associate curator of education at the [USF Contemporary Art Museum](#), and program director of Art in Health, an innovative program that launched at the USF Tampa campus in 2012.

VTS or [visual thinking strategy](#) is a teaching method that "improves critical thinking, listening, communication and visual observation," says Voeller. "It's also

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about mindfulness and the ability to reflect and focus."

The goal is to help future healthcare clinicians improve their observational skills, especially useful when making a patient diagnosis.

Medical student Julia Zhang says that as a science major, "it's easy to focus on knowledge and book-based learning and forget to really observe the patient." Participating in Art in Health provides an opportunity to "look at things from a different perspective."

Public health student Adam Slotnick agrees. In a post on his Facebook page, he summarizes the lessons he's learned so far: 1) make sure you examine items and issues from different perspectives; 2) don't rush: slow down and work on the finer details; and 3) the importance of teamwork and listening to different points of view."

So far between 60 and 70 graduate and professional students from USF Health have participated in the program, which is free and completely voluntary, not a class requirement, says Voeller, who championed the project with Margaret Miller, director of the USF Contemporary Art Museum, and Stephen Klasko, former [USF Health](#) VP and dean of the [USF Morsani College of Medicine](#).

Now a year old, the program continues to be supported and guided by the current USF Health Sciences administration and faculty, including Aurora Sanchez-Anguiano, M.D., Ph.D., a faculty member in the [USF College of Public Health](#).

"Observation is the key in all of the health sciences," says Sanchez-Anguiano. "The idea is to encourage students to pause and study what is in front of them for a minute; not to make conclusions while they are observing."

Existing arts and medicine initiatives at [Harvard Medical School](#), the University of Miami [Miller School of Medicine](#), [Yale School of Medicine](#), and other major medical centers across the country serve as the inspiration for USF's program, says Voeller. Last May, she flew to Boston to attend a Harvard session.

But the local Tampa program is moving in a novel direction, she says. "We're building on what they've accomplished."

Rather than limiting the experience to medical students only, the USF program is open to all disciplines within USF Health, including nurses, social workers, physical therapists and public health students.

And instead of focusing only on an art museum visit, USF students experience hands-on art activities and a session in movement. A music workshop is expected to be added to the line-up next year.

Merry Lynn Morris, a faculty member at the [USF School of Theater and Dance](#), teaches the movement component of the Art in Health program. It's a session that helps them gain a new perspective through a kinesthetic lens, she says.

"We are constantly moving through our environment and using our body to engage with it through gestures and postures," says Morris, who is a doctoral candidate in dance at [Texas Woman's University](#) and also teaches individuals with disability through [REvolutions Dance](#).

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"On a subconscious level, we are seeing and reading these cues, but often not directing our attention to what those cues are saying," says Morris. "The body as a place of emotional and sensory intelligence is often under the radar and forgotten."

Through the movement workshop, students become more attuned to what the body is doing physically and what it is telling them. It's not only a way of looking at patients with more awareness, but also understanding what their own body is communicating to others, says Morris.

Posture and handshake are two good examples, says Morris. "We may not realize what our posture and handshake are communicating to other people unless we get feedback."

In another exercise, students lay on the floor in a curled-up fetal position. "When I ask how does this position make you feel, some students have a hard time describing it," says Morris. "I try to help them connect verbal skills to their nonverbal experiences."

Dolores Coe, a former [Ringling College of Art and Design](#) faculty member, and Bruce Marsh, professor emeritus with the [USF School of Art and Art History](#), are collaborating on the studio art workshop component of Art in Health.

Students meet in a drawing studio in the art department and they engage in a few exercises using charcoal, ink wash and color. But the objective is not to teach students how to draw, says Coe.

"We're using art as a tool for seeing -- they're engaging in acute observation, learning to trust eye-hand coordination and seeing the relationship of different objects to each other," says Coe.

In another exercise, students overlap color chips to learn more about how people perceive color and to begin to see subtle distinctions in color.

"It's a quick immersion into an experience that emphasizes the importance of observation and really taking the time see the complete picture," says Coe. "The biggest hindrance is to jump in knowing what you know as opposed to drawing what you see."

Students are given a sketchbook to take with them so they can continue to observe and record their environment.

