

ARTS IN ACTION

Title

A Touchstone for Becoming: Creating Art from Values at Intern Orientation

Primary Category

Professional Identity Formation (including career development, mentorship, advising, wholeheartedness, meaning/purpose)

Presenters

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Educational Objective

1. Explore how personally created visual art might help residents reflect on their values and developing professional identities.

2. Describe an adaptable creative activity that builds on an existing values exercise without requiring artistic experience.

3. Invite audience members to translate a chosen value into a small visual touchstone.

Practice Gap

Arts-based curricula can create space for personal insight and professional identity exploration, yet the literature largely describes learners reflecting through narrative methods or responding to existing artwork. The creation of original visual art by learners remains less explored. During intern orientation, our program director guides residents to complete the Personal Values Card Sort (Miller et al. 2001) as a way of beginning the conversation around values-oriented professionalism. Residents cherish this tradition and have reported returning to it during difficult moments in training. This art activity, initiated by a chief resident, naturally extends this practice, inviting residents to translate their chosen values into personally meaningful artwork. The resulting piece becomes a touchstone: something made at the start of their residency journey that they can return to as their professional identities develop.

Description of Curricular Element

In the mountains of Northern Philippines, identities have long been made visible through batok, an Indigenous Filipino tattooing tradition. The markings carry stories of accomplishment, social roles, and ancestral connections. Its designs, rituals, and meanings belong to the communities in which they are rooted, preserving culture across generations. This activity does not ask residents to reproduce these traditions. Instead, batok inspired a question: how might we give form to the ideas that ground us in who we are and guide us in who we hope to become?

Recent medical education literature illustrates how the arts can open pathways to reflection, vulnerability, and connection. In a 2023 study, medical students completed a five-day course with daily visual arts-based group activities followed by written reflections. Analysis identified themes including entering the physician role, emotional experience, purposeful work, and personal growth. A 2024 study followed internal medicine interns through a yearlong curriculum that included depicting emotions through pictures or phrases, discussing art in a museum, and narrative reflection. Through audio-diaries and interviews, interns described reclaiming a sense of self, empathy, and community. Across both curricula, creation was primarily narrative, while visual art was largely something they observed or discussed. This presents an opportunity to move the generative work into a visual medium.

During the first days of intern orientation, before residents have accumulated the language, responsibilities, and identities of training, they sit with our program director and a deck of cards naming different values. At the threshold of residency, they are invited to pause and take stock of what matters. The exercise is simple, but it stays with them. Residents have returned to the reflection months into a demanding inpatient year, weeks into the unique transition to outpatient work, or days into their new role as a senior resident. A resident has even used the same cards with patients who feel stuck or disconnected from their treatment. The meaning of this tradition lives in these moments of return, grounding residents in the values with which they began.

This new arts activity is a natural extension of the values-card exercise. Residents are invited to gather their chosen values into one personally meaningful visual whole, forging a touchstone for the journey ahead. Paper, colored pencils, markers, paint, stickers, magazine clippings, or whatever happens to be within reach can become part of the artwork. They may begin with a color, shape, image, or pattern and combine or revise these elements until the piece feels like their own. No artistic experience, disclosure of personal history, or explanation of the finished work is required. Residents



may share their artwork if they wish, but the piece belongs to them. Inspired by the way Filipino communities have carried their stories on their skin, this activity offers residents a small, personal act of meaning-making and self-authorship as they begin a story of their own.

Scientific Citations

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Title

Physicality and Presence: The Use of Simple Dance and Theatre Techniques to Enhance Resident Interview Skills

Primary Category

Professional Identity Formation (including career development, mentorship, advising, wholeheartedness, meaning/purpose)

Presenters

James Lee, BS,MD, University of Washington Program, Michael Donath, MD, UCLA - Olive View Psychiatry Residency Training Program, Wayles Haynes, MD, University of Arizona, Nikhita Singhal, MD

Educational Objective

By the end of this showcase, participants should be able to:

1. Recognize gaps in current psychiatry training curricula in teaching physical/nonverbal techniques in the psychiatric interview

2. Evaluate one's own physicality and identify possible adjustments

3. Describe three easily replicable dance/theatre learning techniques to improve resident awareness of physicality

4. Identify opportunities in local curriculum of training to employ dance/theatre techniques when teaching psychiatric interview skills

Practice Gap

Many psychiatry educators have encountered a trainee who struggles with their physicality in an interview, which can lead to patient discomfort or disconnection. When psychiatric trainees are taught the psychiatric interview, much of the instruction and feedback centers around didactics and speech/language. Meanwhile, supervisors may be less used to giving feedback about the bodily and nonverbal components of the psychiatric interview, and there are fewer formal resources/frameworks about this topic. Additionally, current residents have had large swaths of their education conducted

virtually, which truncated their time to physically engage with others. As a result, residents and educators alike are not given tools to fully explore physicality and adapt to different patient scenarios. This lack of attention to physicality means that residents learn nonverbal skills by trial-and-error or by informally observing seniors, which can propagate poor habits during patient interviews [1].

