MCS Selective
Art and Diagnostic Observation in Medicine

Following the lead of the Icahn School of Medicine’s course entitled The Pulse of Art, this selective “harnesses the power of significant works of art to increase the observation skills and empathic responses of medical students.” Courses on art, observation, diagnostic accuracy and empathic physician-patient communication are ongoing at many medical schools, including Yale, Harvard, Lerner/Cleveland Clinic, and Mt. Sinai. This selective draws on art-based principles of observation in order to enhance visual diagnostic skills in physicians and medical practitioners. We plan to bring in as speakers the two of the leading figures nationally in this field: Dr. Sal Mangione MD (Jefferson SOM), Bobbi Coller PhD (Icahn SOM) and/or Dr. Barry Coller MD (Physician-in-Chief of the Rockefeller University Hospital).

Instructors

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Syllabus

Detailed Description:
At first glance, there seems to be a chasm between the realms of art and medicine. The polarization of these crafts, though unique in their own right, have deprived physicians of tools that are critical to advancing patient care. However, this divisiveness has not always existed: the great masters of the Renaissance forged intimate relationships between art and science, and accurate depictions of physical space and human anatomy fostered significant breakthroughs in physics, anatomy, and mathematics.

Yet, as the field of medicine grows more streamlined, physicians are spending less time with their patients. Though efficiency in healthcare is paramount, without a corresponding diversification in physician training, patients are suffering harm caused by misdiagnosis. This epidemic is so prevalent in fact, that the World Health Organization (WHO) cites medical error and more specifically diagnostic error, as the #3 cause of death in the country second only to heart failure and cancer.

In order to adapt thoughtfully with the times, it is critical that physicians refine their skills in all areas of medical practice, such that accurate diagnostic proficiency is not inhibited by the mechanistic nature of modern medicine. One of the most useful tools in the diagnostic arsenal is the power of the gaze. The practice of art observation will help students sharpen their visual acuity as well as visual literacy; in short, we will seek to enhance students’ ability to perceive visual information accurately and to subsequently describe what they see.
These fundamental skills have been rather neglected thus far in the medical education system, save for a few pioneering institutions such as Yale, Brown, Harvard and Mt.Sinai. It is an unfortunately common practice that physicians unconsciously project what they believe the patient should look like in order to meet an anticipated diagnosis at the expense of observing what the patient before them actually looks like. This is also a common error of the novice artist, who does not carefully absorb the textures, colors, and shades before him.

Visual learning results from the integration of higher cognitive, perceptive and motor functions and this interdisciplinary course will seek to offer students an encounter with art fundamentals with the aim of training their gaze and enhancing their diagnostic proficiency as this level of observation practice translates to medicine.

### Educational Objectives

At the conclusion of this course you will have the ability to:

1. TBA

### Topics and Dates

**Reading Material**

Article Readings, TBD.

**Topics:**

**Week One:**

Guided Observation Practice and Teaching at Icahn and Yale

An Introduction to Art Observation Principles

*Guest: Bobbi Coller PhD/ Barry Coller MD*

**Week Two:**

Color Theory, Shade & Light

*Guest: Andrew Lenaghan (oil painter) and/or Janice L. Robertson (an art historian) (Pratt Institute).*

**Week Three**

The History of Art and Medical Practice

Sal Mangione MD

**Week Four**

Student Project Presentations (TBD)

### Evaluation

Attendance is required, and each student will make a case presentation of their experience(s) with hope in clinical encounters as a medical student, a patient, or as a friend to someone navigating illness.

### Number of Students

Minimum 6

Maximum 12