Short Communication

Interpretive voices: coproducing creative enquiry in the time of COVID-19

L. Younie*, F. Elliott, R. Buckland

Barts and The London School of Medicine and Dentistry, UK

ARTICLE INFO

ABSTRACT

Objectives: The objective of the study is the development of a virtual pilot of student and clinician creative enquiry during the COVID-19 pandemic lockdown.
Methods: Evaluation of the pilot was carried out by a student-staff team and included review of creative pieces submitted, their impact and team reflection, drawing on the differing perspectives of staff and students.
Results: A series of powerful creative enquiry texts have been published and presented from this pilot. Evaluation suggests individual and group flourishing are possible through creative expression and dialogue. Coproduction allows development of innovative and complex virtual educational spaces.
Conclusion: Creative enquiry enables working across hierarchies, disciplines, and the virtual realm to build connection, relationship, and solidarity. Work is needed to create psychological safety and to support wider student engagement.

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Objectives

COVID-19 has been a time of great loss and challenge. The cancellation of clinical placements, alongside student involvement in the frontline COVID-19 response, may have served to compound the burnout already documented amongst medical students.[1,2] Medical student well-being was under investigation even before the pandemic,[3] but evidence as to what works has been lacking.[4] Engagement with the arts has the potential to address burnout and promote well-being but remains largely unexplored in medical education despite growing evidence of benefit in our patient populations.[5]

In response to the pressures of the pandemic a team of students and clinicians (psychiatrists, G.P.) numbering up to a maximum of eight people in a session, established a lockdown *creative enquiry* pilot called 'Interpretive Voices'. Creative enquiry is the reflective exploration of lived experience through the languages of the arts e.g. writing poetry, sculpture, photography, painting, and so on. This pilot's aims were threefold. First, students would be enabled to produce creative enquiry texts exploring their experience of the pandemic. Second, the pilot would evaluate the impact of creating

these texts on students' sense of connection and well-being. Third, the pilot's structure would be innovative, evidencing student leadership and coproductive working to develop complex virtual educational spaces.

The concept of the pilot built on previous *face-to-face* creative enquiry education with students.[6] The approach was adapted for the virtual environment through coproductive engagement between clinician educator and students. A core group of students-staff met to develop the pilot (5 students, 1 clinician educator). Themes were collectively chosen by participants: examples included 'hands', 'the metaphor of medicine as war', 'solitude and the encounter'. The theme lead (student or clinician) created a provocation, inviting responses through any of the arts – music, film, animation, dance, painting and poetry – accompanied by written reflection. We used our website to promote the theme, as well as Twitter and Instagram (@CreativeEnquiry).

Monthly Zoom meetings allowed group discussion of the submissions. Different facilitators adopted a variation on approaches, but broadly sessions started with a short creative enquiry exercise to invite 'flow' involving shared silence, concentration, and presence. These simple exercises allowed easy engagement with a focus on process rather than outcome: for example, a simple doodling exercise. The starter exercise was then followed by screen-sharing and dialogue around the submitted creative texts, exploring one at a time.

* Corresponding author.
E-mail address: m.l.a.younie@qmul.ac.uk (L. Younie).

Methods

All core team members were invited to engage in this evaluation. Two students and a clinician carried it out (to ensure differing perspectives invited) with support from the team (giving written feedback, member checking this paper). We reviewed the images submitted, choosing one which was particularly pertinent to share as an example in this article. We collated the places where the creative enquiry work was shared and reviewed any available feedback responses from wider public engagement. Further feedback from anyone involved in the pilot was gathered with an anonymous google form and collated by the student authors.

Results

1) Creative enquiry texts

A series of powerful *creative enquiry texts* (26 in total) that speak across four themes into this time of COVID were produced and shared. These creations and their accompanying reflections have been published,[7] presented at multiple conferences,[8] symposia and faculty development events and shared via social media. For example, at a flourishing and creative enquiry symposium this 'Plastic bag' gif was shared. People responded with:

… this means a lot to me …- I was a relative needing to get food to be given to my father in hospital. love your work- thanks

The following example is from the theme, 'Solitude and the encounter', poignantly relating to experiences during lockdown where many social interactions and all medical student teaching was via online platforms.
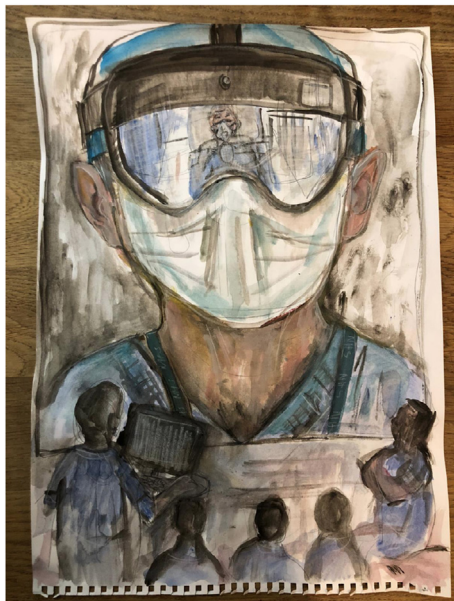
Virtual Reality - by Freya Elliott.