"Drawing, collecting things, journaling are all ways of observing the world with greater awareness," says Coe. "We're teaching them that observation is not passive, but a very active visual and intellectual experience. It encourages you to shake up your set patterns of thinking."

*Janan Talafer is a freelance writer in St. Petersburg, FL, who shares a home office with her dog Bear and two cats Milo and Nigel. Comments? Contact [83 Degrees](#).*




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Janan Talafer is a feature writer for 83 Degrees Media in the Tampa Bay region of Florida.

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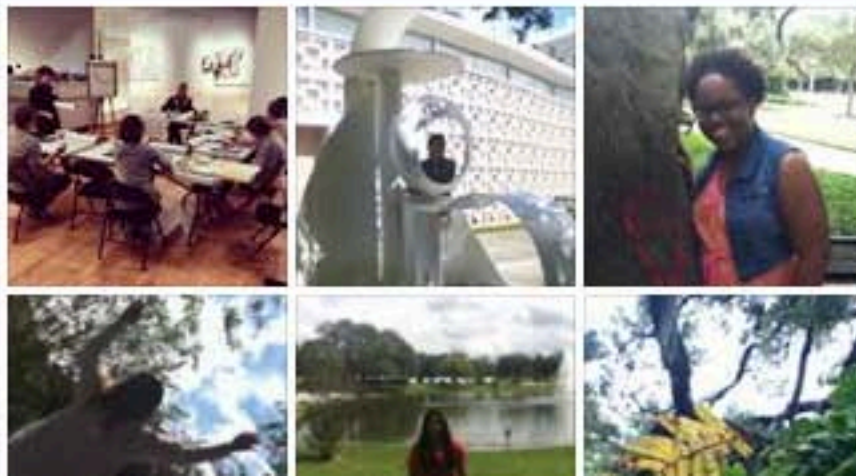
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Art in Health at USF Contemporary Art Museum shared a link.

December 8

Our Spring 2015 workshops for #USFHealth students are open for enrollment! (Look for the "Register Here" link below the photos.)



