

ACTION RESEARCH

AN AUDIO-ENHANCED ART EXHIBIT IN A HOSPITAL SETTING

Kerry Royer, M.P.S. Candidate in Art Education

Presented to the Art Education Program
in the School of Visual Arts
at The Pennsylvania State University
in partial fulfillment of the requirements for
the degree of
Master of Professional Studies

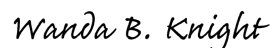
Spring 2020

© 2020 Kerry Royer

Dr. Karen Keifer-Boyd, Professor of Art Education & Women's, Gender, & Sexuality Studies
(committee chair)



Dr. Wanda B. Knight, Associate Professor of Art Education, African American Studies, and
Women's, Gender, & Sexuality Studies (major field member)



Abstract

I assessed survey responses regarding an art exhibit in a hospital setting. I queried survey participants prior to and after listening to audio about the art exhibit. I assessed whether the addition of audio narration generated a desire to experience more visual art exhibits enhanced with audio.

The audio consists of the artist, a medical student, describing his experience with individuals in portraits that he took during a Global Health Scholars semester in rural Zambia. Visitors viewed the exhibit of photographic portraits twice and responded to a survey each visit. I collected and compared responses in a pre- and post-questionnaire about experiences of viewing the art exhibit without and then with audio narration by the artist.

Survey results indicate that visitors used more descriptive words in the second survey revealing a more elaborated response to the exhibit after listening to the audio. Survey respondents indicated that their desire was piqued to view more visual art in the hospital with audio enhancement.

Table of Contents

| | |
|--|----|
| Abstract..... | i |
| List of Figures..... | iv |
| Acknowledgements..... | v |
| Chapter 1. Introduction..... | 1 |
| Statement of Problem: Audio-Enhanced Visual Art..... | 2 |
| Background of the Problem: Audio-Enhanced Art – A New Initiative at Penn State Health | 3 |
| Context of the Problem: Benefits of Audio-Enhanced Experiences of Art | 4 |
| Significance of the Study | 4 |
| Chapter 2: Design of the Study/Methodology..... | 6 |
| The Exhibit..... | 6 |
| Recruitment and Survey Instrument..... | 8 |
| Researcher Roles..... | 13 |
| Study Participants..... | 14 |
| Definitions/Limitations..... | 15 |
| Data Collection..... | 15 |
| Chapter 3: Survey Analysis..... | 18 |
| Survey 1: Art Viewing Pre-Audio Experience..... | 18 |
| Survey 2: Art Viewing Post-Audio Experience..... | 20 |
| Depth of Awareness..... | 21 |
| Acknowledging the Artist | 21 |

| | |
|---|----|
| Impression Changed: Depth of Understanding, Connection, and Impact..... | 22 |
| Chapter 4: Conclusion..... | 23 |
| References..... | 25 |
| Appendices..... | 27 |
| Appendix A: PAUL NGUYEN AUDIO TRANSCRIPTION AND IMAGES | |
| Appendix B: PAUL NGUYEN MUSEUM PLATE | |
| Appendix C: RECRUITMENT EMAIL | |
| Appendix D: SURVEY 1 QUESTIONS | |
| Appendix E: SURVEY 2 QUESTIONS | |
| Appendix F: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19 | |
| Appendix G: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19 | |
| Appendix H: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19 | |
| Appendix I: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19 | |
| Appendix J: SUMMARY EXPLANATION OF RESEARCH | |
| Appendix K: IRB APPROVAL DOCUMENTS | |

List of Figures

Figure 1, Page 7, Photograph of Art Installation

Figure 2, Page 17, Graph Showing Use of the Word “Interesting”

Figure 3, Page 18, Graph Showing Use of the Word “Story”

Figure 4, Page 20, Graph Showing “Terms Relating to the Artist”

Acknowledgements

I would like to thank the individuals who helped to make the culmination of my master's degree possible. Karen Keifer-Boyd, Ph.D., my advisor and chair of my committee, has enriched my Penn State experience. I am grateful for her guidance and overwhelmingly supportive role in this pursuit. Wanda B. Knight, Ph.D., my professor throughout many Art Education graduate courses and member of my committee, has enlightened my path toward this degree.

I am grateful to Paul Nguyen, medical student and artist, who allowed me to use his photography exhibit, his passion for art, and his voice as the focus of this project.

Thanks to my colleagues in the Penn State College of Medicine Department of Humanities for constantly supporting my efforts: Claire de Boer, Betsy Fallat, Deb Tomazin, and Bernice Hausman, Ph.D. Thank you also to the Drs. Kienle Center for Humanistic Medicine for supporting my action research study.

I'd also like to thank my family for enduring my long nights and weekends of graduate work. I could not have completed my degree without your cheerful help and patience. Thank you to my father, Jack McGuinness, for your support and always inquiring about my coursework.

Chapter 1. Introduction

The Penn State Health Milton S. Hershey Medical Center and College of Medicine have an impressive permanent collection of art. Arts in Health, housed in the College of Medicine Department of Humanities, is led by Claire de Boer, M.S., director, Center Stage Arts in Health, with oversight by Bernice Hausman, Ph.D., chair, Department of Humanities.

The Arts in Health program has created an online and printed guide to the art in the institution for patients, staff, students, and healthcare providers.¹ The guide describes public art² in the hospital's permanent collection and provides a map to the location of art. The guide provides a brief background on each piece and information about the artist. The guide also outlines the medium of the art. The Arts in Health team is working to add an audio component to the online art guide to allow visitors to listen to more details about the art. These audio-enhanced offerings can create richer content for the viewers to connect with the artwork throughout the medical center.

I added an artist narrative to enhance an art exhibit at the hospital. At the time of this study, the artist, Paul Nguyen, was a third-year medical student who took part in the Global Health Scholars Program³ in Africa. In Spring 2020, visitors to the Nguyen's exhibit of his photographs from Zambia could access via smart phones and a YouTube link. Nguyen's audio narration describes his interaction with the individuals in the portraits. (See APPENDIX A.) Art

¹ For more information about the art guide, visit <https://hmc.pennstatehealth.org/art>

² Commissioned artwork at Penn State Health in any public areas (building lobbies, corridors, patient and family waiting areas/lounges, elevator lobbies, etc.)

³ Through the Global Health Center at Penn State College of Medicine, students can participate in the Global Health Scholars Program, which offers immersive trips to a number of partner sites around the world, visit <https://med.psu.edu/global-health>

Education studies reveal that using the artist as the primary source for detailed information about the art offers individuals active participation to synthesize their own insight about the art (Stoudt, 1999). Aside from using source text to expand upon the visual elements, other studies reveal that to augment introspective experiences, audio description—even with the describer’s pre-recorded voice—forms a social interaction in the museum setting (Hutchinson, 2019).

Guiding principles for art in healthcare environments suggest that using varying mediums including electronic/digital media (Lambert, 2016) are important to the design and direction of arts programs. My study seeks to determine whether an audio-enhancement of an artist’s narrative about the art exhibit inspires viewers to explore more audio-enhanced art at the hospital.

Statement of Problem: Audio-Enhanced Visual Art

The purpose of this action research project was to assess the impact of audio—in particular, of an artist’s narratives about his art—on medical students, healthcare providers, and staff at a hospital while viewing the artist’s work. I, the investigator, am interested in the value of audio-enhanced art in a hospital environment. I currently work as an arts manager in Center Stage Arts in Health, Penn State College of Medicine, Department of Humanities.

My action research was an inquiry into whether individuals found that the audio motivated them to seek out more audio-enhanced art in the hospital. Additional audio narration will become available at art throughout the hospital and college, and so I inquired about what aspects of the narration resonated with people who experienced the audio-enhanced exhibit.

Background of the Problem: Audio-Enhanced Art – A New Initiative at Penn State Health

The hospital and adjacent college do not possess data about audio and art on their collections as they have not previously offered audio options. Given the novelty of this approach, the Arts in Health team is interested in learning whether audio of artists speaking about their work is beneficial to visitors, and if so, in what ways. To begin to answer these questions in relation to a specific context, I used a pre- and post-survey to provide data regarding the benefit of audio-enhanced art exhibits.

Large museums and other hospitals report the use of audio as enhancing the viewer experience. For example, The Metropolitan Museum of Art (2015) reports that almost all of those surveyed out of 492 visitors reported spending more time in front of an artwork and gained a deeper understanding of what the artworks mean when using an audio tour. Likewise, Dana Farber Cancer Institute in Boston (2015) offers audio-enhanced viewing of its art collection.

Researchers who studied mixed reality and audio guide effects at the Guggenheim Museum in Bilbao, found that “audio guides are used widely to offer more information and saving visitors from extensive reading” (Abawi, 2004, p. 2). With less time reading, visitors can spend more time viewing the art and gain insight not only from audio guides but from looking deeper into the art.

Audio with art installations demonstrate a commitment to bolstering the viewer experience. New multimedia accompanying the art should be carefully evaluated to ensure that the experience is engaging and inspiring. I initiated this study to evaluate the audio experience.

Context of the Problem: Benefits of Audio-Enhanced Experiences of Art

The audio style that accompanies the exhibit I focused on consists of the artist speaking about the subject of each photograph and the moment captured in the photograph. Specifically, my study investigates whether the audio would encourage the listener to want to explore more art exhibited in the hospital that also offers narration by artists who created the work.

In museums, audio could be music, sound, narration, or a museum educator speaking about art in a collection. In my study, I limited the audio option to the artist speaking about his work.

