IT STARTED WITH AN EMAIL
THE GOOD NEWS BAD NEWS

• TIME

• TECHNOLOGY
STUDY ON VALUE OF EXPERIENCE


• Formal art observation training improves medical students' visual diagnostic skills.

• Harvard Medical School, Medicine Education Office, Brigham and Women's Hospital, Boston, MA, USA.

• RESULTS: Intervention students had a 38% increase in observations over the control students.

• CONCLUSIONS: This interdisciplinary course improved participants' capacity to make accurate observations of art and physical findings.
SEEING VS. LOOKING

• THE GLARING CONTRAST BETWEEN SEEING AND LOOKING AT THE WORLD AROUND US IS IMMENSE; IT IS FATEFUL. EVERYTHING IN OUR SOCIETY SEEMS TO CONSPIRE AGAINST OUR INBORN HUMAN GIFT OF SEEING.

• ARTIST FREDERICK FRANCK
HOW TO START

• Committee composed of Deans and Museum of Art (MOA) Director
• Working committee composed of faculty from COM and other health care related areas, MOA representative and board member, various university faculty including psychology, Life Long Learning Institute
• Pilot program for 2 years
• Develop curriculum format and content
• Submit to curriculum committee
ONSITE COURSES

• Interprofessional course at Museum of Art
• M1 Students
  – Faculty are introduced prior to students taking the course
  – Museum of Art Fort Lauderdale docents discuss art and art principles
  – Clinical Faculty facilitate clinical application discussion
  – Interprofessional
  – M2, M3
• Smart Salon
  – From the French gathering of intellectuals in the late 1800s
  – Interprofessional
  – Faculty and students
WHAT ABOUT REMOTE LOCATIONS

1. Online course for M 4

2. CHALLENGES
   a. Someone to develop technology
   b. Prior knowledge of art
   c. Acceptance
   d. Discussion
   e. Effectiveness
   f. Research
The Cost of Technology

No one was more surprised than the physician himself. The drawing was unmistakable. It showed the worst—a 7-year-old girl—on the examining table. Her older sister was seated nearby in a chair, as was her mother, cradling her baby sister. The doctor sat staring at the computer, his back to the patient—and everyone else—while the physician wrote a caption for it: “The economic stimulus bill has directed $20 billion to health care information technology, largely funding electronic medical record inoculations. I wonder how much this technology will really cost.”

Why was the physician so surprised? Let me tell you about his guy. He joined our pediatric residency with the rest of the new interns after a two-year stint as the medical officer aboard an aircraft carrier in the Persian Gulf, a position he had assumed after a single year of general internship in the navy. During the assignment, he had seen this fighting city of more than 250,000 through every conceivable medical problem from homelessness to gonorrhea, traumatic amputation, and myocardial infarction. He learned to make decisions as significant as dumping an entire aircraft carrier in order to get a patient to a tertiary-care hospital in Bahrain. When you spend a moment with this young physician, you sense innate kindness, humility, and connection to a larger purpose, be this family, country, patients, or hospital. He also has charters. Students, colleagues, faculty, parents, and kids of every age connect with him. The environment seems natural. You find him unshaking down to meet his young patients at eye level. Evidence of
THE PORT TOWN

SECOND HAND STORE

CAPTAIN HOOK COULDN'T BELIEVE HIS GOOD FORTUNE.