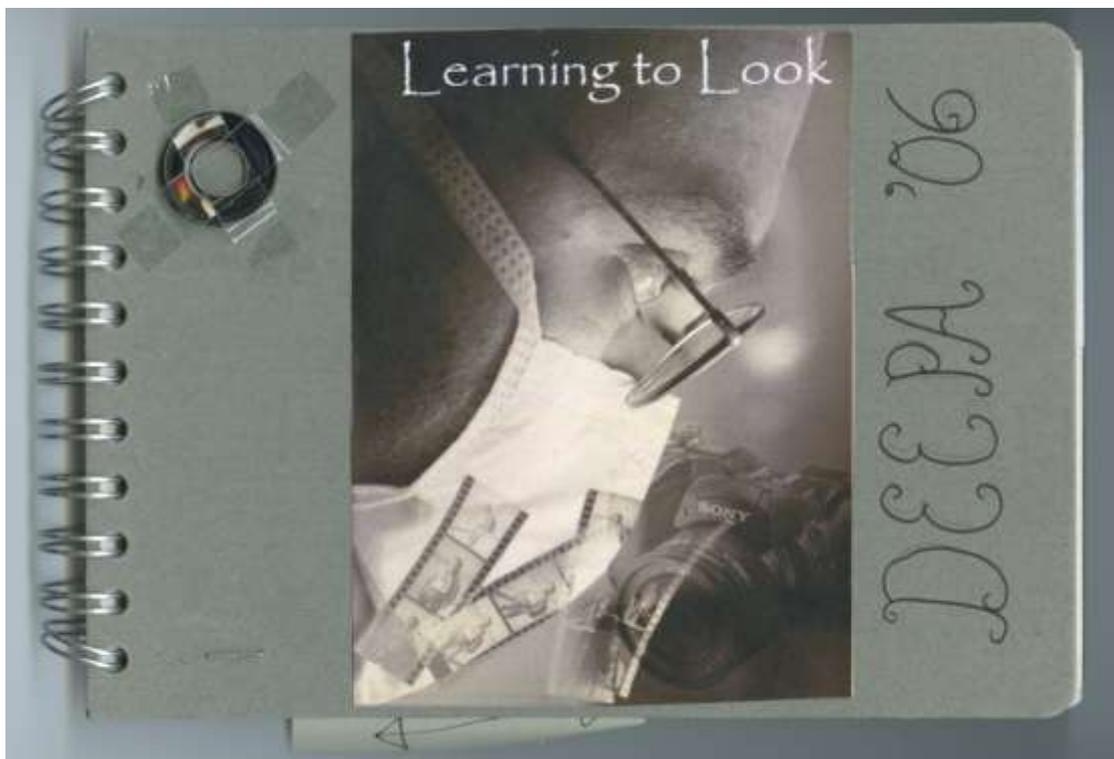




Brighton Photo Biennial University of Brighton, Grand Parade, Brighton BN2 0JY
T 01273 643 052 F 01273 643 052 E mail@bpb.org.uk W www.bpb.org.uk

LEARNING TO LOOK

A BPB 2006 education project developed in partnership with Brighton and Sussex Medical School and the Centre for Teaching and Learning, University of Brighton



Lead artist
Participants
Dates

Tom Wichelow
12 First Year Medical students BSMS
February – April 2006

LEARNING TO LOOK

EVALUATION REPORT

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Written by Penny Jones, April 2006

LEARNING TO LOOK

An exploration of the observational skills needed to practice diagnosis in medicine and to produce and analyse photographs.

Introduction

Photographer Tom Wichelow, Professor Helen Smith, Professor of Primary Care Brighton and Sussex Medical School, and Juliette Buss of Brighton Photo Biennial devised and ran a pilot course for first year medical students that explored the observational skills needed in medicine and to produce photographs, with a view to establishing Student Selected Component modules for third year medical students from September 2006. The pilot was funded through the Creativity Development Fund of the Centre for Excellence in Teaching and Learning (CETL) in Creativity, a joint initiative of the Universities of Sussex and Brighton and supported by Pauline Ridley, University of Brighton Centre for Learning & Teaching, on behalf of the CETL.

