



**Art Speaks: “Long” Looking and
Enhanced Clinical Assessment and
Communication**

Kansas Respiratory Care Society

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Art Museum Education

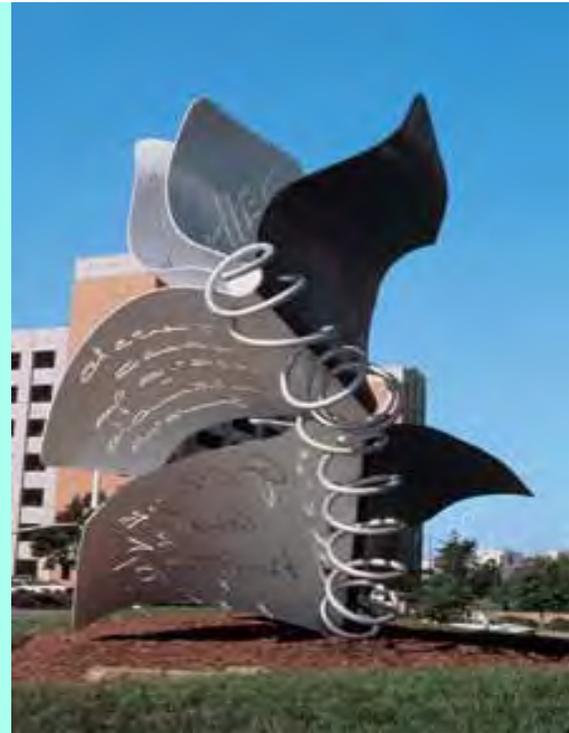
Helping others make meaningful connections with works of art through engaging discussion and interactive interpretation through hands-on art-making, interdisciplinary, and personal connections.



Claes Oldenburg and Coosje van Bruggen, *Shuttlecocks*, 1994, Nelson-Atkins Museum of Art



In 1994, *The Kansas City Star* editorial page damned them as “kitsch” and called them “obtuse.” A *Star* columnist wrote . . . “so offensively silly looking that they simply have to be included in any article about Kansas Citians being played as saps.”



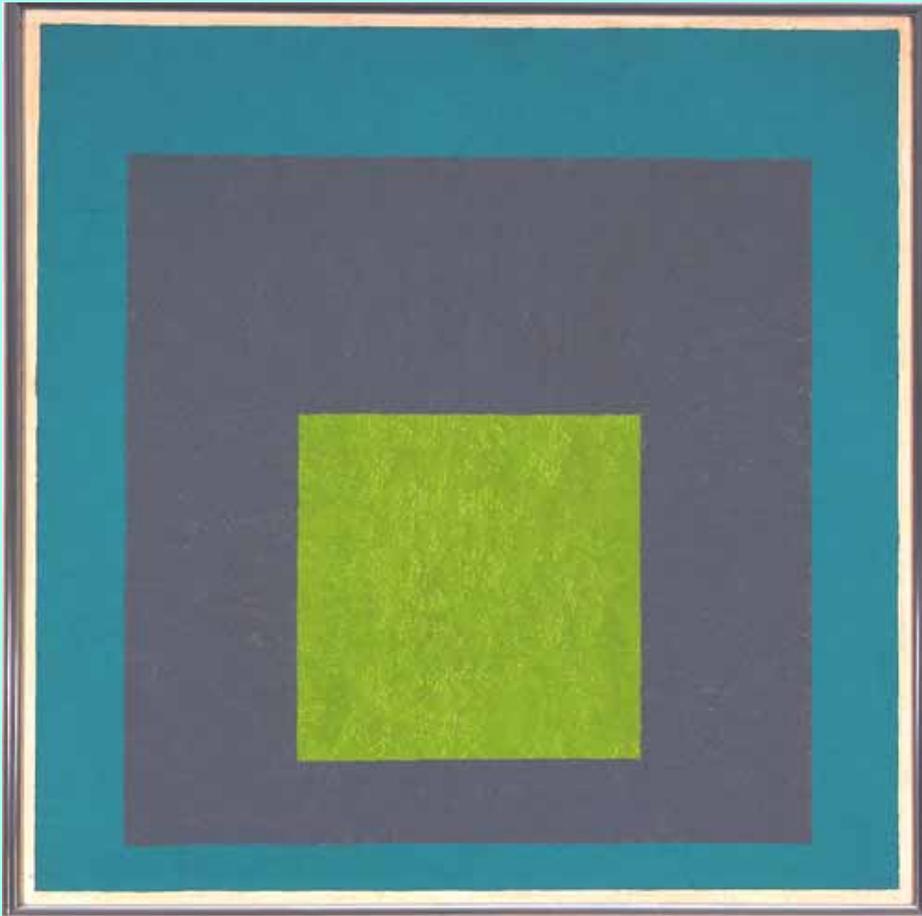
My work with medical education . . .



