Chapter 7
White Coat Warm heART

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EXECUTIVE SUMMARY

In this chapter, the authors explore the concept of excellence in teaching by considering both what has been published in the literature as well as case examples of learner-centered, art-based approaches to medical education. Five issues that relate to using art in medical education discussed include: (1) Learning to Look: visual literacy and its role in developing diagnostic abilities; (2) Building Bridges: the role of art in encouraging inter-disciplinarity; (3) To Cope or Not to Cope: the role of art as a stress-reduction strategy;(4) Death by PowerPoint: transmediation for learning the science of medicine; and (5) Doctor as Artist: the role of art and art-making during professional (medical) identity formation. The authors utilize three case studies to demonstrate 2, 4, and 5.

"LEARNING TO LOOK" CLINICALLY

Background

This is not meant to be a comprehensive review of the literature; rather, I highlight four studies illustrating the potential benefits (observational skills and empathy) of exposing medical trainees to art-based experiences. In the first study, Bardes, Gillers, and Herman (2001) invited medical students to examine portraits painted by

major artists of the 16th to 19th centuries and had them precisely describe what they observed, a process first described by Joshua Taylor (1981) as "learning to look." Medical students then took their new skills and applied them to the examination of photographs of patients' faces. Medical faculty members were able to observe an improvement in the students' descriptive and interpretational skills as well as an enhanced awareness of emotion as seen in the faces of the patients. Building on this concept, Shapiro et al. (2006) explored the utility of combining clinically based teaching with arts-based teaching and found students who took part in the combined experience were able to "read gesture and expression, interpret context, determine symbolic and literal importance and to perceive emotional dimensions and narrative." Shapiro related their observations to the development of empathetic skills in the medical students: "Over half of the students specifically commented that the sessions increased empathy by helping them to reconnect with their own feelings, improving their ability to consider others' points of view, avoid preconceived notions, teaching them to go beyond first impressions and look deeper." Finally, students who engaged in arts based teaching learned to question assumptions and allow for multiple interpretations, a way of helping students to learn to deal with uncertainties when they come across a patient that does not fit any diagnostic criteria.

More recently, Naghshineh et al. (2008) described the exposure of medical students to an 8-week elective module called "Training the Eye: Improving the Art of Clinical Diagnosis". In this module students participated in observation exercises held in an art gallery, paired with didactic sessions that integrated physical diagnosis, art topics and life drawing. Finding meaning in imagery, termed "Visual Literacy" by Flood, Heath, and Lapp (1997) was found by Naghshineh to have increased the sophistication of the descriptions of artistic and clinical imagery; also, the medical students were able to make more accurate observations of physical findings when compared with their pre art class observations. The evidence therefore points to a role for arts-based courses as a way of improving observational and empathetic skills of medical trainees.

Despite this, the vast majority of arts-based programs in medical school or residency programs (when they exist at all) are elective and are often included at the end of the "structured" science-based and clinical programs. One program at the University of Bristol in the UK, stands out for its attempt to foster increased "emotional intelligence" (Goleman 1998) within its graduates as a compulsory part of the medical undergraduate program (Thompson, Lamont-Robinson, and Younie, 2010). The program at Bristol embeds three opportunities for the medical trainees to work creatively throughout their training. The experiences are a mixture of drama, free writing and submission of a creative work (any media). The authenticity of the work is assessed by faculty members, and written feedback is provided to the students. Faculty members measure the student's engagement with the project, their

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