Significance of the Study

The study provides data and analyses to assess whether the audio enhances experiences of viewing art. Results will be made available to Arts in Health consortiums and others. This study contributes to Arts in Health program development of art exhibits intended to engage visitors to seek additional art experiences. Several studies suggest that audio helps to deepen the experience for visitors, as long as they are not overwhelmed by the technology (Museums and Heritage, 2018).

Further, audio guides are often used for people who are blind or experience low vision (Rector, 2017) and can foster a more culturally inclusive environment (Braun, 2008). Audio description can also enhance the viewing of visual art in ways that develop more meaningful, multisensory experiences whether or not viewers are visually impaired (Eardley, 2017). I

collected comments to determine if there is value in producing audio to add to additional art offerings at the medical center.

Chapter 2: Design of the Study/Methodology

In this study, I gathered data to gain insight into the experiential value of an artist's narrative about his art exhibited at the hospital. To interpret whether the audio adds value to participants' art viewing experience, I developed a pre- and post-survey to analyze whether the research participant expressed interest in experiencing future audio-enhanced art exhibits in the hospital and college.

I designed the survey questions with open-ended text boxes so that participants could comment on the audio technology. I also used open-ended text boxes so that participants could express further opinions on the experience of viewing the art. The open-ended design of the survey provided valuable feedback on the audio-enhanced experience of the art and desire to seek future audio-enhanced art exhibits in the medical center.

The Exhibit

Artist Paul Nguyen titled his exhibit "I Exist." The art hung on the wall of the Community Art Gallery. The exhibit was comprised of 13 photographs on metal. Center Stage Arts in Health Coordinator for Artistic Enhancement, Betsy Fallat, curated the exhibit. The gallery space consists of a curved wall painted red that stands out from the surrounding white walls of the hospital (Figure 1). The space faces a staircase leading to the hospital entrance lobby. Windows offer a view of the main entrance of the hospital. The exhibit wall sits between the door of a media center and a hall leading to the mezzanine gallery overlooking the main lobby. People standing in the Community Art Gallery can observe a large sculpture outside of the main hospital lobby. The Community Art Gallery is accessible to the public as an informal space for

people to gather before entering meetings and during breaks. This heavily used room is referred to as the media center.



Figure 1. Community Art Gallery space (Photo by Betsy Fallat.)

The media center is used for a variety of purposes. For example, some uses include space for medical students taking courses, employees attending training workshops, health providers attending art and other types of workshops, community supporters attending board meetings, and reporters attending press conferences.

While people often congregate outside of the media center at the gallery space while waiting for a meeting or training to begin, the Community Art Gallery is generally not an area where people visiting a loved one in the hospital would pass. Clinical areas are not adjacent to this gallery.

The Arts in Health team installed a museum plate at the left of the first photograph (see APPENDIX B). The information on the museum plate provides a brief description of the artist's

experience taking photographs during his travel. Details in the text describe the intention of the order of the photographs to represent the Pride Flag. Nguyen arranged the order of his photographs by major color schemes in their composition. When the viewer stands back and takes in the exhibit as a whole, the photographs in order reveal red, orange, yellow, green, blue, and purple. The museum plate also describes the artist's purpose of including an empty chair in his exhibit. The chair represents the fact that the LGBTQ+ community is forced to be invisible in Zambian society. Nguyen cites the Zambian penal code that states that being part of the LGBTQ+ community means facing 14 years of prison sentencing. The museum plate effectively describes the artistic and meaningful purpose of the exhibit. Information on the museum plate does not fully capture the significant details that the audio provides about each photograph or portrait. I was unable to obtain an updated photograph of the entire exhibit with the signage due to the COVID-19 mitigation efforts calling for a no visitor policy throughout the hospital.

Recruitment and Survey Instrument

I sent potential participants an email inviting them to participate in the study. I chose individuals who had taken part in previous participatory art workshops led or organized by Center Stage Arts in Health staff.

The recruitment email (APPENDIX C) invited potential survey participants to visit the Community Art Gallery space and then fill out an online survey via Research Electronic Data

Capture (REDCap).⁴ The instructions that I provided the participants via email requested that they view the art exhibit and answer the survey. Upon completion of Survey 1 (APPENDIX D), I emailed participants a link for Survey 2 (APPENDIX E). Survey 2 contents included instructions on how to listen to the audio and then survey questions to respond to after listening to the audio. I requested participants to return to the exhibit and experience the exhibit again while listening to the audio. The hospital offers free WIFI so access to the audio was available via smartphones, which the medical student and employee study participants carried with them. In order to incentivize participation, upon completion of Survey 2, I offered the participants a \$5 Starbucks gift card.⁵

After participants listened to the audio, they could answer the questions in Survey 2. The REDCap software collected participant responses to pre- and post-surveys. The software program automatically de-identified participant information. However, I was able to match responses to Surveys 1 and 2 by individual participants in order to compare them.

Survey 2 offered the audio as a YouTube link. I had to create the YouTube link because the REDCap application did not play certain audio on all devices, including iPhones. When converting the audio files to the YouTube link, I worked with Deb Tomazin, graphic designer, in the Department of Humanities to insert images of the photographs in correlation to the artist

⁴. REDCap software is a “secure web application for building and managing online surveys and databases specifically geared to support online or offline data capture for research studies and operations.” I used REDCap for this study because it is required by Penn State Health in research questionnaires. Penn State Health prefers REDCap because it maintains secure records and generates de-identified modifiers for study participants to preserve anonymity. The National Institutes of Health/National Center for Advancing Translational Sciences (NIH/NCATS) Grant # UL1TR000127 and UL1 TR002014 supported the use of REDCap and the study.

⁵ Special thanks to the Drs. Kienle Center for Humanistic Medicine at the Penn State College of Medicine for sponsoring the \$5 gift cards for study participants.

discussion of each photograph. This option helped so that when people returned to the display, they could easily match the audio to the image they were viewing.⁶

The YouTube audio with images proved vital to the success of data collection given the unexpected mitigation mandate to prevent the spread of COVID-19 in the midst of my data collection. I sent Survey 1 on March 5, 2020. Eight days later, Penn State College of Medicine required employees to work remotely as much as possible due to the COVID-19 pandemic. This precluded many people from participating in the study. Those who already had viewed the exhibit and completed Survey 1 regarding their experience of the art completed Survey 2 by viewing the YouTube link. A timeline of events relating to this study helps to put the data collection process into perspective as I had to adjust given the onset of the COVID-19 pandemic.

March 5, 2020: I sent the initial REDCap survey to 18 medical students who attended a Visual Tactile Art in Medical Education (VTAME) workshop. The art installation is located outside of the media center where I held the workshop. Four participants of this workshop participated in the survey.

March 9, 2020: I sent Survey 1 to 24 additional medical students who had earlier in the year participated in a VTAME workshop. During the week of March 9, the COVID-19 situation escalated and became the main focus for health care providers and students.

⁶ The video can be found here: <https://youtu.be/PeJ0JO8jonE>. Audio transcription and images are available at Appendix A.

March 11, 2020: in an effort to obtain additional data, I sent Survey 1 to 25 people who had participated in a “Resiliency Through Art Workshop” for health care providers, students, faculty, and staff at the Penn State Health Milton S. Hershey Medical Center and College of Medicine. This action expanded my pool of participants beyond art workshops geared specifically to medical students. The “Resiliency Through Art” workshops are similar to VTAME as they are voluntary guided art projects held in an effort to use art to lower stress and improve mood.

March 13, 2020: As a College of Medicine employee, I received an email from the Vice Dean for Educational Affairs of the College of Medicine (APPENDIX F) explaining an urgent need to accelerate the timeline for the response to minimize spread of COVID-19 and optimize student safety and the safety of those with whom they interact by fully replacing in-person teaching activities with online/remote instructional formats effective Monday, March 16th (APPENDIX G). Additionally, the email text instructed employees to work at home, if at all possible, to reduce the number of non-essential personnel in the hospital.

March 15, 2020: College of Medicine employees received notice (APPENDIX H) to prepare that research be restricted to essential. Also, I received a notice (APPENDIX I) to move research to electronic if at all possible.

I sent the following message to participants who had completed Survey 1:

Hello – due to the COVID-19 situation and to encourage social distancing, please do not return to the art exhibition. Rather, please see the link below that includes audio and video of the exhibition. You may launch the second link after viewing the video and write “n/a” if the question does not apply to your experience.

After this message, participants, who had already viewed the artwork at the exhibit, could review the survey link to experience the audio and images virtually. Five respondents used the video survey link to complete Survey 2.

March 19, 2020: This date marks the last day that I collected data. I had 16 respondents to Survey 1 and 11 respondents to Survey 2.

March 20, 2020: I received notice (APPENDIX J) from the Senior Vice President for Research and the Vice Dean for Research and Graduate Studies in the College of Medicine to begin to reduce research and so I ended my data collection activities.

As a researcher, I was disappointed that I was unable to have the time to secure more participants for my data collection. However, I feel as though this experience will lead to more robust research development in the future and will serve as a seed project for larger studies. I am grateful for the opportunity to document the rapid and unprecedented series of events that

dictated responses necessary to respond to pandemic mitigation. The worldwide phenomena overshadowed all aspects of life and my action research project was one example of how mitigation efforts affected research projects.

Researcher Roles

My role as researcher involved learning practices for research in a health care institution and opportunities for recruitment. To conduct the study, I completed the following:

- Obtained Institutional Review Board (IRB) approval
- Learned “Good Clinical Practice” from a Penn State Health online training for the IRB
- Ensured the art was installed
- Designed the REDCap survey
- Loaded the audio onto YouTube and inserted it into the REDCap survey
- Sent the recruitment invitations to participate
- Monitored the REDCap database by logging on each day to view participation and data collection
- Wrote the action research summary

My action research advisor and committee guided each component of my role as researcher. The Arts in Health program director also oversaw aspects of the project.