Project Aims

To pilot and evaluate a course designed as an SSC for Third Year Medical Students at Brighton and Sussex Medical School: an exploration of the observational skills needed in medicine and to also produce photographs.

Learning to Look 1 Course Aim

To develop visual awareness and critical thinking through an exploration of the practice of observation in photography and medicine, in order to enhance observational skills.

Course description

A creative course that used the practice and theory of photography to explore the connections between the skills needed to practice medicine, particularly diagnosis, and those needed to produce photographs. Students were encouraged to analyse the relationship between medicine and art, and to recognise the transferability of their skills across both fields.

Taught by a professional photographer, students took photographs and learned black and white darkroom developing and printing skills in practical workshop sessions. They analysed photographs in terms of aesthetics, personal and social context and their relationship to medicine. They contributed to discussions in critical seminar sessions that explored the role of creativity and observation in photography and medicine.

Course Structure and Content

The course was taught through a mixture of discussion in visual seminars, and practical workshop sessions on taking photographs and processing them in the darkroom. (See appendix 1, Scheme of Work.) Students also visited an exhibition of photographs by Magali Nougarede whose work involves close observation of people. The course culminated in a discussion between photographer, Tom Wichelow, course tutor and Professor Helen Smith on the relationship between art and science practices, observation, diagnosis and other relevant topics. The conversation was recorded and is available on DVD. (See appendix 6)

The focus was on perception and observation and their application across both art and science, particularly on the contribution they make to diagnosis alongside history taking,

examination and investigation. The practical photographic skills taught demonstrated the ways in which observation, active looking, formal and technical analysis and the acquisition of technical skill, contribute to a particular artistic discipline. Broader contextual issues relating to both photography and medicine were introduced and discussed.

The early sessions focussed on reading and interpreting photographic images and how context and knowledge affect interpretation - subjectivity and objectivity. Tom Wichelow established the participatory nature of the course early on, encouraging discussion and personal involvement. He introduced the log book or personal diary that would be the main outcome of the course along with photographs taken by the students. The log book content requirement was broad, but the emphasis was on personal reflection and a record of learning exemplified by the analysis of found and personally produced images and their meanings for the individual, alongside a discussion of themes covered throughout the course. Later sessions involved the developing and printing of images and further reflection on the transferability of skills learnt.

The students were also encouraged to share the photographs taken on the course by loading them onto Student Central the internal website for University of Brighton.

Outputs and Assessment

Students were required to complete a log book of images, observations and reflections on the issues raised during the course, and to produce a considered body of photographic work. (Appendix 2) This consisted of digital images taken throughout the course and black and white images developed and printed during the course. (Appendix 3)

Issues addressed during the delivery of the course included:

- How important is looking in diagnosis? Does the prevalence of technology mean that all the looking is done by machines and doctors simply read the data? How could the observational skills practised by a photographer contribute to the diagnostic skills of a doctor? How far are these skills transferable?
- Subjectivity and objectivity. How far does a consciousness of the ways in which personal preference and context affect perceptions during the process of looking at or taking photographs or making a diagnosis, contribute to good practice as a doctor and as a photographer?
- How do you train yourself, or someone else, to look whether as a doctor or as a photographer or as a skilled practitioner in any field? Does current medical training fulfil its role in this area?
- How does learning the practical and creative skill of photography contribute to an increased ability to make visual judgements? How can this be used to enhance medical training?
- How does learning to look in a certain way or within a certain discipline affect perception and judgment more generally?
- Can observational skills and ideas about perception learned through creative practice REALLY make better doctors? What is a 'good' doctor? How can the study of photography with an emphasis on the process of looking contribute to the attributes that make a 'good' doctor?

