

OBSERVING, SENSING AND EXPLAINING.

USING ART FOR SKILLS TRAINING

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As we all know, the first research of the human body in medieval times was a method to come to more realistic and classical figures. The need to study the body was seen as necessary for a truly and real image of man. Slowly this eye for the real structure of man's muscles and tissues seeped into medicine as well. Learned scholars at first were reluctant to take upon these changes, but with the advent of modern anatomy, things changed forever. The use of one's own eyes and no longer a dependency on classical texts of scholars like Galen, emphasis was put on (clinical) observation. That observation consisted of the use of the eye and the pen, brush or crayon. One of the first and foremost classical examples is Andreas Vesalius' *Fabrica*. Soon others followed.

And even today, going along these historical paths might encourage the medical profession to make use of other disciplines and media in order to enhance professionalism: skills and above all, knowledge. Within the University Museum of the University of Groningen in the Netherlands, the medical faculty and the faculty of arts, this route has been explored in the last couple of years. The curriculum of medicine in Groningen especially leaves room for projects, courses and workshops. Even though the producers of the curriculum (the so called G2020) made up for a very tight and exact schedule of course, lectures and training, emphasis is put upon things that touch society. And as one should know, medicine is very cultural biased. For instance, the course Medicine in Context (MiC), which is obligatory and therefore will be attended by all students

of medicine throughout their study in the first, second, third and final year, focuses on this given fact. In the later years students will draw, accompanied and assisted by artists, models. This will train them to have a good eye for something they observe, and they try to impose their observations and impressions on paper or canvas. In another course they work with clay and have to make a full dimensional object of their fingers or hand. This is all to let students know, how they can observe bodily parts, which, in combination with artistic views and thinking, might enhance their clinical observatory skills as well. It is not about their capacity or skill as a (amateur) artist, but as an extra way of getting information out of what you are looking at.

Another example that I will elaborate on in my talk is the combination of art and science (medical) in a more museum like environment. In joint collaboration, an art historian, an artist and the (medical) curator of the University Museum have shown during lectures and visits at the museum to medical students how artists observe and use their findings in making portraits of people. And as a result, are these different methods of observing and processing a benefit for the medical profession?

The project was easy in its setup. Works made by a portraitist were selected. The selection consisted of 6-8 works, which were all portraits. But they differed in the subject. There was a portrait of a very merry young girl of 2 years old, who smiles at the onlooker. Another drawing was shown of a boy of 6 that looks very serious. Also works were shown of people whose faces were damaged by disease or trauma. These portraits were all looked upon by the students. It was also a case of peer-education. Students of art history of the Faculty of Arts asked and guided their colleagues of medicine in the process of assessing these works. Whether it is about the scientific medical or art historical context, the use and availability of different views and methods, getting to know other methods of different sciences and using them to their own advantage, or presenting results of these outcomes: the sky is the limit.

And that was exactly what happened. Many of the medical students did not realise in what way they were observing the portraits. And in that perspective they quickly came to the conclusion that this must be the exact way in observing patients as well. They realized that they, even though they might think they're not, they were biased after all. And these findings were very revealing to the students and made them realize their position and skills toward their (future) patients.