Study Participants

I invited medical students who participated in the VTAME workshops to take part in the study. This list includes more than 40 participants. My original goal was to gain input from at least 20 students, as a 50 percent response rate is acceptable (Draugalis, 2008) and I based my target on that amount. Participation was voluntary as outlined in the Summary Explanation of Research, a document that explains key information about the research. (See APPENDIX K.) This document also states that participation in the study is voluntary. I expanded the study to include people who had participated in Center Stage Arts in Health “Resiliency Through Art” workshops. This list includes students, staff, faculty, and health care providers who have an interest in art making.

Due to COVID-19 mitigation efforts, I did not realize my goal for 20 participants. Sixteen people responded to Survey 1 (i.e., the pre-audio questionnaire). Eleven people responded to Survey 2, post listening to the artist’s narration about each of his portrait photographs in the exhibit. I proceeded with assessing the survey responses even though I did not attain my goal number of participants given the challenges faced during the pandemic. I determined that the responses were adequate to ascertain a small-sample of reactions to the audio with fodder to implement future audio-enhanced art exhibits and subsequent surveys.

Definitions/Limitations

In order to gain additional insight to the reaction of audio-enhanced art, more studies are needed with different exhibits, expanded audio, and different populations of people in hospital environments. These action research cycles are necessary to collect data to learn how to increase the value of the audio-enhanced visual art. Paul Nguyen's breathtaking and exotic work in this exhibit could have been the catalyst for such positive reactions to the exhibit.

In addition to Paul Nguyen, I have recorded artists who have been commissioned to create art for the medical center. In the recordings, the artists described their art, their inspiration in the creative process, and the space for which the art was intended. These additional options for audio-enhanced art experiences will assist in the future cycles of evaluating benefits of audio enhancement.

The medical students in this study have expressed an interest in art via the VTAME program, so they may be predisposed to appreciate art. Also, the "Resiliency Through Art" participants have voluntarily attended art making workshops and so may be inclined to react favorably to art. I outlined limitations in the IRB filing. The IRB approved my research project on February 27, 2019 (APPENDIX L). I was then able to load my surveys into REDCap and begin the data collection process.

Data Collection

My data was delineated into two categories. The initial set of data was a response from people who viewed an art exhibit that offered a series of photographs. The exhibit also included

a museum plate with text describing the exhibit, information about the artist, and context of his photography.

The second set of data was a response from people who viewed the art a second time with the photographic images accompanied by audio of the artist, Paul Nguyen, narrating information about each photograph. He described the person in the photograph and details about what prompted him to take the photograph. He also provided situational background about the circumstances by which he was compelled to take the photographs. For example, Nguyen described the story behind a photograph of an elder in the village as, "This is a portrait of Agnes, one of the oldest people in the village. Agnes had been sick for a few days, and the family wanted something to remember her by. Agnes's granddaughter Jean called me away from a medical procedure to take this family portrait, which consists of four generations of women in her family." His narration provided endearing context to each photograph.

I coded my data first by looking at percentages of participants who said that they would recommend this exhibit to a friend. I also reviewed for percentage of people who would like to explore more art exhibits that offer audio in the hospital. These percentages were both 100 percent, strongly supporting the proposition that adding audio to the hospital art collection is justified and desired.

When people revisited the exhibit, instructions in the survey requested the participants to listen to audio of the artist speaking about each portrait or photograph in the exhibit. The audio was less than 10 minutes in length. Paul Nguyen wrote and narrated the audio. The YouTube link showed each photograph with the audio of Paul Nguyen reading his script,

addressing each photograph. After visiting the exhibit, a second time or after watching the link, I asked participants to respond to questions in Survey 2.

Chapter 3: Survey Analysis

Participants' survey responses provided insight to the experience of the exhibit. As I reviewed the comments, I was able to discern how individuals responded to Survey 1 and Survey 2 because REDCap linked the respondents' data. I was able to note the change in the impression from one visit to the next. Patterns evolved in the data collection that I was able to categorize as themes. The audio component of the second experience revealed a depth of awareness of the stories integrated into the exhibit. Respondents also commented about the artist in Survey 2, which they did not do in Survey 1.

Survey 1: Art Viewing Pre-Audio Experience

In Survey 1, the pre-audio experience, I instructed participants to visit the art exhibit. The survey questions concerned engagement with the art exhibit. In the first set of data, the word "interesting" appeared 13 times. In the second set of data, which had fewer respondents, the word "interesting" appeared 4 times (see Figure 2). "Interesting" seems to be a catchall vague phrase.

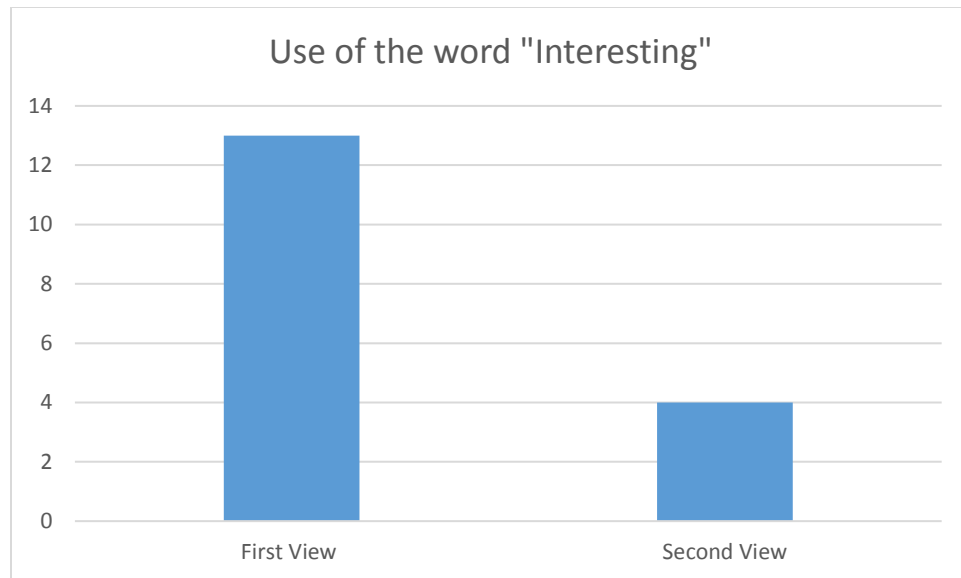


Figure 2

Other adjectives (or forms of descriptions) are used in the second set of data, but not in the first. The following descriptive words appeared in the responses of Survey 2:

“new”

“intrigued”

“deeper”

“powerful”

“memorable”

“better”

“enriching”

“humbling”

Descriptive words used in the second survey reveal a more elaborated response to the exhibit after listening to the audio.

Initial responses to the exhibit in Survey 1, included comments regarding the beauty and aesthetics of the work. For example, one respondent wrote, “I loved the colors. I also really enjoyed the one photo of the woman with the baby on her back.” Other respondents noted

that the gallery space was “pretty.” In Survey 2, respondents commented more on the art and the artist rather than the space the exhibit occupied.

Survey 2: Art Viewing Post-Audio Experience

The pattern that emerged as a theme for parts 1 and 2 of my data collections was the use of the word “story.” In the initial data in Survey 1, the word “story” appeared 4 times in 16 responses. In Survey 2 responses, completed after people had listened to the audio, the word “story” appeared 20 times in 11 responses (see Figure 3). The use of the word “story” suggests that people are more engaged in the work and the background that leads to the resulting art display. Stories are what connected visitors to this exhibit.

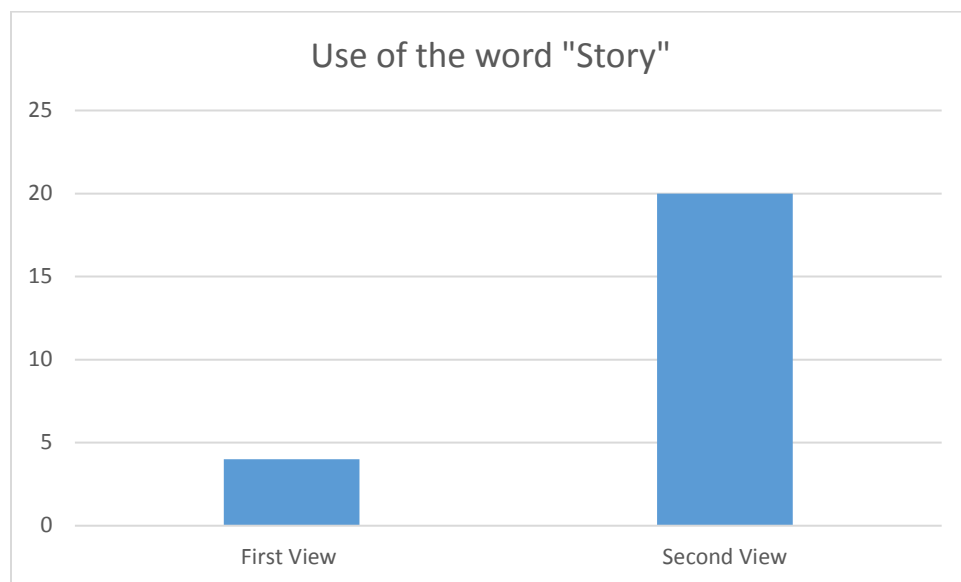


Figure 3

Depth of Awareness

The culminating piece of artwork in Paul Nguyen's installation was a photograph of an empty chair titled, "I Exist." The chair appears after the display of vivid portraits. The empty chair symbolizes the faceless LGBTQ+ community in rural Zambia. Paul's museum plate describes the penal code for being a part of the LGBTQ+ community.

