FORM B

Reviewer Evaluation

FAMILY MEDICINE Manuscript Number: 05-3119

General and Specific Comments of Reviewers to Author(s)

TITLE The art of..

FOR COMMENTS TO BE SENT TO AUTHOR(S)

General Comments:

This was an interesting and well-written article reporting on an innovative integrated curriculum of arts- and clinic-based teaching. The response rate is excellent, and the data analysis appears thorough. The effects reported on students' observational skills, awareness of the doctor-patient relationship, and capacity for self-reflection address critical aspects of medical education. There are a number of design limitations in the article, such as the self-selected nature of the sample and related social desirability influence on responses, the possible gender bias toward females, and the length of time transpired between intervention and evaluation . However, I believe these to be significantly outweighed by the original and creative nature of this work.

Specific Comments:
Page/Paragraph

Osler quote should include a (sic) after "men," to note sexist language.

In reporting the findings, do not describe them as "improved," "better," "enhanced," etc. This was not a comparative study, neither examining one intervention in relation to another, nor one time period in relation to another. If you must use this language because this is how the students described the effects of the class, try to identify in what sense they perceived improvement: in comparison to their own preclinical skills? In comparison to students who did not participate in the elective?

The efforts made to integrate and construct parallels between the arts experience and the clinic experience were impressive. Yet there is very little mention in the discussion of how these two simultaneous trainings worked synergistically to complement and enhance each other? Please provide more information on this score both in the methods section and in the discussion itself. Regarding methodology, did the physicians ever attend the museum sessions? Did the docent spend an afternoon in the clinic? Did the instructors from each area ever communicate about teaching strategies? How were the self-reflection exercises guided by faculty? In the discussion, speculate about why this simultaneous exposure might have worked better than art alone or clinic alone.

In a related vein, it would be helpful to highlight what you believe was the unique contributions to the process of student education. Although personally I believe there was a bi-directional influence, what will be most interesting to physicians and medical educators is how arts exposure provided added value to the standard clinical training. This is different, by the way, from noting the unique qualities of the course. However, in that regard, it would be helpful to provide more detailed information about what specifically was improved in terms of observation, description, and the doctor-patient relationship. In other words, what did they learn in these areas that they didn't learn elsewhere during their 3rd and 4th years? (For example, to pay attention to the discrepancy between what the patient is saying and how the patient looks; or to realize that the doctor-patient relationship contains elements of power and control). The narrative is too general on this point, and the quotes in table 2 don't provide sufficient breadth of examples.

Table 1 presents an excellent summary of the parallel evolution between art and clinic training. I notice that you use the video Wit to conclude the elective. I suggest mentioning that in the methods and providing a rationale for why you chose a movie. If students mentioned the movie in particular as having an effect, note that in the findings; or if not, note that it did not appear to have a strong carry-over effect.

In Figure 1, there is a typo on the word "portraiture".

Addressing these issues will improve the quality and clarity of an already intriguing and thought-provoking paper.

COMMENTS FOR THE AUTHOR – Family Medicine 05-3119

SUMMARY COMMENTS: The article reports on the evaluation of a family medicine/art museum collaborative elective taken by second year medical students. I agree with the authors that students are not given much training in observation during medical school in spite of the fact that it plays an important role in interpersonal communication. I found the article to be clearly written. My biggest concern is that only 19 students completed the elective and only 17 students participated in the evaluation. Additionally, these students are highly self-selected to benefit from this typeof arts/clinical exposure. It is not clear that this type of program would be receptive to or even cost/resource effective for the larger class. Nonetheless, I found the article interesting, and it provides new information on efforts to improve observational skills in medical training.

DETAILED COMMENTS:
This is a well-written qualitative report which presents an interesting collaboration between a family medicine department and an arts museum to assess the effects of exposure to an integrated curriculum of clinical and arts exposure on students' observational skills, insights into the doctor-patient relationship, and overall reflective capacity. Students participated in this elective experience in their second year, and then reported on its impact during their clinical years. Findings included positive effects on observational skills, ability to see patient as a whole person, and personal development.

The study is well-situated in the small existing body of knowledge previously reported regarding the arts and medical education. The design of the intervention was particularly impressive. As the authors rightly note, it is probably the first attempt at actually integrating clinical and arts-based teaching (as opposed to unilateral arts exposure) to be reported in the literature. The parallel structure of the arts-exposure and the clinical contacts (evolving from observation to interpretation to reflection) was quite exemplary, and clearly delineated in Table 1. The qualitative methodology selected is appropriate to assess a preliminary investigation of a novel curricular modality such as this one, and the data analysis appeared to be thorough and complete. The sample was well-balanced between 3rd and 4th year students, and the response rate was excellent. The study received appropriate institutional board review and approval and took steps to insure student confidentiality.