Art In Health | USFCAM Contemporary Art Museum | Institute for Research in Art  
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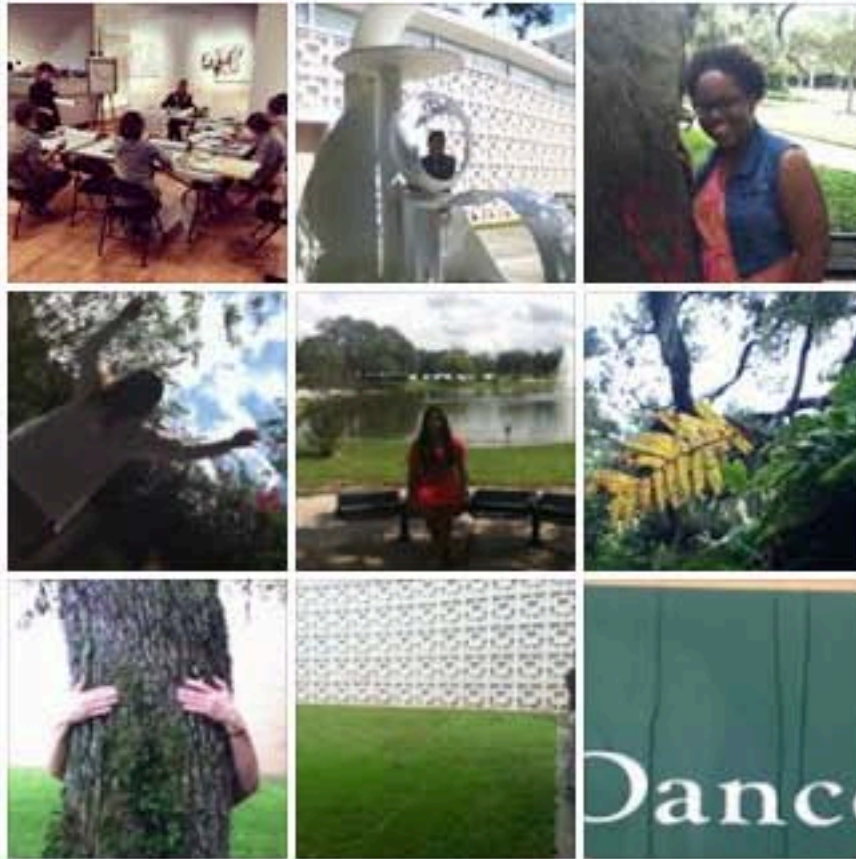
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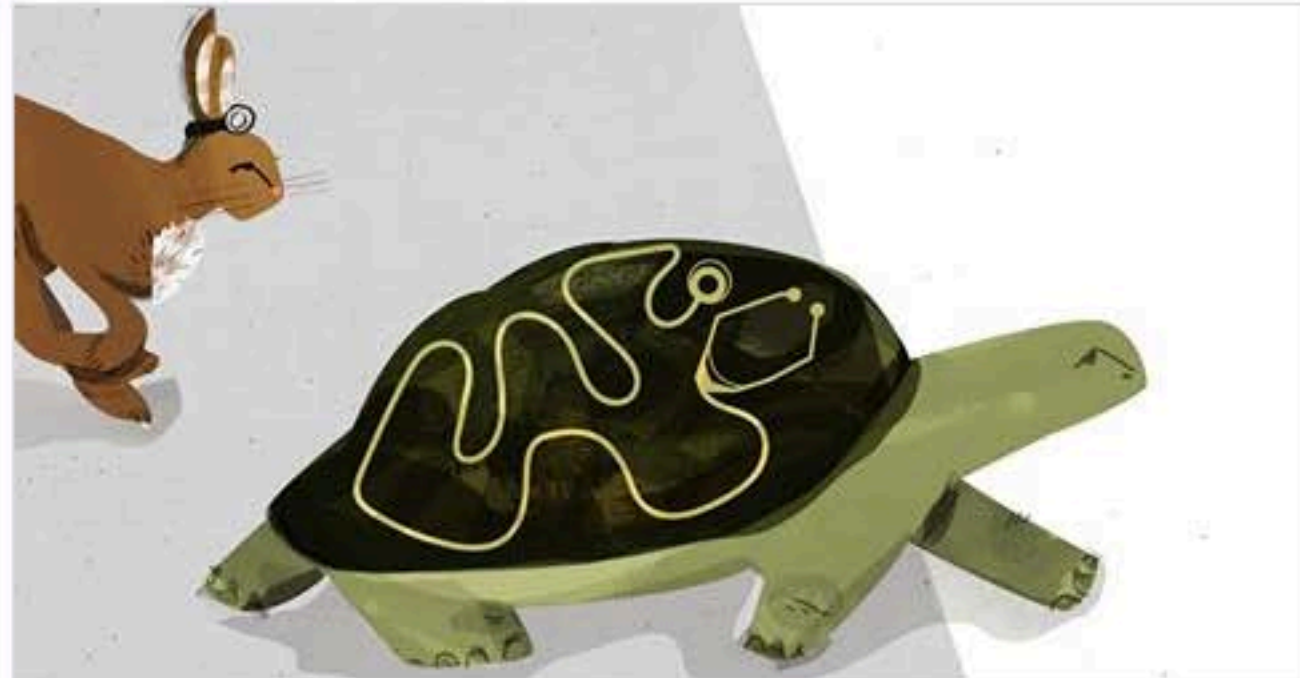