This chair bears the weight of the heaviness of the display as a whole. Somber comments from my data showed that participants referenced the rainbow or LGBTQ+ only once in Survey 1. After hearing the audio, there were 5 comments in Survey 2 concerning LGBTQ+ issues.

Acknowledging the Artist

Comments that referred to the artist in the first set of data appeared 7 times. The first time that participants visited the exhibit, they would have seen his photograph on the museum plate. In the second set of data, the artist was referred to 11 times. While people connected with the stories, they likewise mentioned the artist in more instances after hearing his voice (see Figure 4).

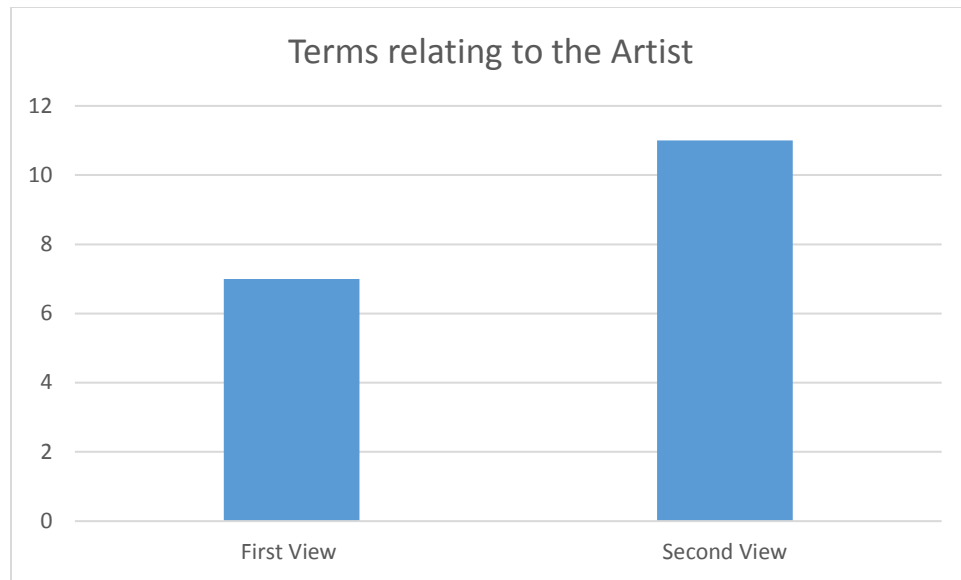


Figure 4

Impression Changed: Depth of Understanding, Connection, and Impact

A question in Survey 2 prompted visitors to articulate how their impression of the exhibit changed as a result of the audio. Several respondents focused on the fact that they “understood” the art more. One individual wrote, “YES – love it so much more now. Really understand it a lot better and have more appreciation for the art and the people in it.” Another individual wrote, “I feel like there is an even deeper connection with the artwork as well as the artist.” Further, an individual wrote, “I feel as if I got a better understanding of the exhibit and a more emotional connection to the portraits. The video was very powerful.” One person, who wrote that the exhibit was “beautiful” as an impression in Survey 1, expressed greater valuing of the art in Survey 2, stating: “I will definitely go back to look at the artwork again. The stories behind the photo give so much more life to the photos.”

Chapter 4: Conclusion

Results of the surveys showed that including audio with art installations increased and deepened visitors' engagement with the art. As action research, future cycles of the study will be open-ended surveys for data to evaluate what types of audio inspire visiting art in the hospital.

Audio is optional for viewers, but for those with a proclivity toward art, it appears the audio would be a welcomed addition. From this study, I recommend audio is offered in conjunction with the art in the hospital and college. During the commissioning process, I recommend that Center Stage Arts in Health staff invite artists to provide a narrative about their work when it is installed. Arts in Health staff should also promote the option of listening to the artists' narration about their art in the permanent collection tour guide.

I am encouraged to continue to record artists speaking about their art in relation to the art exhibited at the hospital. One hundred percent of the respondents said that audio would inspire them to seek out other displays in the hospital that offer an audio component. My plan is to implement the survey again, in the future, with audio-enhanced art exhibitions when we are back to learning and working on campus. I have recorded audio from additional artists who have been commissioned for art in the hospital. In future action research cycles of this study, I will invite participants to rate their experience and impression of audio-enhanced art exhibited at the medical center.

The survey analysis suggests that narratives should include the artist describing background on the process for creating the piece, the medium, and the inspiration for the

subject matter. The narrative should also be geared toward the intention of telling a story that relates to the work to allow viewers to engage deeply with the art.

The survey question responses generate an opportunity to reflect and conceptualize future comparable studies. Action research will allow for continued evolution of the study. Expanded research could seek to discover additional aspects of storytelling the artist can narrate in the audio to captivate and enhance the viewer experience with the art.

Art in medical centers can serve to soothe, nurture, and inspire. Arts in Health programs that provide audio-enhanced art experiences contribute to creating a deeper and more inclusive connection to that art as uplifting environments.

References

- Abawi, D. F. (2004). A mixed reality museum guide. *Semantic Scholar*.
<https://www.semanticscholar.org/paper/A-Mixed-Reality-Museum-Guide-%3A-The-Challenges-and-Abawi-Arcos/e35138fb8a29f28a994667f606654e9a7bc3e84d>
- Braun, S. (2008). Audiodescription research: State of the art and beyond. *Translation Studies in the Third Millennium* 6.
- Draugalis, J. R., Coons, S. J., & Plaza, C. M. (2008). Best practices for survey research reports: A synopsis for authors and reviewers. *American Journal of Pharmaceutical Education*, 72(1), 11. <https://doi.org/10.5688/aj720111>
- Eardley A.F., Fryer L., Hutchinson R., Cock M., Ride P., & Neves J. (2017). Enriched audio description: Working towards an inclusive museum experience. In S. Halder, L. Assaf (Eds.). *Inclusion, Disability and Culture. Inclusive Learning and Educational Equity*, vol 3. Westminster, UK, Springer.
- Hutchinson, R. S. ,& Eardley, A. F. (2018). Museum audio description: The problem of textual fidelity. *Perspectives: Studies in Translation Theory and Practice*, 27(1), 42-57.
- Lambert, P. D. (2016). *Managing arts programs in healthcare*. New York, NY: Routledge.
- Metropolitan Museum of Art. (2015). *Blogs: Digital underground. Improving the audio guide: A look at our visitors*. <https://www.metmuseum.org/blogs/digital-underground/2015/improving-the-audio-guide-a-look-at-our-visitors>
- Museums and Heritage. (2018). Tonwelt: Audio guides - an essential part of the visitor experience. <https://advisor.museumsandheritage.com/features/tonwelt-audio-guides-essential-part-visitor-experience/>

Penn State Health Hospital Administration Manual. (2019) *Public Art Guidelines*. Reference code: A-110 HAM. <https://pennstatehealth.ellucid.com/documents/view/831>:

Rector, K., Salmon, K., Thornton, D., Joshi, N., & Ringel Morris, M. (2017). Eyes-free art: Exploring proxemic audio interfaces for blind and low vision art engagement. *Association for Computing Technologies Journals*. p. 93-2.
<https://doi.org/10.1145/3130958>

Research Electronic Data Capture. (2020). Definition of REDCap. <https://www.project-redcap.org/>

Stout, C. J. (1999). Artists as writers: Enriching perspectives in art appreciation. *Studies in Art Education*, 40(3), 226-241.

Vickery, C. (2015). *Modern clinic design: Strategies for an era of change*. Hoboken, NJ: John Wiley and Sons.

APPENDIX A: PAUL NGUYEN AUDIO TRANSCRIPTION AND IMAGES

Introduction

In 2019 as part of the Global Scholars Program, I traveled to Macha, a small village in rural Zambia. Every week, I joined a research team to help set up an HIV clinic in several of the surrounding rural villages. I soon became a familiar face in these villages, and when I began to offer portraits, people found me to take photos of their families, marital engagements, sporting events, and music. At the end of the week, I would hitchhike to Choma, a city an hour away with a printer, and I would bring the photos back to distribute. Every portrait I took, people received a copy because instead of taking photos, I wanted to give photos.

I chose these seven portraits, and an accompanying contextual photo, to represent an aspect of the culture or community in Zambia. Thank you for viewing.

Portrait of Sandra, before and after I attempted to speak Tonga.



This is a portrait of Sandra before and after I attempt to speak Tonga. We met in the outdoor kitchen beside the HIV clinic where I worked. Whenever I had a break from the clinic, I would sit with her and a group of women in the kitchen, notebook in hand, and learned a few more phrases in Tonga. They once asked for baby clothes, which I did not have. Instead, I offered portraits. Sandra eagerly jumped at the opportunity, but upon sitting for her portrait, she suddenly became stoic. This is the way she wanted to present herself to the world. Her expression reminded me of the children I saw in the hospital who had broken bones or who were severely ill -- expressionless, almost professional. I wanted to capture her personality, to see again the bubbly excitement that had disappeared so quickly. To break the tension, I started speaking in Tonga, using the phrases she taught me. "Sehi kabotu kwambaoola Chitonga," or loosely, "I'm sorry I still don't speak Tonga very well." Hearing my poor accent, she began to laugh.