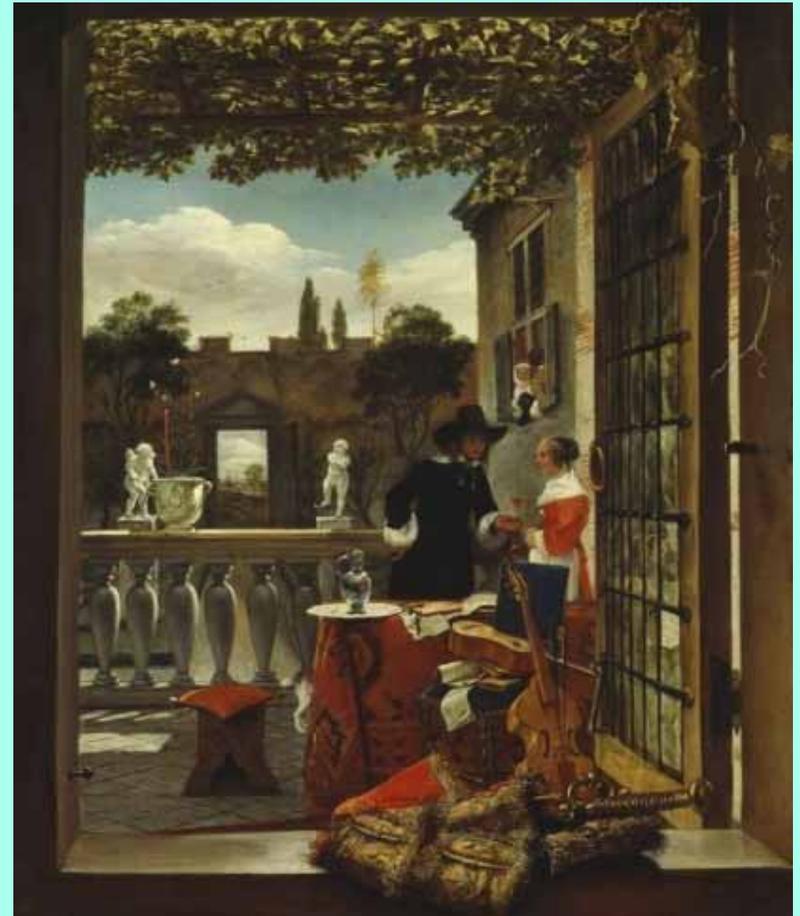
Visual Art and Medicine, Pritzker School of Medicine, University of Chicago
Humanities in Medicine Course, Rush Medical College, Chicago

Empathy, observation, and interpretation of visual art parallels observation and engagement in patient care through comparison and contrast (visual analysis), and written and verbal description.

What we did in the museum galleries . . . and how it worked . . .



OBJECT A



OBJECT B

We noticed unseen qualities of works on view and described and discussed a range of objects from various eras in art history, representative of varied styles, subject, and media. We shared our interpretations and made analogies between this process and assessing patients. Gallery sessions were three hours typically over a four week period of time.

Some things Rush Medical College student course participants shared through evaluations . . .

“I thought our sessions at the Art Institute of Chicago were very inspiring and thought-provoking. Beyond developing our ability of critical observation, these sessions really challenged us to examine our own opinions and biases when we view something (a painting or sculpture) that we don’t necessarily understand or agree with.”

“I think more about context, back story, and visual cues.”

“I learned a lot about how to verbalize my observations and become more attentive to details.”

Some things Pritzker School of Medicine student course participants shared through evaluations . . .

“My favorite part of the class was observing different works of art in the museum and discussing the feelings/emotions/reactions they evoked.”

“I think this class enhanced my understanding of medical practice and/or being a physician by improving my observations skills and from discussion of empathy and perception.”



