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Exploring art with foundation doctors: reflecting on clinical experience

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Background

The role of art in helping students and trainees to reflect on their learning is well-acknowledged in medical education literature,^[1-7] yet it is poorly understood in terms of the part it may play in supporting the development of clinical skills and professional identity in the longer term.^[8,9] The literature suggests that approaches to teaching that use art or that are grounded in the humanities more generally are commonly found at undergraduate level training rather than in postgraduate medical education,^[2,6,8] and that they are typically used to teach difficult, non-scientific or contentious subjects.^[8,9] The experiences of trainees participating in this session echoed this: they had completed modules which used art, novels and films as vehicles for learning during their undergraduate degrees, but not since. Further, due to an already over-crowded curriculum, postgraduate medical training may emphasise the purely clinical nature of learning, and the opportunity to reflect on experience through other means may be limited. With the shifting emphasis of learning towards well-defined, measurable learning outcomes centred on clinical practice, more abstract and individualised learning of this sort may sit uneasily alongside so-called 'Supervised learning events' (2012: 55).^[10]

This innovative teaching session aimed to encourage foundation year 2 trainees to step outside the consulting room whilst on attachment in general practice, and offered them the opportunity to reinterpret their clinical experiences through reflective writing, using a work of art as the stimulus.

What we did

A group of foundation trainees (n.5) undertaking a placement in general practice, their tutor (KT) and a researcher (SS) visited the Wellcome Gallery, London. An education session following the ideas outlined by Powley and Higson (2005)^[3] was planned during which trainees were encouraged to seek out exhibits which resonated with a clinical encounter or experience, to discuss what they saw during the visit and to write a reflective piece after the visit. At the time of visiting there were two major exhibition rooms open and containing exhibits which were representative of a range of art genres and interpretations. For the most part the group stayed in one of the rooms and on a couple of occasions spontaneously sat together to discuss and reflect upon some of the exhibits. In the week after the visit the trainees wrote their reflective pieces, and these were reviewed by KT and SS to look for common elements and the nature of the reflection prompted. The trainees wrote at some considerable length, with all covering 2 sides of A4 or more. Their writing was structured under the following headings:

- Give a description of the piece of art
- Why did you choose this piece? How does it make you feel?
- What was the clinical encounter?
- How has this piece affected your reflection?
- What did you learn and how might this change your clinical practice?
- Have you identified new learning needs? How will you address them?

The group met again for a follow-up focus group two weeks later, during which the impact of the session on the trainees and their writing was discussed. Data was collected in note form by SS during the visit and the focus group discussion. The annotated sheets were copied and shared with all members of the group immediately after the focus group to enable them to add to /amend the data prior to analysis, and thereby make the data collection a shared undertaking.

Our learning from the visit

Reflections on art

The trainees chose exhibits from the “*Medicine Now*” exhibition [see overview in box 1]. All linked their choice to a recent clinical encounter and wrote about the memories recalled and the impact it had had upon them. The broad themes underlying their writing concerned attitudes and assumptions about disease, understanding how their views and beliefs as doctors may be shaped by their world-view and appreciation of the nature of evidence-based practice. Below we set out an overview of the writing.

[Insert image 1]

Two trainees chose a sculpture entitled “*I can not help the way I feel*” (see image 1). The sculpture prompted reflection on clinical cases linked to obesity. For one it brought to mind social perceptions of obesity and her own assumptions about obese patients. This led her to reflect upon how her clinical judgement may be shaped from within.

“I found the piece stimulated me to think about obese patients in a different way. Although obesity is the root cause of many health problems I realised I was just seeing an overweight patient and not the patient as a person. The piece helped me to reflect on this as the sculpture depicts an obese person without a head/face.”

For the second trainee it brought to mind a difficult consultation with an obese patient. In the course of the consultation the interpersonal dynamic between the patient and doctor noticeably changed, and was interpreted to indicate that the patient had become offended by her approach to advising him on weight loss. For this trainee, her emotional reaction to the sculpture prompted her to reflect on her attitude towards the patient and whether her body language in particular had unintentionally conveyed her inner feelings during the consultation.

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"I did not take probably enough chance to explore his expectations and struggles regarding his weight before I jumped in with my opinions."

An exhibit which concerned a photographic diary of the food eaten by the artist over a year provided the stimulus for another trainee. For this trainee the work underlined how the relationship with food links to health and well-being, and its role in patients' lives. This was brought about by the visual juxtaposition of picture and meal details, set in the context of the artist's life. The clinical encounter identified by this trainee concerned a consultation when the patient and doctor had different expectations about the scale of weight loss to be expected in the course of dieting.

"I think the artwork has highlighted to me how complex and subtle the psychosocial factors around an individual's eating habits are and how these must be considered when discussing weight-related health issues."

The fourth reflective piece concerned an audio clip of a well-known comedian who has MS: "*My MS and me*." For the trainee it brought to mind a recent telephone consultation with a patient with MS. Reflecting on this, the trainee wrote that it helped to better understand the impact of the condition on the patient's life and broadened awareness about the natural progression of the disease.

"It gave me insight into a chronic condition through the eyes of the patient."