Portrait of Chiko, an elementary school teacher.



This is a portrait of Chiko, an elementary school teacher who I met while playing pool in the marketplace. After seeing my camera, he asked if I would come to his classroom the following day to take class photos. It was one of the nicest schools I've seen in rural Zambia, with relatively small class sizes, seating for all the students, and good lighting. By comparison, some schools I visited had over 70 students and only a few benches to sit on. Many students rely on sponsorship in order to attend school. The cost of one term is approximately 75 kwacha, less than 6 USD, and represents a significant financial burden to many of the families in the community. Chiko asked that I inform people that he is looking for sponsorship as well, as the teachers themselves often pursue higher education.

Portrait of Lisa, and her daughter Blessing. Portrait of Edwell by the window.



This is a portrait of Lisa carrying her daughter, Blessing, taken during load-shedding. To avoid overloading the generators in Zambia, regions of the country are shut off from electricity for several hours a day. In the rural villages where few homes have running water or electricity, load-shedding does not appear to significantly impair home life. However, some businesses, like the electronics shop where Lisa's husband, Edwell, works, temporarily shut down. During load shedding, Edwell taught me Gospel music in Tonga, and we later performed together in church. He and his family threw me a goodbye party the night before I left Zambia, which is when I took the portrait.

Portrait of the Championship Football Game between rival villages.



This is a photograph of the championship football match between rival villages, Lupata in green vs the Macha Sparrows in white. The game had been postponed because the original referee was from the same tribe as one of the players. Coincidentally, it was rescheduled for the same day as the Women's World Cup. Hundreds of people from numerous villages came to watch this championship game instead of the World Cup. In overtime, Lupata won the match, and the crowd stormed the field.

Portrait of Agnes, one of the oldest people in the village, and four generations of women in her family.



This is a portrait of Agnes, one of the oldest people in the village. Agnes had been sick for a few days, and the family wanted something to remember her by. Agnes's granddaughter Jean called me away from a medical procedure to take this family portrait, which consists of four generations of women in her family. Notably, all of the family members tending to Agnes are women. Outside the hospital is an area called "Tunko" which translates into "the fires". Families and neighbors, most of whom are women, would cook outside the hospital for their loved ones as they recovered. At night, the entire field lights up with their campfires.

Portrait of Sylvia reviewing the medical records of an infant who has just tested positive on a rapid HIV test.



This is a portrait of Sylvia reviewing the medical records of an infant who just tested positive on a rapid HIV test. She orders a DNA test to confirm the result before informing the mother. Over 90% of the world's pediatric HIV infections occur in Sub-Saharan Africa. Breastfeeding is one mode of HIV transmission, and is the focus of the research study I was a part of while in Zambia. Prior recommendations to HIV-positive mothers to stop breastfeeding resulted in widespread infant malnutrition. Supplementation with formula is not feasible due to price and lack of electricity for refrigeration. Therefore, new efforts, like this research study, are made to treat HIV-positive mothers with anti-retrovirals therapy and reduce the amount of pediatric HIV infections. Shortly after this portrait was taken, the DNA results fortunately return as negative. Infants may falsely test positive for HIV on a rapid test because they receive their mother's antibodies through breast milk, and a rapid HIV test detects antibodies.

Not Pictured



In Zambia, being part of the LGBTQ+ community is punishable by fourteen years in prison. I wanted to learn more, but was told that “gay people do not exist in Zambia.”

That didn’t stop one brave young man from reaching out to me. He had asked me about the Pride flag I posted on my social media, and I explained what it represented. A few days later he approached me and said that he thought he was gay, and that he was scared because if he was taken away, how would he help his family. I listened as he explored the various intersections of his identity – his sexuality, his relationship with God, his role in the family, his role in the community.

He wanted people to hear his story, but we both agreed that, for his safety, this was something we couldn’t put a face on. He asked that I relay a simple message. “I exist.”

A simple action, posting the Pride flag on my social media, signaled to this young man that with me, it was safe to come out. If you notice, every person in order, is wearing a particular color. Sandra in Red. Chiko in orange. Lisa in yellow. The Zambian Football player in green. Agnes in blue. Sylvia in purple. Together, they make the pride flag. The subtlety of the rainbow reflects the invisibility of the queer community in Zambia. The gallery as a whole depicts his story. Respecting his privacy, but allowing us to recognize those who are not able to, for whatever reason, come out. The last portrait, Not Pictured, is for all the queer people who don’t feel seen but still want their stories heard.

APPENDIX B: PAUL NGUYEN MUSEUM PLATE

Paul Nguyen

Atlanta, GA

I Exist, 2019

Photography on metal

"In 2019 as part of the Penn State College of Medicine Global Scholars Program, I traveled to Macha, a small village in rural Zambia. Every week, I joined a research team to help set up an HIV clinic in several of the surrounding rural villages.

I soon became a familiar face in these villages, and when I began to offer portraits, people found me to take photos of their families, marital engagements, sporting events, and music. At the end of the week, I would hitchhike to Choma, a city an hour away with a printer, and I would bring the photos back to distribute. Every portrait I took, people received a copy because instead of taking photos, I wanted to give photos."
Paul Nguyen



ABOUT THIS EXHIBIT

In Zambia, being part of the LGBTQ+ community is punishable by fourteen years in prison.¹ Paul wanted to learn more, but was told that "gay people do not exist in Zambia."

That didn't stop one brave young man from reaching out to Paul. He inquired about the Pride flag I posted on Paul's social media. A few days later the young man approached Paul and said that he thought he was gay, and that he was scared because if he was taken away, how would he help his family. Paul listened as he explored the various intersections of identity – his sexuality, his relationship with God, his role in the family, his role in the community.

He wanted people to hear his story, but, for his safety, this was something they couldn't put a face on. He asked that Paul relay a simple message. "I exist."

In this exhibit, every person in order, is wearing a particular color.

Red: Portrait of Sandra, before and after I attempted to speak Tonga.

Orange: Portrait of Chiko, an elementary school teacher

Yellow: Portrait of Lisa, and her daughter Blessing. Portrait of Edwell by the window.

Green: Portrait of the Championship Football Game between rival villages

Blue: Portrait of Agnes, one of the oldest people in the village, and four generations of women in her family

Purple: Portrait of Sylvia reviewing the medical records of an infant who has just tested positive on a rapid HIV test

Together, they make the pride flag.

The subtlety of the rainbow reflects the invisibility of the queer community in Zambia. The gallery as a whole depicts his story. Respecting his privacy, but allowing us to recognize those who are not able to, for whatever reason, come out. The last portrait, "I Exist" is for all the queer people who don't feel seen but still want their stories heard.

¹ Penal Code of 1931, §155, VI Laws of the Republic of Zambia, Cap. 87 (rev. ed. 1995); Penal Code (Amendment) Act No. 15 of 2005, § 6, Supplement to the Republic of Zambia Government Gazette (Oct. 7, 2005).

APPENDIX C: RECRUITMENT EMAIL

Invitation Email:

Dear Art Workshop Participant,

I am working on a research project to evaluate the use of audio that accompanies an art installation in the Employee/Community Art Gallery outside of Room T2500, above the main hospital lobby. I am writing to invite you to participate in this study.

I would ask that you visit the art installation and complete a survey. After you have completed the survey I will ask that you visit the installation a second time. I will provide smart phone instructions for listening to an audio recording about the art installation. I will ask you to complete a second survey. When you complete the second survey, you will be eligible to obtain a \$5 Starbucks gift card.

APPENDIX D: SURVEY 1 QUESTIONS

1. How often do you visit the art installations in this institution?
Frequency Likert- 5 point
2. How much time did you spend looking at the exhibit?
1-5 minutes
5-10 minutes
10-30 minutes
30 minutes – 1 hour
more than 1 hour
3. Did you read the accompanying text of the exhibit?
Y/N
Why or Why not?
4. What about this exhibit do you find most memorable?
5. Would you recommend this exhibit to a friend?
Y/N
Why or Why not?

APPENDIX E: SURVEY 2 QUESTIONS

(After audio intervention)

1. Did you have any issues with the audio technology?
Y/N
If Yes, describe
2. Did you listen to the audio accompanying the exhibit?
Y/N/some
Why or Why Not
3. How has your experience changed since the last time you've visited it?
4. How much time did you spend looking at the exhibit and listening to the audio?
1-5 minutes
5-10 minutes
10-30 minutes
30 minutes – 1 hour
more than 1 hour
5. What about this exhibit do you find most memorable?
6. Would you recommend the exhibit and accompanying audio to a friend? Y/N
7. Why or Why Not?
8. Might the audio component inspire you to seek out additional exhibits in the institution that offer this service?
Y/N

APPENDIX F: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19

Message from the Vice Dean for Educational Affairs

COVID-19 Updates for MD and PA Students

Dear Colleagues,

I am writing to update you on the thoughtful and continuous planning that is taking place with the leadership in our College of Medicine and at the Milton S. Hershey Medical Center about the COVID-19 situation and resultant adjustments needed to the MD and PA educational programs. We are working to ensure the safety of our students and the continuity of their learning experiences during this unprecedented time.

During the past 24 hours, the COM leadership addressed the expanding extent of the pandemic, and considered how the now increased spread of COVID-19 may impact the safety of our students. As a result of this evolving picture, Dr. Black and the College of Medicine leadership decided last evening that we needed to accelerate the timeline for changes to 100% online class formats to optimize student safety and the safety of those with whom they interact. The COM will implement online/remote instructional formats to fully replace in-person teaching activities, effective Monday, March 16th.