Course Evaluation

A central purpose of this pilot was to evaluate student reaction to the course content, structure, teaching methods and methods of assessment, which were unusual in the context of normal medical school practice. Student responses and the conclusions drawn from the pilot course have been vital to the development of the learning criteria and assessment methods that have been proposed for the Level 3 SSC.

Students were asked to complete evaluation forms on the first, fourth and final sessions of the course. The log book of images, observations and reflections are a vital component of the material available for the evaluation as they track the students' thoughts and reactions throughout the course.

A second year photography student from the University of Brighton Editorial Photography Course, Liz Hingley, attended a number of sessions to observe and interview the students. Her reports and student comments are included in Appendix 5.

Evaluation Evidence

The student responses from the three evaluation stages have been summarised and are attached at Appendix 4. They contain evidence of the complexity and richness of the photographic and written material generated through the process of discussion and reflection.

Scanned pages from log books and some final photographs are attached at Appendix 2 and 3.

Student reflections on learning outcomes

- The log book enabled students to make a wide range of personal observations and to develop their train of thought over an extended period of time. Some appreciated this freedom and opportunity to reflect. "This course has helped me reflect on the different aspects of medicine, especially true for student portfolios and the reflection we have to do for each visit".
- Students also appreciated the opportunity for personal response and the fact that there were not necessarily right answers to many of the issues raised. Some responded that the discussions about subjectivity and objectivity had given them new insights not only into the ways in which their perceptions of patients were affected by their own standpoint, but also how patients view them as doctors and how patients' own subjectivity affects the histories they give to doctors. Similarly the common perception of the absolute in science and medicine was questioned, "medicine involves... varied perceptions among healthcare professionals."
- The requirement to work with images was fruitful for some students who were very confident in the selection and analysis of found images and their own work. One claimed, "I have learned more about the kind of person that I am with the images I shoot. In my opinion it will help in being a better doctor."
- A definition of creativity and the role it plays in medical studies was addressed early in the course when most students responded that creativity had little to do with their medical studies. As the course progressed some revised this view, one commenting "I believe by standing back from scientific theory and developing the creative side of my mind has aided my perception, and taught me to think and look closer"

- The comparison of art and science, photography and medicine, produced interesting and changing responses. While early in the course some students identified little common ground between art and medicine, by the end of it they had revised this view. One student drew interesting parallels between the practice of medicine and the practical work she had been doing during the course eg: “finding the right tone of the picture to print, ie 5 sec, 10 sec, 15 sec exposure, reminded me of gel electrophoresis...(where) DNA fragments are separated by electric current; how well the print turns out depends on time exposure to ‘current’.”

In conclusion the students’ views of the learning outcomes were varied.

Most students responded that as a result of the course they were actively training themselves to look more closely; “I’ve become more observant in everyday life, looking at detail and expressions. These aid the thinking process and reflection.” “Being observant is a skill”. When questioned on the impact the course had made on other areas of their medical studies, responses included, “Greatest impact on GP visits where we get a chance to interact with patients” “It may have made me more reflective about my experiences in the clinical setting”. Others cited the computer and practical photographic skills gained as valuable outcomes.

Student responses to course structure, practical and organisational issues.

- The openness and discursive nature of the course was challenging for some students used to working within the context of a scientific framework, as was the requirement to maintain the open ended and exploratory log book as the course progressed.
- The requirement to work on the log book between sessions was problematic for some students. Only one expressed the view “It has eaten into my personal study time and the pressure of the workload has been intense”
- Most found the process of uploading images to Student Central difficult and time consuming and most did not do it.
- Students enjoyed the practical element and suggested starting taking and developing their own photographs earlier in the course.

THE FUTURE of LEARNING TO LOOK

Recommendations for SSC Level 3

The pilot project will be used as the basis of a Level 3 SSC offered by BSMS to Third Year medical students from the Autumn Term 2006/7.

The Level 3 SSC proposal form is at Appendix 6.

The general course structure and sequence of sessions will be adjusted to allow practical sessions to take place earlier and for the dialogue between the artist and scientist to take place during the penultimate session. The selection of photographs for exhibition and log book completion will take place during the final session.

