TO THE EDITOR: During dinner recently, we discussed the article by Gurwin et al.1 on art observation training to improve medical student ophthalmology skills at the University of Pennsylvania, as well as the accompanying editorial by Gladwell and Epstein.2 One of us (R.M.J.) remembered learning about similar training that was conceived of, implemented, and analyzed, 2 decades ago by Dr Irwin Braverman (R.M.J.’s medical school dermatology mentor), now Emeritus Professor of Dermatology at Yale Medical School. This work is referenced, but not described, by Gurwin et al.1 We think that your readership would enjoy learning a little more about this earlier original work.

In the Yale study, published in the Journal of the American Medical Association, first-year medical students first were given 3 minutes to describe in writing the salient attributes of photographs of patients with medical disorders, and the quality of their descriptions was graded in a masked, standardized fashion.3 They were then randomly assigned to a control group (n = 35) that attended clinical tutorial sessions in which they were taught history taking and physical examination by a physician preceptor, and the intervention group. The intervention group attended a program at the Yale Center for British Art. Each student studied a preselected painting for 10 minutes and described it to a group of 4 of their peers.

When students were again presented with photographs of patients, although the scores of both the control and intervention groups improved, the gains were greater in the intervention group. Not to be left behind by its Ivy League colleagues, Harvard’s contribution to the field of art observation therapy involved trips to the Boston Museum of Fine Arts by dermatology residents for Visual Thinking Strategies which resulted in an improvement of their observational skills.4 Clearly, there is merit to these approaches, and the possibility of extending them to ophthalmology residents, and even seasoned clinicians such as us, who could always benefit from a reboot of their powers of observation. Congratulations to the authors and editorialist for bringing this work into the ophthalmologic realm.

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Financial Disclosures: The authors have no proprietary or commercial interest in any materials discussed in this article.

Available online: ■■■.

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