We ask for your help, support and patience as we institute this accelerated timeline across our MD and PA programs. We will build on our experience with mediasite and add Zoom capabilities to create the online large and small group sessions. The educational leadership and the Educational Affairs teams will help faculty to prepare for these instructional changes.

Our goals in implementing online/remote learning for all classroom activities are to keep our students safe, keep others safe, and help to mitigate the rate of COVID-19 disease spread.

Please read the email below that we have sent to our MD and PA students. Reach out to any of the education leadership with your suggestions and questions. We welcome and need your help and support.

With thanks,

Terry Wolpaw

APPENDIX G: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19

Revised Standards for Penn State University, Penn State College of Medicine, and Penn State Health on Human Subjects-Related Research Visits for all Penn State Colleges, Campuses and all Penn State Health Sites during COVID-19 Outbreak

Effective March 15, 2020

Background

In the context of rapidly evolving circumstances regarding COVID-19, and the University's focus on social distancing and the health and well-being of the community, the Office of the Senior Vice President for Research, in consultation with the Vice Dean for Research and Graduate Studies in the College of Medicine, has issued these revised standards related to human subjects-related research visits. These standards are being implemented with the primary focus to protect research participants, researchers, and the larger community from risk of infection with COVID-19 as well as to ensure ongoing access to research which may provide essential support and care to participants. These standards will be revised when appropriate based on new information and circulated to the Penn State research community. Information will also be available on the Penn State Health coronavirus website: <https://med.psu.edu/coronavirus> and Penn State's Research website at <https://www.research.psu.edu/covid>.

For any questions related to these revised standards in Penn State Health, please contact Dr. Neal Thomas, Associate Dean for Clinical Research at nthomas@pennstatehealth.psu.edu or pager #0341. For all other Penn State sites except for Penn State Health, please contact the Office for Research Protections at ORP@psu.edu or 814-865-1775.

Revised Standards (Effective March 15, 2020)

Participants

Research visits are to be performed remotely (e.g., by phone, Zoom, or other means) whenever possible. For Penn State Health and College of Medicine, see the following for HIPAA-Compliant Zoom: <https://pshealth.zoom.us/> All other University sites, see the following link for Zoom guidance: <https://cmm.psu.edu/zoom/>

Non-Essential Research Visits

Studies involving face-to-face interaction with participants with no direct drug or device therapeutic benefit are to be postponed until further notice. Research interactions with participants such as telephone contact, remote monitoring, or remote data collection may continue.

Essential Research Visits

Studies that involve the administration of drugs or monitoring of devices that cannot be performed remotely and that provide direct therapeutic benefit (drug or device) to study participants may continue, with the following additional guidance:

- a) Participants should be provided with information regarding the current COVID-19 epidemic and how best to reduce their risk of infection. This information may be provided in multiple forms suited to the type of contact, including a website link, a

telephone script and an in-person handout. If possible, this information should be shared before the research visit. See the following CDC COVID-19 link for reference and materials: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

- b) All research participants should be screened remotely (by phone or Zoom) for fever, cough and flu-like symptoms by research staff prior to the research visit if possible, with repeat screening by research staff at the time of an in-person visit. Those who screen positive will require triage and should be directed to contact their primary care provider. More information on screening and triage is available on the Penn State Health COVID-19 public guide website: <https://yourcare.pennstatehealth.org/acton/fs/blocks/showLandingPage/a/34718/p/p-002c/t/page/fm/0> and the Penn State College of Medicine coronavirus website <https://med.psu.edu/coronavirus>.
- c) Enrollment of new patients on a clinical trial or other human subject-related research should be allowed only if: 1) participation in the trial provides direct therapeutic benefit (drug or device) to participants, as determined as above; or 2) the enrollment and longitudinal participant management can be conducted remotely for the duration of the COVID-19 outbreak.
- d) Ensure that your research staff and participants have necessary supplies, such as hand sanitizer that contains at least 60% alcohol, tissues, trash baskets, disposable facemasks, and cleaners and disinfectants. Clean frequently touched surfaces and objects with detergent and water prior to disinfection, especially surfaces that are visibly dirty.

Research Personnel

All study personnel (faculty and staff) should receive appropriate training regarding proper research participant screening (e.g., masking protocols) and participant triage should a research participant be deemed at risk for COVID-19 infection during an in-person research visit screening. Further information will be forthcoming related to specific training. Please view the guidelines on the <https://med.psu.edu/coronavirus> website.

See the IRB COVID-19 website for guidance (forthcoming) regarding missed visits, remote visits, study visits out of window, etc., as well as reporting of study deviations for the same: https://www.research.psu.edu/covid_irb

Study Sponsors and Monitors

Principal investigators or their designees are asked to contact study sponsors to notify them of these revised standards and make appropriate arrangements. All sponsor and monitor visits for clinical trials or other human subject-related research, whether for site qualification, site initiation, or monitoring visits, should be postponed, consistent with the guidelines modified by Penn State Health related to all vendors. Consideration for remote monitoring should be based on study need and resource availability. At this point, we do not have the ability to allow monitors external restricted access to the Electronic Medical Record, but are working with Information Services and the Cerner team to determine feasibility of this, and will provide further guidance as the discussions progress.

Managing Research Groups, Labs and Staff

The situation involving the COVID-19 virus is rapidly changing and the College and University are providing the following information and resources so faculty, trainees and staff can best manage their ongoing research and scholarly activities. Research is a key pillar of our academic mission. As such, the University and College are currently conducting laboratory research as usual, with the exception that we are strongly encouraging social distancing and enhanced hygiene practices. As institutional leaders, PIs are responsible for ensuring a safe working environment and that College policies are being adhered to in their laboratories.

Now is the time to prepare. There are proactive measures researchers can take to mitigate the impacts of COVID-19 on their specific research programs. While research is not currently curtailed, PIs should immediately begin preparing for all research to be restricted to essential activities in the near future.

- Identify emergency personnel and ensure they know what to do in the event of suspended operations.
- Remind lab personnel of your communication plan or create one if not in place. Ensure you have multiple means by which to contact lab personnel.
- Discuss with your team a plan to rapidly switch to remote work. Researchers, trainees, and staff should check ahead of time that they have adequate resources and access to information to work remotely.
- Discuss with your team a list of projects that could be completed while working remotely, and formulate a plan for all lab personnel to maintain communication and manage workflows during such a scenario. A list of IT resources, such as Zoom conferencing, can be found at: <http://it.psu.edu/faculty-staff-members>. For Zoom meetings, please use the HIPPA-compliant version of Zoom from PennState Health (<https://pshealth.zoom.us/>).
- Cross-train lab personnel for essential laboratory functions. Generate written SOPs, if necessary. Similarly, coordinate with colleagues in related research areas to mitigate disruption.
- Ensure all lab personnel have remote access to files, data, servers, etc.
- Identify priorities in case of restricted access, prioritize critical laboratory experiments
- Consider prioritizing work that can only be carried out in your research lab; identify any research experiments that can be ramped down, curtailed or delayed.
- Save tasks such as data analysis or administrative work that can be completed remotely for a later time.

- Consider the management of your samples, and whether or not samples can be frozen or otherwise saved on a more frequent basis to prepare for the scenario that you could not return to the lab the following day.
- Plan for shutdown of processes in the event your lab needs to cease operations.
- Check current travel restrictions before making travel plans.

Office of Research Affairs

ORA will remain seamless regarding submissions, whether onsite or remote. ORA will continue to review grant proposals and submissions as usual. However, we will not be entertaining face to face meetings. If you are planning to submit a grant, ORA will continue to submit proposals while working remotely. All grant applications are to go through the usual submission and review process. Federal agencies are aware of the current challenges and we will share additional guidance as it becomes available.

Animal Care and Use

Animal facilities must be maintained at a level to ensure animal welfare. Animal Resource Program (ARP) operations at the College of Medicine will continue to operate as normal. If we experience a reduction in staffing, arrangements will be made as necessary to continue providing husbandry services. For complete details, see: <https://med.psu.edu/coronavirus>. More detail information will follow shortly.

Core Facilities

At this time, Core Facilities are functioning under a normal schedule, but please contact Bruce Stanley (bstanley@pennstatehealth.psu.edu) with specific questions and concerns.

Biosafety

For Research Biosafety, contact Ray Scheetz at rscheetz@pennstatehealth.psu.edu or 717.531.5573.

Human Resources

Questions regarding staff time off or HR issues related to COVID-19 are directed to: Denise Burkholder in Human Resources (dlb37@psu.edu).

Addition information on COVID-19 and research can be found at the University website:

<https://www.research.psu.edu/covid>

Please consult the College's COVID-19 website for information and changes to any planned operational changes: <https://med.psu.edu/coronavirus>.

Updated: 3/15/2020

APPENDIX H: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19

COVID-19 Update

The Daily Brief

Monday, March 16, 2020

As Penn State Health and the College of Medicine focus on doing their part to address COVID-19, the Daily Brief COVID-19 update is your one-stop resource for the latest news on our efforts. If you have systemwide information to share, the deadline to [submit your news](#) for the next edition is 3 p.m.

WHAT'S NEW



Sheilah Borne, associate vice president of Government Health Relations, shares information in Penn State Health's COVID-19 Incident Command Center.

Penn State Health activates COVID-19 Incident Command Center

Penn State Health established a COVID-19 Incident Command Center today to support the organization's response to the coronavirus pandemic. The Command Center will serve as a dedicated central point of planning, execution and communication. Its purpose is to ensure business continuity, coordination of our response across the health system and timely decision-making at the system level as needed. It will remain in operation until the situation has resolved.