**These kinds of collaborations are not new .
. .medical schools and art museums have
been collaborating to assist medical
professionals since 2001 to help in:**

- Building empathy
- Noticing greater detail
- Thinking objectively—not jumping to conclusions
- Discovering multiple solutions to a “problem”
- Enhancing diagnostic looking skills
- Considering and respecting varied opinions
- Enhancing verbal communication and descriptive language skills

Examples of known collaborations . . .

- Department of Family Medicine at University of Cincinnati and the Cincinnati Art Museum, elective course “Art of Observation,” second year medical students
- Harvard Medical School and the Boston Museum of Fine Arts, elective course “Training the Eye: Improving the Art of Physical Diagnosis, ” first and second year medical students
- Yale School of Medicine, Use of fine art to enhance visual diagnostic skills
- Weill Medical College of Cornell University and The Frick Collection in New York, Learning to Look
- Columbia University, Program in Narrative Medicine at MOMA, the Frick, and The Metropolitan Museum of Art
- University of Chicago Medical Center Nurses and the Art Institute of Chicago, “The Discerning Eye Program” and with the Smart Museum
- University of Chicago Pritzker School of Medicine and the Smart Museum of Art
- Rush University Medical College and the Smart Museum of Art, and Art Institute of Chicago
- John Hopkins University and the Baltimore Museum of Art
- Yale University Medical Students and the Center for British Art
- Rochester University and Memorial Art Gallery, “elective course, “Art and Observation,” medical humanities seminar for first year medical students

NUMEROUS MEDICAL SCHOOLS WHO SEE THE VALUE IN THE HUMANITIES IN MEDICINE

Published Literature

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[http://www.ncbi.nlm.nih.gov/pubmed/?term=Journal+of+Graduate+Medical+Education%3A+Dec+2011%3B+3\(4\)%3A+546-549](http://www.ncbi.nlm.nih.gov/pubmed/?term=Journal+of+Graduate+Medical+Education%3A+Dec+2011%3B+3(4)%3A+546-549)

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http://journals.lww.com/amjmedsci/Abstract/2000/05000/Seeing_Patients_and_Life_Contexts_The_Visual_Arts.5.aspx

What are the benefits/findings?

A Harvard study followed “Training the Eye” participants in 2008 and found observations from participants in the course increased 38%.

The University of Cincinnati Medical School and the Cincinnati Art Museum course evaluation gathered qualitative data from 17 of their 19 participants one year after completion of the course—they stated that the “Art of Observation” positively influenced their clinical skills and led to a sense of personal development as a physician.

“I also look at the patient as much more than just a collection of symptoms.”—Greg Dvorak, RN, University of Chicago

Student participants as a whole significantly increase the amount of time they spend looking at images, the number of words they use to describe what they see, and increase their tolerance for works they initially found challenging.

Combining these teaching methods and making analogies between assessing artwork and patients in the art museum and in the clinic can improve diagnostic looking skills .

Let's think a minute about how we "look" in the art museum . . .