If the virtual exhibition of work in progress on Student Central is retained, students will receive instruction on photo editing software and uploading images during the early sessions of the course.

Assessment

Students will be required to maintain and complete a log book of images, observations and reflections on the issues raised during the course and will produce a considered body of photographic work eg 10 images with a commentary, equivalent to 2,000 word essay.

Project outcomes and exhibition

Funding from the Creativity Development Fund will continue into 2006-7 to enable the new Level 3 SSC to be fully documented and evaluated. Brighton Photo Biennial will arrange for the course to be visually documented by an undergraduate Editorial Photography student.

In addition, the Learn Higher CETL, for which the University of Brighton has lead responsibility for the Visual Practices learning area, will supply the cameras for the course.

An exhibition of work made by the students will be organised by the course tutor, Tom Wichelow and Brighton Photo Biennial for display at a University of Brighton site to be agreed by all members of the partnership.

Appendix 1
Learning to Look: February – April 2006
Scheme of work by Tom Wichelow

	Content	Aims & objectives
One	Introduction to course. Discussions on course content. Slideshow on contemporary imagery.	To introduce rigorous ground rules of course. To set creative agenda and lay out tasks for group to achieve by the end of the module. To initiate creative diaries and/or blogs. To brainstorm ideas for next week's student led session and to encourage student ownership of course. To start active photographic practice.
two	Student led discussion. Course direction and development to be 'shaped' by images and ideas that students bring along	To ensure student ownership of course. To begin in earnest the exploration of the common ground of observation. To continue exploration of other's photographic practice. Review creative blogs on projector. photographic truth/objectivity. Scientific truth/objectivity. Trust in both disciplines.
three	Review of student photography and creative diaries/blogs.	To formally teach photographic compositional skills. To review critically the ongoing student photographic work. To begin creative partnerships with photographic students. Discussion for next week's student led discussion.
four	Half way review of creative agenda set on week one. Student led discussion & slide show on achievements so far.	To ensure module is on course to deliver agenda set out earlier. To look at work made so far and formalise findings in written form. To continue exploration of other's photographic practice.
five	Basic darkroom practice to take place at Grand parade photographic unit.	To enable students to print their own black and white images in a traditional darkroom.
six	Basic darkroom practice to take place at Grand parade photographic unit.	To give students space and time to print own images.
seven	Chaired discussion between medical scientist and contemporary documentary photographer.	To give students and the module as a whole a forum to deal with findings thus far. To explore as a group the fertile relationship between medicine and art.
eight	Conclude findings. Edit work for on-line exhibition. .	To finish the course in a wholly constructive and contained manner. To make final review of work made and conduct group editing session for on line exhibition. Evaluation interviews and discussion.