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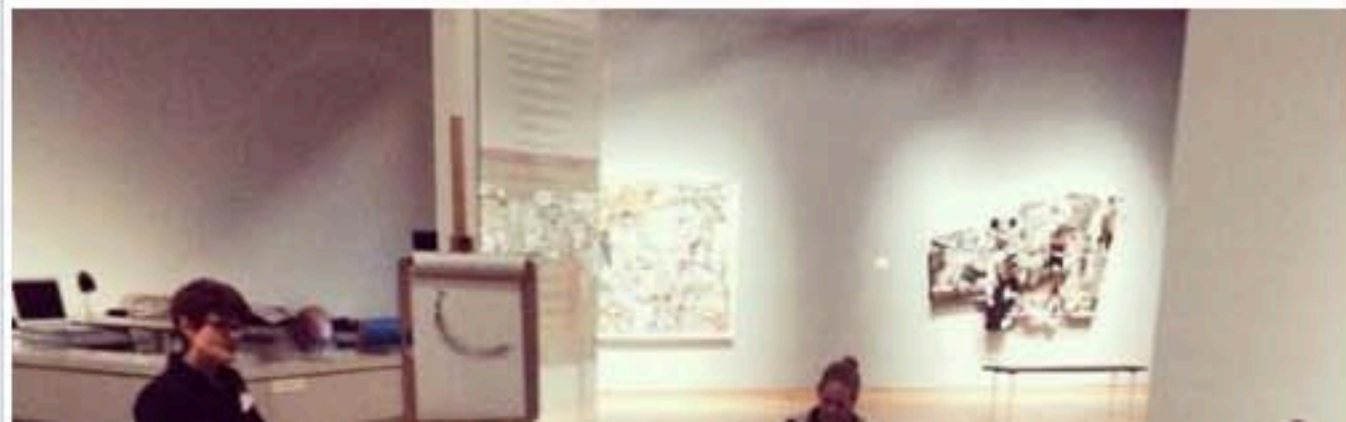
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**Art in Health at USF Contemporary Art Museum**

November 13

Thanks to members of [Arts for Health Florida](#) for joining us last night at USFCAM to learn more about our program. Lots of great ideas in the air about the many roles arts can play in healthcare, and beautiful drawings produced (with instruction from Dolores Coe, pictured).

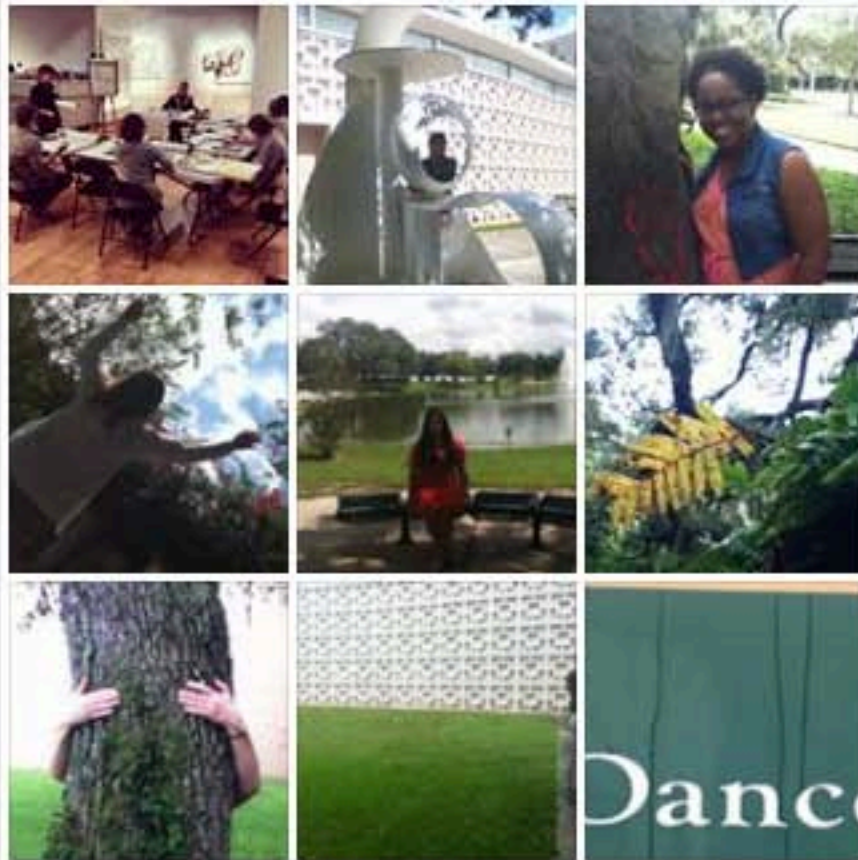




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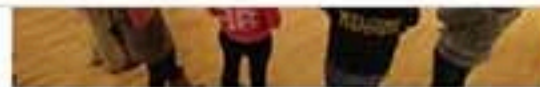
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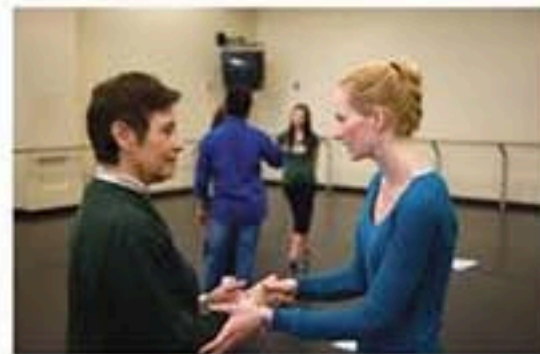
**Art in Health at USF Contemporary Art Museum**