[Insert image 2]

The final chosen piece was a transparent hand-blown glass depiction of a virus (see image 2). For the trainee, the depiction was felt to take away the emotion that is often associated with the reporting of illness linked to viruses and the way in which some patients may understand viral illness. The piece was felt to illustrate well the

contrast between a scientific and emotional response, and ultimately how these may impact on clinical judgement and decision-making. The clinical encounter recalled concerned an occasion when the trainee's clinical decision-making was challenged by the patient's expectations and he was required to use, what was at the time, an unfamiliar approach to managing the case.

"Although the piece I saw reinforced my desire to deliver the best clinical care to my patients using best available clinical evidence, on reflection that is not realistic. There are other options, such as delayed prescriptions"

In the course of writing about the chosen exhibits, the trainees were encouraged to identify further learning needs for themselves and how they might address them.

Reflections on the process

At the follow-up focus group the trainees reported that they did not have clear expectations of the day and found it a very different learning experience to their usual educational sessions. They liked having the freedom to look at and consider the exhibits, and what they saw was felt to be relevant to them as doctors, but not to be overly 'medical.' It was generally felt that there was too much choice, which made picking one item quite difficult. For the trainees, knowing they had to pick something to write about shaped the way they looked at the exhibits and meant that they viewed pieces whilst also recalling clinical encounters. This was thought to help contextualise reflection and reactions by prompting new connections, by being 'surprised' by exhibits and by seeing the familiar in unfamiliar ways. The trainees valued having the time to undertake the visit, and although not a 'traditional' educational session, its relevance was apparent.

Conclusions

The challenge for educators remains: how can we enable trainees to develop and demonstrate depth to their learning when it is presented to them in terms of

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standards and outcomes?^[10] How can space be provided for trainees to develop and express their attitudes towards their role and clinical practice? The reflective writing of our group collectively demonstrated engagement with themes commensurate with deeper levels of learning: the feelings, assumptions, beliefs and values of practice, argued for by Fish and Coles (2005: page)^[11] and required by the Foundation Curriculum (2012).^[10]

The strength of this session was that it was not a specific and focused supervised learning event. Rather it offered the freedom for participants to link and construct their reflections to clinical practice as suited them at the time and the responsibility for learning was shared amongst all participants. The success of the session has seen it become a regular part of the educational curriculum for foundation trainees whilst in general practice in Southampton, and we are now looking to further develop the role of art in facilitating learning in the future.

References

1. Chand S (2011) "Student perceptions of the clinical relevance of the medical humanities SSC." Poster at AMEE Conference 2011.
<http://www.amee.org/documents/AMEE%202011%20Abstract%20Book.pdf>
Accessed 03.06.2012
2. Ousager J, Johannessen H (2010) "Humanities in undergraduate medical education: a literature review." *Academic Medicine* **85**: 988-998
3. Powley E, Higson R (2005) *The Arts in Medical Education*. Abingdon: Radcliffe Publishing Ltd
4. Lloyd J (2002) "Education, Caravaggio and I." *Education for Primary Care* **13**: 75-80
5. Younie L (2011) "Arts-based inquiry, making space for patient and student voice." Poster at AMEE Conference 2011.
<http://www.amee.org/documents/AMEE%202011%20Abstract%20Book.pdf>
Accessed 03.06.2012

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6. De la Croix A, Rose C, Wildig E, Willson S (2011) "Arts-based learning in medical education: the student' perspective." *Medical Education* **45**: 1090-1100
7. Willson S (2006) "Essay: What can the arts bring to medical training?" *Lancet* **368**: s15-s16
8. Perry M, Maffulli N, Willson S, Morrissey D (2011) "The effectiveness of arts-based interventions in medical education: a literature review." *Medical Education* **45**:141-8
9. Gordon JJ, Evans HM (2010) "Learning in medicine from the humanities" in Swanwick T (ed) (2010) *Medical Education: Evidence, Theory and Practice*. Chichester: Wiley-Blackwell /ASME
10. AMROC /DoH /NHS Scotland /DHSSPS /NHS Wales (2012) *The Foundation Curriculum*. London: DoH
<http://www.foundationprogramme.nhs.uk/pages/home/curriculum-and-assessment/curriculum2012>. Accessed 03.06.2012
11. Fish D, Coles C (2005) *Medical Education: Developing a Curriculum for Practice*. Berkshire: Open University Press

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Inserts



Image 1: 'I Can Not Help the Way I Feel' by John Isaacs, 2003

(Photo by trainee)

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(Photo from Wellcome Collection)

<http://www.wellcomecollection.org/whats-on/exhibitions/medicine-now/image-galleries/obesity.aspx>

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Image 2: "Swine Flu" by Luke Jerram, 2009

(Photo by trainee)

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<http://www.wellcomecollection.org/whats-on/exhibitions/medicine-now/image-galleries/living-with-medical-science.aspx?view=swine-flu>

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Box

Box 1: description of the exhibition from the Wellcome Trust Website

This exhibition presents a range of ideas about science and medicine since Henry Wellcome's death in 1936. It reflects the experiences and interests of scientists, doctors and patients.

Within the huge field of medicine this exhibition attempts to focus on only a few topics: the body, genomes, malaria, obesity and living with medical science. Each is explored through a range of exhibits from science and everyday life, as well as artistic responses to the issues presented in red 'art cubes'.

<http://www.wellcomecollection.org/whats-on/exhibitions/medicine-now.aspx>