There are, however, several design limitations, some acknowledged by the authors and some not. 1) There is the obvious problem of a self-selected sample, although the authors do a good job of trying to limit the bias introduced in this way by requiring very specific feedback with examples to substantiate participants' claims of positive effects. 2) A related problem is that of possible gender bias, since 11 of the 17 respondents were female. 3) The retrospective nature of the reporting is significant - 1-2 years post-intervention, which may have influenced the quality and precision of participants' recall. 4) There may be a certain social desirability effect, in that students selecting this elective may want to believe that its content was valuable, and therefore attribute to this experience skills that may in fact have developed from other experiences.

In terms of data interpretation, the main problem I had was with the reporting of findings in a comparative way: i.e., "Students gained 'improved' understanding...also understood the doctor-patient relationship 'better.'... These skills included 'improved' observation... as well as an 'enhanced' ability (p. 5-6, quotations added). It is unclear whether the students themselves used this language, or whether it was added by the researchers. No matter how it entered into the paper, it begs the question, "Better in relation to what?" To other students who did not take the arts elective? To participating students' own preclinical skills? This is an important point, I believe, because the design of the study is not comparative, therefore it is overreaching to imply that the intervention "improved" anything. As noted above, even if students attribute "improvement" to the intervention, it is possible that other factors produced these results.

Because the intervention itself was so innovative, it was disappointing that there was almost no

discussion speculating about the manner in which the synergy between the arts-based sessions and clinical sessions acted to produce the positive outcomes reported by the students.

Since it is well-established that learning does occur during clinical preceptorships, what is most interesting to the reader is what is the added value of the arts component. In my opinion, the authors do not make sufficiently clear what they believe to have been the unique contribution of the arts. For example, how specifically did looking at paintings help these students understand the doctor-patient relationship?

Overall, despite the above limitations and concerns, I found this to be an intriguing and thought-provoking article describing an original, creative educational approach with outcomes of great relevance to clinicians.

Families, Systems, Health

Reviewer: (C)

Re: MS # 02.32 – Ways of Knowing in Medicine: Seeing and Beyond

Comments to theAuthor: (please type).

I cannot pretend to objectivity in this review, so transparency is probably the better course. As it is always a delight to an author when he ideas are judged to merit continued dialogue, it is unavoidable for me to advocate for the value of a follow-up paper on the topic of the clinical gaze. Further, the unique style of the article makes it possible for me almost certainly to recognize the author to be a scholar I respect deeply and consider a mentor. These points having been made, I have tried to put egotism and loyalty aside, and to assess this paper to the best of my ability.

The main premise of the article is that clinical knowledge should be accessible from many perspectives and along many dimensions, which are here concretized sensorially. The author makes the point that post-Flexnerian medicine has increasingly limited its ways of knowing to a certain kind of bioscientific seeing, to the great detriment of true clinical perception. He considers the argument that we have enthroned a certain "idolatry of seeing" in medical practice which has separated us, perhaps irrevocably, from true understanding of illness and suffering, but (in my mind at least) correctly perceives this as linguistic splitting and epistemological error. The real issue, the author contends, is not *which* sensory modality we employ to apprehend our patients, but *how* we us all the senses at our disposal.

The author then goes on to provide clinical "evidence" from the humanities and arts to support this point, in so doing reinforcing a subsidiary claim that "subjectivity" is also measurable, albeit by different parameters. His first example is a poem referencing Millet's classic painting, "The Gleaners." The author describes and simultaneously creates in the reader a "melting" of the heart toward a class of patients we often secretly despise and resent. The example engages multiple senses simultaneously in a humanizing enterprise, in the process demonstrating not only the interconnectedness not only of the senses but also of whole intellectual, artistic, spiritual, and medical worlds.

The next example compels us to experience the limits of diagnostic labeling, often treated as the critical endpoint of the medical project, not through didactic diatribe, but by a verbal sleight of hand which causes the patient literally to vanish. This striking image reminds us of the power of language to erase the very people we claim to care for. The third example again makes us see, hear, and feel language, this time through the potent technique of verbatim quotation crafted into poetic form. This radical recontexting helps us become aware of the trite phrases we use to rationalize and avoid our grief. The poem makes us wonder why we do not use M&Ms as opportunities for mourning, compassion, and forgiveness, as the author suggests. The final poem takes the risk of examining personal material (an x-ray of the author's aging father) to explore different ways of "seeing" a patient. Rather than constructing false, humanistic vs. scientific dichotomies of seeing, it embraces both.