November 5

If you would like to learn more about USFCAM's Art In Health program, please join us on Nov. 12!



org with your name (and organization if you are an organizational member and the subject heading "Art of Attending Registration."



For the same \$25, nonmembers may also use the link below to join Arts for Health Florida, then register for the workshop for free. [artsforhealthflorida.wildapricot.org/membership](http://artsforhealthflorida.wildapricot.org/membership)

*Arts for Health Florida is a 501c(3) nonprofit organization that promotes the use of the arts to enhance health and wellbeing. It is a network of the Arts & Health Alliance.*

*To learn more about Arts for Health Florida and our upcoming events please visit our website, [www.artforhealthflorida.org](http://www.artforhealthflorida.org)*

**Experience The Art of Attending**

Wednesday, November 12 at 4:00pm in EST

USF Contemporary Art Museum in Tampa, Florida

3 people went

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# ART IN HEALTH @ USF

A partnership between USF Health and the USF Institute for Research in Art



## about

### CATEGORIES

- Art In Health
- Public Health
- Student Views
- Uncategorized

### ARCHIVES

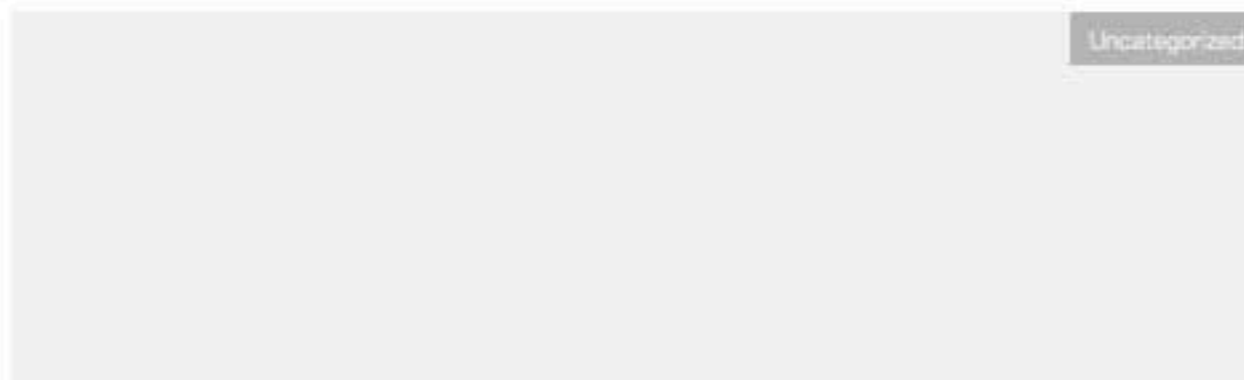
- October 2013
- August 2013



### PERSPECTIVE: NIDAA BUKHARI, MPH STUDENT, COLLEGE OF PUBLIC HEALTH

October 17, 2013  
Leave a comment

Nidaa attended the following Art In Health workshops during Fall 2013: Studio Art, Museum, Movement. She spoke with me afterwards at the USF Contemporary Art Museum. What's your field of [...]



### FALL 2013 WORKSHOPS OPEN FOR ENROLLMENT

August 20, 2013

Enrollment is open for the Fall 2013 USF Art In Health workshops! This semester we're offering a series of three workshops: Workshop I – Studio Art (collage, drawing and visual [...])

### USF CONTEMPORARY ART MUSEUM

3821 USF Holly Drive  
Tampa, FL 33620  
Info line: (813) 974-2849  
M-F 10 a.m.-5 p.m.  
Sat 1-4 p.m.