APPENDIX 2

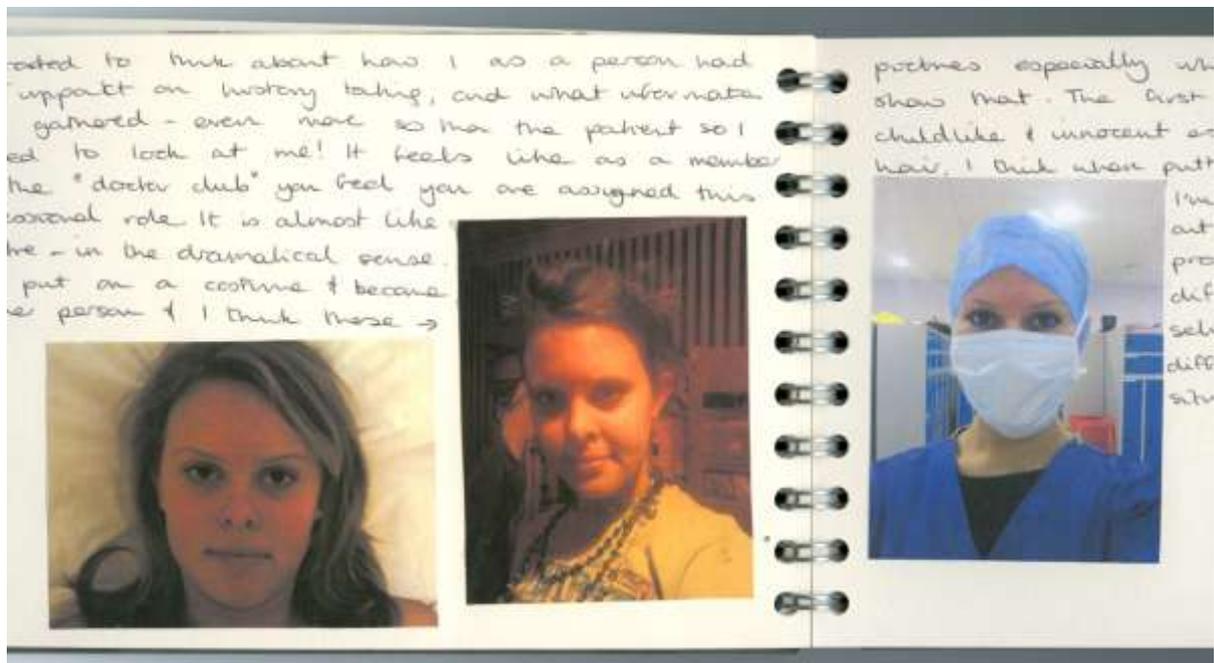
PHOTOGRAPHS BY STUDENTS







Student log book entries



APPENDIX 4

LEARNING TO LOOK: CREATIVE MEDICAL SCHOOL PROJECT

Session one monitoring form

1. How would you define creativity?

Element of originality

Being able to look at something in different ways – flexibility

Production of something new or from a different perspective

An idiopathic, intrinsic appreciation of a chosen art displayed by a unique outlet, free from rules and contemporary conformities

Self expression, impulsivity, making up new works/things, being able to make associations

Freedom to choose, the ability to learn to provide you with new skills

Creativity: new thoughts; out of the ordinary; interesting; making something; a way to communicate

Self expression;

As free as possible from prescribed boundaries

Exploring concepts in an open minded way

Allows you to see something in a new light

Made to be part of the imagination

2. What role does creativity play in your medical studies?

Very little: majority of course based around procedures and evidence based medicine; aims to control and regulate actions to ensure that they are beneficial
Not much scope for personal expression bound by the rigours and rules of science.

When taking a history from a patient, listening with an open mind, taking into account seemingly unrelated symptoms and looking for a connection, relating to different patients – requires flexibility and creativity

The anatomy dissections can get quite creative as all bodies are a little different

Imagination/empathy required to understand patient's point of view/

communication. Prioritise what they might need

Allows us to see different angles opinions; picture narratives during history taking; de- stresses (ie takes away from all the technicality)

Being creative opens your mind to see different perspectives; appreciation of human body and its complex systems, allows us to visualise in anatomy and observation of fine detail.

It plays a relatively small part. Chiefly expressed in our clinical portfolios where we can express our feelings about experience of clinical practice

Not much. Writing in a reflective way on family, primary and secondary care visits.

For giving presentations –finding ways to make it exciting and interesting

3. What, in your view, are the similarities and differences between practising medicine and making photographs?

Both involve a snapshot of a person's life. Medicine much more proactive with an aim to interfere in that person's life

Primary objective of trying to improve in either activity with experience and exposure

While photographed scene may be fabricated to fit a context medical practice is generally WYSIWYG. Therefore the obvious disassociation between photography and reality

In photography (as in other arts) focus is ultimately the artist – because the photograph is simply THEIR view of subject/object. However in medicine the focus should be on the subject – the patient.

Both need to spend time with the subject (patient). Focus on the subject.

Similarities: both P and M use visual senses; both involve self analysis to achieve best diagnosis/picture; both involve human intuition and knowledge to practice.

Difference; In medicine chances cannot be taken. Photography has freedom with almost no risk!