Reflection

… In the reflection on the doctor's goggles you can see the patient they are treating being ventilated in their hospital bed. The shadowy figures at the bottom of the screen represent a group of

healthcare professionals seeing the patient via cameras on the doctor's goggles …

This is one of the images shared at the monthly zoom meeting. Seeing this image, students who had volunteered in hospital during the peak of the pandemic shared their experiences: one student reflected that wearing PPE meant their patients 'cannot even see me smile'. Other students were struck by the vulnerability and separation of the patient in the image juxtaposed with the facelessness of the main figure, concealing their humanity. Themes around the humanity and lived experiences of doctors, students and patients were shared and talked about.

2) Group flourishing, connection and learning

Group written survey feedback collected by an anonymous google form suggested that the pilot did enable student flourishing, connection and learning during a very difficult time. COVID-19 threw up questions about professional responsibility and personal safety for students and clinicians. By creating and discussing art, students were able to work through some of the challenges:

'The zoom meetings provided space to talk about whatever we were going through in lockdown by using pieces we'd created. I was surprised by how honest we all felt we could be and how personal a lot of the art was.'

One recurrent theme in participant feedback was the depth and joy of sharing through the creative enquiry process. Learning through the virtual realm has been described as isolating for students.[1] In contrast, virtual creative participation in group sessions facilitated connection and was described as a personal resource:

'I was definitely surprised by how much I loved the group element of it! I did not expect to enjoy the meetings so much and in fact it was these meetings that were a huge factor in getting me through the lockdown period…'

The connection and sharing made possible in these sessions stands in contrast to the hidden curriculum and competitive culture of medical education:

'The creative enquiry projects acted as a really good vehicle for some much needed reflective conversation which I had always wished I could have with other students yet would fear bringing up myself often!'

The group learned with and from each other as creative texts were explored and horizons expanded:

'Being able to see how people articulated their thoughts and experiences helped me to examine and understand my own.'

Learning also took place in terms of students being empowered to lead sessions, engaging in the art of facilitating creative enquiry groups:

'Being given the opportunity to run a theme and zoom meeting was a highlight.'

3) Coproduction of innovative and complex virtual educational spaces

Creating a learning-sharing space virtually in medical education where students are engaging in creative forms of expression,

potentially making themselves vulnerable is challenging. Although L.Y. has a long history of facilitating creative enquiry face-to-face, the virtual landscape is different.

Reducing hierarchies and working coproductively to innovate a new learning space where students also led and facilitated the group was essential for the building of trust even during the sometimes messy process of managing the technical-emotional dimensions of this work. All facilitators (students or clinicians) aimed for psychological safety[9] in the group, drawing on concepts such as vulnerable leadership,[10] setting ground rules and inviting participants to attend to their own boundaries, sharing only what they were comfortable with.

Conclusions

This creative enquiry pilot facilitated a supportive and exploratory space, shared at a time of great uncertainty for both students and clinicians. It was underpinned by an ethos of collaborative leadership, fostering psychological safety, as well as creative engagement and dialog. Innovations were multiple and included the voluntary nature of the group, the coproductive design coupled with collaborative leadership across staff and students, as well as the use of virtual space (zoom) and the student-staff shared twitter account for wider sharing (@CreativeEnquiry).

One limitation of the pilot included limited participation outside of our core group. Students commented on the positive side of this, being able to be open and honest, but also noted that it 'would have been nice to see more students engaging'. This should be explored further in future, but may be due to the voluntary nature of this group, as well as issues of safety in attending a new virtual group, especially when linked to creative enquiry which may be conflated with a baseline level of artistic skill or involving the potential for exposure of the self.

This pilot work demonstrates the feasibility of virtual creative enquiry in medical education with interested students. Working across hierarchies, disciplines, and the virtual realm, we found it possible to build connection, relationship, and solidarity through the arts, supporting individual and group flourishing. The question remains at this time of great grief and trauma, how might we better connect in meaningful ways with a broader group of future students and doctors?

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Author statements

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