Finally, I would like to add a word about the unusual "style" of combining prose and poetry in an article composed for an academic journal. Some may find it objectionable, even unprofessional. I do not. Indeed, to my way of thinking, it is a perfect embodiment of Marshall McLuhan's familiar saw, the medium is the message. The author challenges us to enlarge our own ways of knowing in the very process of reading the article, by moving seamlessly back and forth between nuanced philosophical discourse and emotionally engaging poetry. A similar style was employed to great effect in the book *Prairie Voices*. The effect is to convince us, viscerally as well as intellectually, of the depth and richness that result when we open ourselves to simultaneously held ways of knowing.

Reviewer Recommendation and Comments for Manuscript Number PEC-06-1057 "Day Dreams"

Original Submission
Johanna Shapiro, Ph.D. (Reviewer 1)

Back | Edit Review | Print | Submit Review To Journal Office

Recommendation: Minor Revision **Overall Manuscript Rating (1-100):** 75

Reviewer Blind Comments to Author:

You have written a touching story that captures the pain of loss, the helplessness of the physician, and the importance of presence. You did an excellent job overall of showing, not telling, and keeping the story focused and clear. The writing is generally strong, but occasionally slips into cliche and saccharine phrasing. Specifically, I would consider an alternative description for p.1 "liquid brown eyes." P.2, end of first paragraph, the phrase "smiling over at Russ" struck me as a little corny. Although the patient may be happy at the memory of learning she was pregnant, inevitably in the present telling it is tinged with sadness, so this line needs reworking. I also think showing more of the patient's emotional complexity will help you with the now awkward transition from "smiling over at Russ" to "Margherita blinked back tears." Right now this doesn't really make sense, but if you help the reader see that her "smile" at Russ has pain in it, then the tears will be believable.

I had some problem with referring to the narrator's desire to "fix" this tragedy as a "spell." (para 3, p.2) It does not seem accurate to refer to the narrator's feeling as a "spell." What about saying something like "just as quickly the urge passed"?

P. 3 "smiled bravely up at her husband" - again too gooey, too cliched. As above, I suspect the patient's emotional reaction is more complex than simple bravery. Show us a little more of her struggle: "I could hear the interweaving of sorrow and determination in her voice."

In the final paragraph, I don't think you can say "They flew on, etc." You are not an omniscient narrator, but have a 1st person perspective. You could say "I imagined them flying on..." Finally, the last sentence I don't think is powerful enough, although your idea (the image of her starting to knit once again) is terrific. Maybe elaborate a little more: "I imagined them flying on, the small unfinished sweater... I imagined the family reunion, now filled with as many tears as well as joy. If I tried hard, I could even imagine that one day, Margherita might take up her knitting again." These examples may not improve much on your original, but think about the absolute best way of showing us that sad but determined woman picking up her knitting needles again. Then write that.

Overall, the story is cohesive, poignant, and quite moving. Thank you for this recounting.

Reviewer Confidential Comments to Editor:

Review Form - Reflective Practice (Narratives):

1. Please rate the manuscript on the following criteria, using:

   4 = excellent, 3 = good, 2 = fair, 1 = poor, NA = not applicable:

__3__ the narrative provides a lesson applicable to caring, humanism, and relationship

in health care

__4__ the narrative demonstrates reflection on practice, relationships, experience, and/or learning

__4__ clarity of focus / message / theme of the narrative

__3__ clarity of writing / writing style

__4__ extent to which the story is compelling, evocative, arouses strong interest and attention in the reader

2.Please check/ tick off which confidentiality statement(s) the author has added at the end of their manuscript:

_____ "I confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story."

_____ "I confirm that the patient/person(s) have read this manuscript and given their permission for it to be published in PEC."

___X__ None

3. Recommendation:

____ Accept

__X_ Accept with revision

___ Reject / resubmit

___ Reject

4. Confidential comments to the Editor
(Your comments here will not be shared with the author): "Day Dreams" is a sweet, moving story that overall is conceptualized and executed well. It is more show than tell, and escapes any sort of didactic "lesson" (which is all to the good). I felt that on occasion the writing style detracted from the inherent power of the story. The author sometimes falls into language that is cliched and sappy. Also, the final image upon which so much of the effect of the story rides, is not brought home well. But these are all easily correctable problems, and I have attempted to offer some concrete suggestions to the author. I strongly support publication with minimal rewriting. Thank you for the opportunity to review this article.

Back | Edit Review | Print | Submit Review To Journal Office