Letters to the Editor

Karl Miller, MD
Editor, Letters to the Editor Section

Editor’s Note: Send letters to the editor to karl.miller@erlanger.org or to my attention at Family Medicine Letters to the Editor Section, University of Tennessee, Chattanooga Unit, Department of Family Medicine, 1100 East Third Street, Chattanooga, TN 37402. 423-778-2957. Fax: 423-778-2959. Electronic submissions (e-mail or on disk) are preferred. We publish Letters to the Editor under three categories: “In Response” (letters in response to recently published articles), “New Research” (letters reporting original research), or “Comment” (comments from readers).

In Response

Visual Thinking Strategies: A New Role for Art in Medical Education

To the Editor:

I read with interest the article “Visual Thinking Strategies: A New Role for Art in Medical Education.” One of the challenges in using painting in medical education is how to improve painting observation skills in medical students or residents. The authors have implemented visual thinking strategies (VTS) in their study “to stimulate cognitive thinking, teamwork, and critical learning in medical residents and faculty.” I share the authors’ belief that VTS “is a viable tool in medical education and has interesting implications for the medical training process.”

I would like to tell about our experience in using painting in medical education. Along with my partner, Ilana Taicher—a curator—I organized and held a workshop on “Suffering in the Mirror of Arts” at the Annual Meeting of the Israel Association of Family Medicine (IAFM) in March 2004. The aim of the workshop was to improve participants’ ability to observe paintings in which human suffering was the central theme. The goals were enhancing understanding of human suffering and deepening compassion for sufferers.

The participants were shown three paintings: “The Return of the Prodigal Son” by Rembrandt, “Death in the Sickroom” by Edward Munch, and “The Doctor” by Sir Luke Fildes. After viewing each painting, the participants were asked and encouraged to write a short story about what they had seen. This was followed by a group discussion in which all ideas and analyses were welcome. My partner and I provided additional comments and support.

The feedback from the participants was very positive. Some of them said that they had never experienced anything like it before; the opportunity to view paintings with colleagues, to write a short story about painting, and the discussion of suffering in paintings in a group were fruitful and enriching.

Although the sample group was too small, and no scientific analysis or conclusions could be derived from such a small group, the process itself, as well as the participants’ feedback, were encouraging and promising.

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Reference


Comment

Residencies: Heal Thyself Before Extending

To the Editor:

I have been watching the debate over whether to extend family medicine residency training to 4 years. So far, conceptually, I have not taken sides. One thing I do know is that many residencies as currently performing would be doing a disservice to their residents by requiring them to spend an additional year.

Family medicine residencies are limited educational environments. Often, their clinics are models of inefficiency and offer less patient service than community standards. Many residents develop a growing cynicism caring for a limited patient population in these clinic environments. Many programs, especially in academic health centers, have talented faculty who work in an orbit removed from the residents by requiring them to spend an additional year.

I would like to offer a different perspective. Family medicine residencies are limited educational environments. Often, their clinics are models of inefficiency and offer less patient service than community standards. Many residents develop a growing cynicism caring for a limited patient population in these clinic environments. Many programs, especially in academic health centers, have talented faculty who work in an orbit removed from the residents by requiring them to spend an additional year.

An important question to ask before an expansion to 4 years: Would the residents learn more if they stayed here than if they went into a dif-