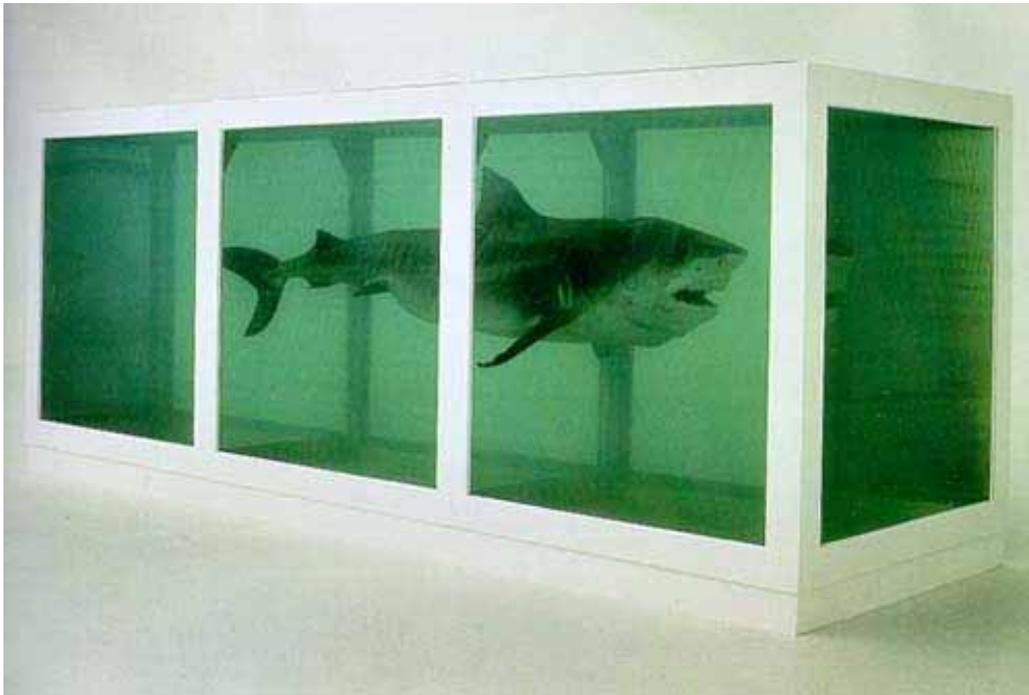


How do we typically “look?”

- The Louvre found that people looked at the Mona Lisa an average of 15 seconds.
- Most art museum goers spend approximately two seconds glancing at works of art then immediately look at the label.
- How is this similar or different from viewing a patient and/or looking at a chart?

A challenge for us in the art museum is to study, absorb, and interpret what we see BEFORE making instantaneous judgments or relying on didactic context.

This is too often what happens when we look at works of art





100 radiologists who looked at one film disagreed about 20% of the time . . . In the art museum multiple viewpoints are helpful and key to interpretation.



In Advance of the Broken Arm
Marcel Duchamp (American, born France. 1887-1968)
August 1964 (fourth version, after lost original of November 1915). Wood and galvanized-iron snow shovel, 52" (132 cm) high. Gift of The Jerry and Emily Spiegel Family Foundation. © 2010 Artists Rights Society (ARS), New York / ADAGP, Paris / Estate of Marcel Duchamp 690.2006

“Is this art? . . .”

Pilot Program

Art Speaks: Visual Assessment, Interpretation, and Enhanced Interprofessional Communication

April 14, 21, 28, 3:00-6:00 p.m. 2016

As part of Dr. Karen Schell's course, three three-hour art museum gallery sessions will take place using the Nelson-Atkins Museum of Art collection as a springboard for discussion with six junior Respiratory Care students.



Pilot Program

Art Speaks: Visual Assessment, Interpretation, and Enhanced Interprofessional Communication

We will . . .

- Examine visual perception and memory
- Discuss perspective, context, and interpretation of what we see and know (or think we know based on our vision)
- Examine emotion and empathy using works of art
- Practice our verbal and written communication skills
- Examine personal biases
- Expand our objectivity
- Listen to multiple points of view/interpretations
- Make clinical connections to concepts discussed using case studies



Our Aims and Hypotheses

The goal is to develop a novel approach to teaching respiratory students the skills necessary to assess “whole patient” care and to connect with other professions through better communication by using visual analysis (deep looking), observation, and discussion of art for the purpose of practicing and understanding skills necessary to perform patient assessment.

1. We plan to assess the feasibility and effectiveness of Art Speaks for improving patient assessment skills. *We hypothesize that Art Speaks will have a positive impact on students' assessment skills, measured by core characteristics of mindfulness.*
1. We plan to determine the improvement of the student's ability to communicate patient assessment after participating in the Art Speaks program. *We hypothesize that students will be able to improve their ability to communicate their patient assessment through use of the SBAR tool narrative during real-life clinical care after participating in the Art Speaks program.*

Measurable Outcomes

- We will enhance verbal communication skills using descriptive language.
- We will enhance visual analysis through noticing crucial details to better interpret situations/conditions.
- We will expand objectivity by increasing awareness of varied points of view which promotes and enhances empathy.

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V.C.



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Kristy Peterson has worked with the University of Chicago Pritzker School of Medicine and Rush University Medical College in various capacities from 2008–2012 teaching in both the Smart Museum of Art, University of Chicago and the Art Institute of Chicago galleries.

Kristy Peterson is the former Curator of Education, Kemper Museum of Contemporary Art (2000–2006); Director of Education, Smart Museum of Art, University of Chicago (2006–2011); and Manager of Public Programs, Chicago Architecture Foundation (2011–2013). Since 2013, she has served as education curator for Mid-America Arts Alliance in Kansas City, Missouri, where she works today.