

# Impact of a Museum-Based Retreat on the Clinical Skills and Well-Being of Dermatology Residents and Faculty

Robyn Guo Ku, BS; Amber Fresco, MD; Ellen Raimond, PhD; Erin Lesesky, MD

## PRACTICE POINTS

- Arts-based programming positively impacts resident competencies that are important to the practice of medicine.
- Incorporating arts-based programming in the dermatology residency curriculum can enhance resident well-being and the ability to be better clinicians.

Prior research has demonstrated that museum-based programming decreases resident burnout and depersonalization. Our objective was to determine whether a museum-based arts retreat enhanced arts appreciation, clinical practice skills, and well-being of dermatology residents and faculty. A 3-part museum-based retreat was developed in collaboration with an art curator. A total of 15 participants completed pre- and post-retreat surveys that assessed the value they attributed to the arts and in which aspects of clinical practice skills they thought the arts play a role. Our findings indicate that arts-based programming enhances dermatology residents' and faculty members' appreciation of the arts and fosters interest in continued engagement.

Prior research has demonstrated that museum-based programming decreases resident burnout and depersonalization.<sup>1</sup> A partnership between the Museum of Fine Arts Boston and the Harvard Combined Dermatology Residency Program was well received by residents and resulted in improvement of their observational skills.<sup>2</sup> The impact of museum-based programming on the clinical practice skills and well-being of Duke dermatology residents and faculty has not been previously assessed.

In this study, our objective was to evaluate the impact of a 3-part museum-based arts retreat on arts appreciation, clinical practice skills, and well-being among dermatology resident and faculty participants. Surveys administered before and after the retreat were used to assess the value

that participants attributed to the arts in various areas of clinical practice.

## Methods

A 3-part museum-based retreat held on February 7, 2024, was developed with a Nasher Museum of Art (Durham, North Carolina) curator (E.R.). Part 1 was a personal response tour in which 15 residents and 3 faculty members were given individualized prompts and asked to identify an art piece in the museum that encapsulated their response; they then were asked to explain to the group why they chose that particular piece. Participants were given 10 minutes to explore the museum galleries to choose their piece, followed by 15 minutes to share their selected work in groups of 3 to 4.

Part 2 encompassed visual-thinking strategies, a research-based method that uses art to teach visual literacy, thinking, and communication skills.<sup>2</sup> Using this method, facilitators follow a specific protocol to guide participants in the exploration of an art piece through sharing observations and interpretations.<sup>4</sup> Participants were divided into 2 groups led by trained museum educators (including E.R.) to analyze and ascribe meaning to a chosen art piece. Three questions were asked: What's going on in this picture? What do you see that makes you say that? What else can we find?

Part 3 involved back-to-back drawing, in which participants were paired up and tasked with recreating an art piece in the museum based solely on their partner's verbal description. In each pair, both participants took turns as the describer and the drawer.

After each part of the retreat, 5 to 10 minutes were dedicated to debriefing in small groups about how each activity may connect to the role of a clinician. A total of 15 participants completed pre- and post-retreat surveys to assess the value they attributed to the arts and identify in which aspects of clinical practice they believe the arts play a role.

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From Duke University, Chapel Hill, North Carolina. Robyn Guo Ku is from the School of Medicine, Drs. Fresco and Lesesky are from the Department of Dermatology, and Dr. Raimond is from the Nasher Museum of Art.

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The eTable and eFigure are available in the Appendix online at [www.mdedge.com/cutis](http://www.mdedge.com/cutis).

Correspondence: Erin Lesesky, MD, Duke University Medical Center, Department of Dermatology, DUMC 3135, Durham, NC 27710 (erin.lesesky@duke.edu). *Cutis.* 2026 January;117(1):10,15, E7-E8. doi:10.12788/cutis.1320

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## Results

Seventy-three percent of participants (11/15) found the museum-based retreat "extremely useful" or "very useful." There was a 20% increase in those who attributed at least moderate value to the arts as a clinician after compared to before the retreat (13/15 [87%] vs 8/15 [53%]), and 100% of the participants desired to participate in future arts-based programming. Following the retreat, a greater percentage of participants believed the arts have a role in the following aspects of clinical practice: education, observation, listening, communication, empathy, compassion, forming connections, cultural sensitivity, tolerance for ambiguity, reflection, mindfulness, stress reduction, preventing burnout, bias prevention, mental wellness, spiritual wellness, and physical wellness (eTable). Qualitative feedback compiled from the participants' responses to survey questions following the retreat about their thoughts on each activity and overall feedback was used to create a word cloud (eFigure).

## Comment

The importance of arts and humanities integration into medical education previously has been described.<sup>5</sup> Our survey results suggest that museum-based programming increases dermatology resident and faculty appreciation for the arts and encourages participation in future arts-based programming. Our results also demonstrate that arts-based programming positively impacts important

resident competencies in the practice of medicine including tolerance for ambiguity, bias prevention, and cultural competency, and that the incorporation of arts-based programming can enhance residents' well-being (physical, mental, and spiritual) as well as their ability to be better clinicians by addressing skills in communication, listening, and observation. The structure of our 3-part museum-based retreat offers practical implementation strategies for integrating the humanities into dermatology residency curricula and easily can be modified to meet the needs of different dermatology residency programs.

## REFERENCES

1. Orr AR, Moghbeli N, Swain A, et al. The Fostering Resilience through Art in Medical Education (FRAME) workshop: a partnership with the Philadelphia Museum of Art. *Adv Med Educ Pract*. 2019;10:361-369. doi:10.2147/AMEP.S194575
2. Zimmerman C, Huang JT, Buzney EA. Refining the eye: dermatology and visual literacy. *J Museum Ed*. 2016;41:116-122.
3. Yenawine P. *Visual Thinking Strategies: Using Art to Deepen Learning Across School Disciplines*. Harvard Education Press; 2013.
4. Hailey D, Miller A, Yenawine P. Understanding visual literacy: the visual thinking strategies approach. In: Baylen DM, D'Alba A. *Essentials of Teaching and Integrating Visual and Media Literacy: Visualizing Learning*. Springer Cham; 2015:49-73. doi:10.1007/978-3-319-05837-5
5. Howley L, Gaufberg E, King BE. The Fundamental Role of the Arts and Humanities in Medical Education. Association of American Medical Colleges; 2020. Accessed December 18, 2025. <https://store.aamc.org/the-fundamental-role-of-the-arts-and-humanities-in-medical-education.html>

## APPENDIX

**eTABLE.** Participant Responses to the Survey Question, “Which Aspects of Practicing Medicine Do You Believe the Arts Have A Role In? (select all that apply)” Before and After Attending a Museum-Based Retreat (N=15)

Aspect	Pre-retreat, %	Post-retreat, %
Communication skills	47	93
Listening skills	40	73
Tolerance for ambiguity	53	80
Bias prevention (eg, racial bias, gender bias, confirmation bias)	40	67
Forming connections	67	87
Cultural competency	67	87
Stress reduction	53	73
Reflection	73	87
Empathy	73	87
Mental wellness	53	67
Compassion	53	67
Burnout prevention and mitigation	47	60
Education/teaching	47	60
Spiritual wellness	40	53
Physical wellness	27	40
Mindfulness	73	80
Observation skills	87	93



**eFIGURE.** Word cloud depicting qualitative feedback compiled from participants' post-retreat survey responses.