Description of Curricular Element

In this session, we will present three easily replicable dance/theatre exercises that actively teach awareness of physicality, grounding this awareness in the realm of the psychiatric interview. This is in the framework of embodiment [2], which melds body-based methodologies like mirroring and gestures with cognitive-based teaching to enhance interview skills.

This presentation will consist of a brief introduction to the physical components of a psychiatric interview and identify gaps in current national curricula. Following this introduction, we will illustrate three simple, easily teachable exercises that increase participants' awareness of their physicality. Of note, each exercise will involve optional audience participation, where we will demonstrate the activity onstage and give the audience clear instructions to follow along.

The first activity is called "Small Dance" and encourages physical groundedness. Participants will be asked to observe their body's constant involuntary micro-adjustments to gravity. Based on the teachings of pioneering American dancer/choreographer Steve Paxton, the "Small Dance" is a standing meditation that invites participants to become aware of the tensions that exist in stillness. This activity serves as the first step towards awareness of physicality - what is one's default posture and how does it feel?

The second activity is lifted from the VAPAPO framework in improv theatre [3], which posits that compelling character building can begin with six qualities - Voice, Attitude, Posture, Animal, Prop, and Obsession. We will zoom in specifically on the element of Posture. Participants will be presented with a set of contrasting adjectives (e.g. high-status vs low-status, urgent vs relaxed), listed one after another. After hearing each pair, participants pick one of the two presented adjectives and integrate it into their current posture. They will then be given a brief pause to reflect on what physical changes were

made before the next pair of adjectives is given. Two onstage presenters will each pick one of the adjectives to model so that audience participants can observe each of these adjustments. These dramatic techniques can enhance communication skills by allowing participants to correlate physical changes with emotional ones [4].

The final activity is a mirroring exercise. From either sitting or standing positions in the audience, participants can pair up and practice mirroring each other's postures and movements. This exercise has been used in dance movement therapy to enhance relational skills [5] by increasing observation of another's body language and enacting those changes into one's own body. This allows for intentional followership and partnership for participants, building somatic empathy and attunement.

These exercises could be easily integrated into a wide variety of settings, from formalized communication skills workshops to a warmup before clinical rounds. We propose that increasing residents' physical awareness will allow them to be intentional and adaptable in their movements and posture, leading to adjustments that will enhance their interview skills.

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Title

Turning the Page on Trauma: An Arts-Based Approach to Teaching ACT and Trauma-Informed Care with AI-assisted storybook illustration as an educational tool

Primary Category

Teaching, Supervision, Pedagogy

Presenters

Jeena Kar, DO, University of Florida College of Medicine, Laura Brittenham, DO, University of Florida College of Medicine

Educational Objective

1. Identify principles of trauma-informed care and Acceptance and Commitment Therapy (ACT) that can be incorporated into developmentally appropriate therapeutic storytelling with children experiencing significant medical or physical changes.

2. Apply an arts-based storytelling framework to create experiential learning opportunities in which trainees translate psychotherapy concepts into developmentally appropriate clinical interventions.

3. Evaluate the potential benefits, limitations, and ethical considerations of incorporating generative AI into arts-based clinical and educational interventions, including considerations of privacy, authorship, bias, patient participation, and appropriate human oversight.

Practice Gap

Trainees often learn trauma-informed care and psychotherapy principles conceptually but have fewer opportunities to apply them through developmentally appropriate, experiential interventions with medically ill children. Therapeutic storytelling provides a tangible bridge between theory and practice, while AI-assisted illustration may increase the feasibility and accessibility of individualized storytelling while creating opportunities to teach ethical and responsible use of emerging technology.



Description of Curricular Element

Under faculty supervision, the fellow participates in developing and using an individualized storybook incorporating principles of trauma-informed care and Acceptance and Commitment Therapy (ACT) for a pediatric patient. Rather than learning these concepts solely through didactics, the fellow must consider how principles such as acceptance, psychological flexibility, values, identity, and adaptation can be represented through developmentally appropriate language, characters, metaphors, and images. The story then becomes a shared therapeutic object that can facilitate discussion about experiences that may otherwise be difficult to approach directly.

The arts-based process also creates opportunities for faculty observation, supervision, and reflection. Choices about the narrative, imagery, language, and the child's responses can serve as prompts for discussing therapeutic technique, developmental appropriateness, trauma-informed practice, and the balance between guiding a therapeutic narrative and preserving the child's own meaning-making and autonomy.

Visual illustrations for the storybook are created using generative artificial intelligence (AI). This allows individualized images to be developed and iteratively modified without requiring the clinician or trainee to possess formal artistic skills, potentially reducing practical barriers to creating a personalized visual narrative. AI is used as a tool supporting the artistic and educational process rather than as a replacement for the therapeutic relationship, clinical judgment, or the child's voice.

The use of AI-generated art additionally creates an opportunity for supervised discussion about responsible use of emerging technologies in clinical care and medical education, including privacy, bias, authorship, representation, transparency, and appropriate human oversight. Importantly, the curricular model does not depend upon AI; illustrations could be created through drawing, collage, photography, or other artistic media. The central educational strategy is the use of collaborative storytelling and art to transform abstract psychotherapy concepts into an experiential, developmentally informed learning opportunity.



Scientific Citations

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