



HOME MEDICAL DICTIONARY

Ted Kooser

This is not so much a dictionary
as it is an atlas for the old,
in which they pore over
the pink and gray maps of the body,
hoping to find that wayside junction
where a pain-rutted road
intersects with the highway
of answers, and where the slow river
of fear that achingly meanders
from organ to organ
is finally channeled and dammed.

TAKING A

by Tom O'Connor

CLOSER LOOK

When Katie Lazure first met the patient slouched in his chair, the third-year medical student put aside her stethoscope and reached for charcoal, pen and paper.

She looked closely at how he lifted his head, shifted in his seat and closed his eyes.

Then she began to draw.

Using tools for drawing and writing poetry, Lazure was among a select group of medical students in an experimental class at UNMC to teach observational skills.

Her instructors were not medical professionals, but a Scottish artist and a U.S. Poet Laureate and Pulitzer Prize



UNMC's William Lydiatt, M.D., and Virginia Aita, Ph.D., launched the unique project with artist Mark Gilbert, above, and former U.S. Poet Laureate Ted Kooser, right.

winner. The unique combination was a successful formula for teaching nearly 20 third-year medical students and resident physicians earlier this year how to enhance their observational skills.



Two UNMC faculty members – William Lydiatt, M.D. '88, and Virginia Aita, Ph.D. '95, – launched the idea by bringing together two diverse individuals, Scottish artist Mark Gilbert and Nebraska poet Ted Kooser.

Each shares a special gift – a keen attention to detail.

They also are linked by past experiences at UNMC.

Gilbert developed an art exhibit depicting head and neck cancer patients during the course of their treatment. The exhibit came to Omaha in 2006 with Gilbert participating in a five-part lecture series developed by UNMC to complement the exhibit.

Kooser, the 2005-06 United States poet laureate and professor of English at the University of Nebraska-Lincoln,

had been treated for tongue cancer at UNMC by Dr. Lydiatt eight years ago.

“Observational skills are probably the most difficult thing for medical students to learn, and yet, it’s probably the most important skill they can have,” said Dr. Lydiatt, a head and neck cancer surgeon in the department of otolaryngology-head and neck surgery.

Making a diagnosis involves much more than just asking the patient a series of questions, said Dr. Aita, a medical ethicist in the College of Public Health. “To really understand what’s happening with a patient, it’s vital that the physician be a detective and look for every possible detail that might provide a clue.”

During each class, students were asked to observe a simulated patient and share what they saw. Students also kept a journal over the course of the three-week project to record their sketches and thoughts on the patients they encountered.

“You have to empty your mind of any preconceptions

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Virginia Aita, Ph.D.

before you start drawing. You need to react to what’s in front of you,” Gilbert said. “You need to get in a zone. If you ask soccer players how they scored a goal, they usually can’t recall. They were just in a zone.

“Drawing is one of the most profound ways of communicating. It is an amazing way to make students responsible for their work. Every mark you make is a direct and honest response to what you’re looking at.”

During the final class, Gilbert had the students draw a sketch of a simulated patient, who was obviously depressed. First, they sketched with their writing hand, then with their opposite hand, and then by making one continual line without looking at the paper.

Drawing is a skill that is foreign to most medical students whose brains are trained to memorize information rather than create things.

"Students can be so left-brained that drawing doesn't come easily to them," Dr. Aita said. "Students may come in with an agenda when they see patients. They look for things like placement and movement of the eyes, symmetry of the face, and pigmentation and texture of the skin and hair. When you have an agenda in mind, you miss things.

"It's easy to immediately go to a diagnosis and then try to support it. You need to be careful. You want to try to observe as blankly as possible."
William Lydiatt, M.D.



A 'patient' slumps in his chair as medical students sketch their observations.



Third-year medical student, Jessica Moran, reflects on her drawing.

It's critical that you come in with no preconceived notions."

For his class, Kooser gave each of the students a green pepper and a plastic knife and asked them to take 20 minutes to observe the pepper, cut it open and then record their observations in minute detail.



Mark Gilbert

"It's all in the detail," Kooser said. "You have to get into the detail to make things clear. If I write 'there were three chickens on the road,' you have a much better image of what I've said than if I just write 'there were chickens.'"

The students were told to take their time when making a diagnosis. "It's important you don't zero in on the diagnosis right away," Dr. Lydiatt said. "It's easy to immediately go to a diagnosis and then try to support it. You need to be careful. You want to try to observe as blankly as possible."

The class had a profound impact on the students. "The light



With paper and pen, Katie Lazure, center, closely observes the patient to find a diagnosis in the details.

bulb went on for me today (at the final class)," said Lazure of Sioux City, Iowa. "When you force someone to draw for 15 minutes, you notice things that you normally wouldn't have."

For Karel Capek, a third-year medical student from Milligan, Neb., it's a lesson he'll remember throughout his medical career. "Anyone can read an EKG once they've been trained," he said. "Learning how to observe a patient is an entirely different thing. It's probably the most important skill a physician can have." ∞