Hours of operation in this initial phase will be from 8 a.m. to 5 p.m. Monday through Friday but may expand at any time as operational needs require. Additionally, a Penn State Health incident commander is on call 24/7. The Command Center is located at the Penn State Health Administrative Offices at 100 Crystal A Drive, Room 1106, First Floor, Hershey. Phone number: 717-531-7253.

Contact information for hospital Incident Command Centers:

- For urgent inquiries to Hershey Medical Center's Incident Command Center, call 717-531-4746. For non-urgent needs, email HICC@pennstatehealth.psu.edu.
- St. Joseph's Incident Command Center's phone is 610-898-5775.

Employee COVID-19 questions answered

Penn State Health and Penn State College of Medicine has set up a single email contact where all employees and students can get answers to non-urgent COVID-19 questions. Dedicated staff will triage questions to the most appropriate resource or department contact to ensure an answer is received in a clear and timely manner. The email address is not intended to address urgent issues such as staff call-offs or patient triage, etc.

Send your questions to askaCOVIDq@pennstatehealth.psu.edu.

Human Resources updates

- Managers are asked to consider work that can be done remotely. Telecommuting guidelines (including access to appropriate technology resources) specific to our current situation will be forthcoming.
- Employees are asked to wash hands and consider appropriate social distancing whenever possible, including business meetings.
- To ease the financial burden and stress associated with COVID-19, Penn State Health is temporarily offering "WELL Pay" for those who are quarantined with or without symptoms for up to 14 days of salary continuance.
- If an employee feels they have sustained an occupational injury/illness, including exposure, they should complete the electronic Employee Injury/Exposure Report located on the PULSE under Employee Self-Service.

The report will be investigated, and a workers' compensation compensability determination will be made by Inservco Insurance Services, our vendor partner.

Employee expense reimbursements

Many organizers of large public gatherings are cancelling events that Penn State Health staff were scheduled to attend. Fees incurred as a result of changes to an employee's business travel plans due to unforeseen emergent circumstances are reimbursable.

We have implemented procedures for expense reimbursement for various scenarios. Please see the [reimbursement policy](#) for specific actions Penn State Health employees should take.

Separate reimbursement guidance for College of Medicine employees is forthcoming.

Tracking COVID-19 expenses across Penn State Health

Finance has provided guidelines and how-to information for all departments across Penn State Health to track expenses related to COVID-19. Proper and timely tracking of related expenses is critical to the organization's ability to potentially recoup costs at a later date. See the [full guidance](#) and [how-to guide](#).

Research visit rules changed

The Office of the Senior Vice President for Research, in consultation with the Vice Dean for Research and Graduate Studies in the College of Medicine, has issued revised standards related to human subjects-related research visits.

- Research visits are to be performed remotely (e.g., by phone, Zoom or other means) whenever possible.
- Studies involving face-to-face interaction with participants with no direct drug or device therapeutic benefit are to be postponed until further notice.
- Studies that involve the administration of drugs or monitoring of devices that cannot be performed remotely and that provide direct therapeutic benefit (drug or device) to study participants may continue, but see restrictions and guidance [here](#).

Temporary visitation restrictions on hospital campuses

Penn State Health is enacting temporary changes to hospital visitation guidelines at facilities in Dauphin and Berks counties, effective immediately. These guidelines may change frequently as the situation evolves.

Patients at Hershey Medical Center and the Children's Hospital in Hershey may have only two visitors at a time. At Penn State Health St. Joseph Medical Center in Reading, adult patients may have one visitor at a time, and pediatric patients may have two visitors at a time. Visitors under the age of 18 are not allowed at either hospital campus. [More details here.](#)

St. Joseph implements tented outdoor screening



Today, Penn State Health St. Joseph implemented a temporary tented outdoor screening area for ALL people entering the Bern Township campus. The tented environment, which operates 24/7 outside the Emergency Department, will help to proactively control the spread risk should a person wish to enter the campus who has symptoms of fever and shortness of breath that have been associated

with COVID-19. Those who do not present with COVID symptoms but have other health issues for which they are seeking care will be redirected to Emergency triage to be assessed for their primary complaint. Those with COVID symptoms will be partitioned in another area, where staff can follow the appropriate protocols for screening and testing.

UPDATES

Updated Interim Travel Policy

The interim travel and quarantine guidance policy for Penn State Health and College of Medicine has some significant changes based on the rapidly evolving situation. Significant changes include:

- Additional areas of widespread community transmission in the U.S. that will require more employees to observe self-quarantine guidelines.
- Retroactive travel and quarantine restrictions that mean some employees who previously returned to work must now return home to self-quarantine for the duration of time since returning from travel.

We recognize that these guidelines could have a large impact to many of our departments and units, however these changes are being made in real time with the best available information to help us ensure the safest possible environment for our patients, visitors students and workforce. [Details here.](#)

Visitation guidelines for Hershey vendors

Hershey Medical Center and the College of Medicine have modified their visitation guidelines for vendors. Until further notice, vendor visitation to any Penn State Health facilities on the Hershey campus, including the College of Medicine, will be limited to only those required to perform patient care services. Sales visits will not be permitted. Begin to evaluate current vendor agreements and communicate today to those you deem essential to ensure they understand and are able to comply with Penn State Health travel and quarantine guidelines. Email the names of these essential vendors so they are permitted to visit campus. Operational leaders will be responsible for creating a process of tracking and signing in vendors in their respective areas. Direct questions to Ron Cummins or Rob Boesch.

REMINDERS

Don't miss the next town hall meeting about COVID-19

Penn State Health and Penn State College of Medicine employees are encouraged to bring their COVID-19 related questions to a town hall meeting. This is your opportunity to talk to Penn State Health and Penn State College of Medicine senior leaders and subject matter experts in key operational areas about what the organization is doing to prepare for and address COVID-19. Employees are encouraged to attend by Zoom to comply with social distancing and large meeting recommendations.

Zoom link: <https://pshealth.zoom.us/j/402492857>

Meeting ID: 402 492 857

Dates and Times

- Tuesday, March 24: Noon–1 p.m.
- Thursday, April 2: 5:30–6:30 p.m.
- Wednesday, April 8: 7:30–8:30 a.m.



Penn State Health OnDemand

Minimize your risk of exposure and exposing others by taking advantage of Penn State Health OnDemand. You can see a board-certified doctor 24/7 from home or work. If you have symptoms of respiratory illness, they can assess your condition, provide care to help relieve the symptoms

and offer guidance on when to seek additional care. Enroll for free at pennstatehealthondemand.com.



Beware of coronavirus scam emails

Cybercriminals are taking advantage of fears surrounding the coronavirus by sending emails claiming to be from legitimate organizations with information about COVID-19. The email messages might ask you to open an attachment or log in to see the latest statistics. [See tips](#) to help you keep the cybercriminals at bay.

RESOURCES

- [Important Information About Coronavirus Disease 2019](#)
- [Penn State Health Resources for Employees](#)
- [College of Medicine Resources for Faculty, Staff and Students](#)
- [Penn State Health OnDemand](#)

*The Daily Brief is your source for all that's happening across Penn State Health and Penn State College of Medicine. It is published weekdays and features the latest organizational news, plus featured events, employee profiles and operational updates for staff, faculty and students. **To submit an item, use this form.***

The Daily Brief is a service of the Office of Marketing and Communications. Contact the office at news@pennstatehealth.psu.edu or 717-531-8606.



Copyright © 2020 Penn State Health
Our address is 500 University Drive, Hershey, PA 17033, USA

APPENDIX I: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19

Reducing Research Activities in Penn State Labs by March 24

To the Penn State Research Community:

With the rapidly evolving circumstances regarding COVID-19 and our focus on social distancing and the health and well-being of the community, the Office of the Senior Vice President for Research, in consultation with the Vice Dean for Research and Graduate Studies in the College of Medicine, has issued these revised standards related to laboratory research. Specifically, ***Principal Investigators should immediately begin preparing for all on-campus research to be reduced to essential research-related activities by March 24.***

The underlying principle is to help ensure that our healthcare systems do not become overwhelmed. Together, we need to do everything we can to curtail campus activities to the barest minimum levels.

Limited access to laboratories will be maintained so that essential research-related activities can continue.

Essential Research-Related Activities Include:

- Activity that if discontinued would generate significant data and sample loss.
- Activity that if discontinued would pose a safety hazard.
- Activity that maintains critical equipment in facilities and laboratories.
- Activity that maintains critical samples, reagents, and materials.
- Activity that maintains animal populations
- Activity that maintains critically needed plant populations, tissue cultures, bacteria, archaea, and other living organisms
- COVID-19 related activity that has a timeline for deployment that could address the crisis.
- Activity in support of essential [human subjects research](#).
- Clinical trial activity that if discontinued would negatively impact the patient's care.

If you are unsure whether aspects of your research constitute essential activities, please consult with your academic dean, or if you are in the College of Medicine, your department chair. As a reminder, faculty members cannot and should not require graduate students to come to campus. Graduate students need to have approval from their graduate program chair.

Scope:

This guidance applies to researchers at University Park, the Commonwealth Campuses, the College of Medicine, and Penn State Health.

For members of our research community who work at the Applied Research Laboratory (ARL), please continue to follow ARL-specific guidelines, which ensure critical national security needs are maintained while also maximizing social distancing and adopting remote working protocols.

Next Steps for Investigators:

- **Beginning now:** Determine what activities in your laboratory are essential.
 - [Complete the listing of essential personnel working in labs](#) by March 23.
 - If you are closing down a lab, utilize the [EHS Laboratory Ramp Down Checklist](#).
 - [Complete the PPE inventory](#) by March 23.
- **Beginning March 24, access to labs will be available only for personnel who conduct essential research-related activities.**
- Essential work in labs should be staggered so that minimal laboratory personnel are present at any one time.
- Guidance regarding management of grants and contracts can be found [here](#).
- Animal research should follow [updated guidance](#) on conducting research involving animals.
- Undergraduates, external visitors and visiting scholars whose research is deemed essential must receive prior approval from the relevant academic dean and the senior vice president for research for them to continue research in the lab.
- Maintain contact information for your students, postdocs, and staff, and review contingency plans and emergency procedures within your group.
- Disinfect common laboratory areas and touch points (e.g. doorknobs, sink handles, freezer doors, telephones). See protocols below.
- New proposals: When writing new proposals, consider including research that can be conducted remotely. This will allow additional opportunities to continue research on new awards.
- Researchers working with human subjects should [review updated FAQs from the IRB](#).

Important Request: Submit PPE Inventory by March 23

Our frontline health care providers have requested additional personal protective equipment (PPE). Please conduct an inventory of all other PPE and submit the list at https://www.research.psu.edu/ppe_inventory by March 23, 2020.

OSVPR will work with your units to track the items and ensure grants or contracts are properly reimbursed.

There is an urgent need for powered air purifying respirators (PAPRs). If you have any available, please contact Ruth Weber at rim100@psu.edu immediately.

There is also a shortage of swabs and collection supplies for the testing for COVID-19. Please identify any viral transport media (VCM or UTM) or flocked swabs that you have available. These swabs are typically Copan brand, flocked nasopharyngeal, or oropharyngeal swabs.

APPENDIX J: OFFICIAL NOTICE REGARDING RESEARCH DURING COVID-19

Laboratory Access and Protocols:

Beginning March 24, access to all on-campus labs will be limited to personnel who perform essential research activities as described above. Access should be coordinated so that these functions are maintained using the fewest number of essential personnel. Frequent hand-washing and the [most stringent social distancing](#) should be observed. Cleaning protocols for labs and equipment should follow guidance provided by [Environmental Health and Safety at University Park](#) and [Biosafety at the College of Medicine](#).

- Access should be coordinated so that these functions are maintained using the fewest number of essential personnel. Avoid working alone if conducting research with hazards that can become incapacitating.
- Anyone who is ill should quarantine at home immediately. [Frequent handwashing and the most stringent social distancing should be observed by all personnel.](#)
- Cleaning protocols for labs and equipment for the **College of Medicine and Penn State Health** should follow [guidance provided by the Office of Biosafety](#).
 - College of Medicine or Penn State Health researchers with questions should contact Raymond Scheetz, Biosafety Officer, at BiosafetyOfficer@pennstatehealth.psu.edu.
 - Research labs that are not essential should close down and utilize the [Laboratory Ramp Down Checklist](#).
 - Return the completed [EHS Laboratory Ramp Down Checklist \(pdf\)](#) to EHS at psuehs@psu.edu.
- Cleaning protocols for labs and equipment at all other Penn State laboratories, including University Park and the Commonwealth Campuses, should follow [Environmental Health and Safety guidance](#).
 - Researchers should follow the [EHS Research Continuity Guidance for Laboratories and Research Facilities \(pdf\)](#).
 - Guidance on cleaning communal areas is available via the [EHS Coronavirus Disinfection Protocols for Laboratories \(pdf\)](#).
 - Research labs that are not essential should close down and utilize the [EHS Laboratory Ramp Down Checklist \(pdf\)](#).
 - Return the completed Laboratory Ramp Down Checklist to EHS at psuehs@psu.edu.
 - Report a safety concern or contact Penn State Environmental Health and Safety with questions at psuehs@psu.edu or online [form](#).

OSVPR Support

We understand that this will be disruptive to the scholarly activities of you, your students, and your research teams, and we will work to support your efforts. We are not saying that research must stop, but rather that research activities in Penn State facilities must be reduced. We encourage you to take this time to redirect personnel toward research activities that can be completed remotely, such as analyzing data, writing research papers, developing grant proposals, and training your [graduate students](#) and postdocs to do so as well. Research group meetings should continue remotely.

Funding and institutional support for staff, students, and postdocs should continue in accordance with the [FAQ for Grants and Contracts Impacted by COVID-19](#). Additional guidance will be posted to the [OSVPR page](#) as it becomes available.

Our [research administration offices](#) are prepared for remote support. We have been working with research sponsors as part of our business continuity activities to ensure that we continue to operate in a compliant and appropriate manner.

Further information is updated frequently regarding the ongoing performance of [animal subjects research](#), clinical and [human subjects research](#), and research at [Penn State Health and the College of Medicine](#).

Take Immediate Action if Feeling Ill:

If you are ill with symptoms concerning for COVID-19, please contact your physician for advice. If anyone who is carrying out essential research activities displays minor symptoms of illness, including but not limited to cough or fever, that person must stay home, and they should notify their research supervisor as soon as possible so that plans for alternative coverage of those critical activities can be determined. If someone has any doubt about whether they could be ill, they should NOT come to work.

Latest Penn State COVID-19 Updates

The latest guidance and information for the Penn State research community related to COVID-19 will continue to be posted at <https://www.research.psu.edu/covid>. For University-wide news and updates, visit <https://sites.psu.edu/virusinfo/>.

Thank you in advance for your efforts to keep our community safe.

Lora Weiss, Ph.D.
Senior Vice President for Research
Lora.Weiss@psu.edu

Leslie Parent, MD
Vice Dean for Research and Graduate Studies, College of Medicine
lparent@psu.edu

APPENDIX K: SUMMARY EXPLANATION OF RESEARCH

Penn State College of Medicine Penn State Health

Title of Project: Investigating the use of audio in an art exhibit.

Principal Investigator: Kerry Royer

Address: Department of Humanities, C1743, 500 University Drive, Hershey, PA, 17011

Telephone Numbers: Weekdays: 8:00 a.m. to 5:00 p.m. (717) 531-8778.

You are being invited to volunteer to participate in a research study. Research studies include only people who voluntarily choose to take part. This summary explains key information about this research. You are urged to ask questions about anything that is unclear to you.

- The hospital and college previously have not had any audio options on any of its art installations. This will be a new addition to the permanent collection and therefore will be new information to measure if the additional information is beneficial to visitors.
- You are being asked to view an art installation in the hospital twice. The first time will be visual and the second time will be both visual and audio. You will be asked to participate in an online survey after each visit
- You may choose how much time you spend at the art exhibit. The audio part lasts about 10 minutes. The online surveys will take less than 10 minutes each.
- There is a risk of loss of confidentiality if your information or your identity is obtained by someone other than the investigators, but precautions will be taken to prevent this from happening. The confidentiality of your electronic data created by you or by the researchers will be maintained to the degree permitted by the technology used. Absolute confidentiality cannot be guaranteed.
- Upon completion of the online survey, you will receive instructions for how to receive a \$5 gift card to Starbucks.
- The investigator has no conflicts of interest to report.

You have the right to ask any questions you may have about this research. If you have questions, complaints or concerns or believe you may have been harmed from participating in this research, you should contact Kerry Royer at (717) 531-8778. If you have questions regarding your rights as a research subject or concerns regarding your privacy, you may contact the research protection advocate in the HMC Human Subjects Protection Office at 717-531-5687. You may call this number to discuss any problems, concerns or questions; get information or offer input.

You do not have to participate in this research. Taking part in the research study is voluntary. Your decision to participate or to decline the research will not result in any penalty or loss of benefits to which you are entitled.

Your completion of the questionnaire implies your voluntary consent to participate in the research.

APPENDIX L: IRB APPROVAL



Institutional Review Board
Human Subjects Protection Office
Mail Code A115, Room 1140
90 Hope Drive
P.O. Box 855, Hershey PA 17033-0855

Tel: 717-531-5687
hspo@pennstatehealth.psu.edu

EXEMPTION DETERMINATION

Date: February 27, 2020

From: Beth Gern, IRB Analyst

To: Kerry Royer

| | |
|-------------------------|---|
| Type of Submission: | Initial Study |
| Title of Study: | Investigating the use of audio files in an art exhibit |
| Principal Investigator: | Kerry Royer |
| Study ID: | STUDY00014373 |
| Submission ID: | STUDY00014373 |
| Funding: | Not Applicable |
| Documents Approved: | <ul style="list-style-type: none"> • Royer Email Invitation (2.20), Category: Recruitment Materials • Royer HRP 585 (2.13), Category: Consent Form • Royer HRP 591 (2.20), Category: IRB Protocol • Royer HRP 598 (2.13), Category: IRB Protocol • Royer Script for Audio (2.13), Category: Other • Royer Survey Questions (1.23), Category: Data Collection Instrument |

The Human Subjects Protection Office determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are **not** required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Human Subjects Protection Office closer to the determination end date.



Institutional Review Board
Human Subjects Protection Office
Mail Code A115, Room 1140
90 Hope Drive
P.O. Box 855, Hershey PA 17033-0855

Tel: 717-531-5687
hspo@pennstatehealth.psu.edu

Changes to exempt research only need to be submitted to the Human Subjects Protection Office in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Human Subjects Protection Office.

Penn State researchers are required to follow the requirements listed in the Investigator Manual ([HRP-103](#)), which can be found by navigating to the IRB Library within CATS IRB (<http://irb.psu.edu>).

This correspondence should be maintained with your records.