Key similarity – observe people/patients behaviour to give clues about who they are, what they do, social context and more subtly how they are feeling.

Doctors/photographers should also be aware of how subject/patient perceives them and how this affects how a person projects themselves.

Both are a mix of art and science.

4. What are your expectations from this course, and what impact might it have on your medical studies?

Greater photographic skill – technical and observational.

Changed perspective and improved history taking skills

Ability to dissect components of the visual field and associate them with useful memories and future actions. Much like the focal point of a photograph so I hope I can develop an over-riding focus on the patient's perspective – hopes, wishes, concerns.

I hope the course will help me take into account that patients have many more dimensions than their illness. – looking at people less as scientific objects of interest. More holistic practice of medicine?

To learn to look at pictures (or human anatomy even) a little differently.

Get a little wider perspective on things by doing something different, that is not science.

Expect to find tools to make links between photography and medicine – I suspect my skills can only benefit – at least by making myself more self aware

Opportunity to reflect on and challenge my own perceptions of others.

Increase awareness and observational skills

[Empty box]

**LEARNING TO LOOK CREATIVE MEDICAL SCHOOL
PROJECT**

Session four monitoring form

5. Please summarise what you have been doing so far

Finding parallels between art of photography and science of medicine
Group analyses of each others work – sharing opinions of perceptions and hidden meaning.

Discussed idea of subjectivity/objectivity in photography and medicine.

Keeping a journal, taking photographs- in the first week with the theme of patient history v portrait; more recently to demonstrate techniques such as pattern, framing, shape, angle of view.

Viewing sample photos to discern distribution of visual elements

Taking lots of pictures; researching looking at different artists. I have kept a diary of different pics that I liked and analysed why. Have tried to apply what I have learned in the sessions to my medical course.

Taking tons of pictures, also tried to analyse why I might like or dislike them

I have been writing notes for myself on how to be more perceptive (think it has helped, I keep forgetting to be observing people closely.)

Photographic exhibition was the most valuable experience- enjoyed symbols/texture/colour and what this says about the subject.

6. What impact, if any, has this course had on your medical studies so far?

Realisation of my own innate judgement processes and their impact on forming prejudices about patients at consultation

It has definitely impacted on my studies. It has helped me to be braver in my choices of pics that I decide to take. I have realised how many ways something can be viewed. These have made me more aware of everything around me, more alert and I found it helpful when in a hospital setting.

I have become more assertive and keenly look at things – look at patients in detail. When carrying out a physical examination you are taught to inspect somebody. Eg when you inspect someone for cardiovascular disease observing their hands for clubbing is important.

This course has helped me reflect on the different aspects of medicine, especially true for student portfolios and the reflection we have to do for each visit.

Looking at people and everyday outcomes subjectively, whilst being objective is very difficult, but is required in medicine.

It has enabled me to “step back” and be more aware of my prejudices and perceptions of patients and the general situation.

Not had a very great impact unless it is in the area of patient contact. The exhibition did make me think about the divide between old and young and how doctors can keep cultural difference in mind. Understanding of the way people think and the society in which they grew up is necessary to practice medicine. Not a great deal to date, but has probably made me more aware of detail.

7. What, in your view, are the similarities and differences between practising medicine and making photographs?

Similarities

Attention to detail, sensitivity towards subject, technical skills, absorb information very rapidly

You have to concentrate 100% on your subject – be it a patient or the subject for a photo.

Trying to analyse something whether a patient or something in a photograph and trying to find a deeper meaning about what is going on – through observation

Observations are a key element when examining a patient; taking a history is like taking a snapshot. It is a small part of their lives captured. A history also involves bias depending on the patient's mind state or if someone else is giving the history, their perspective. Their history is subjective to a point of view as is a photograph.

We both try to understand/do guesswork of things we see.- detective work in both fields. BUT the way it is done is different – photographers communicate and achieve in a non-verbal form; doctors do this by taking histories. In both, assumptions and stereotypes are used to a certain degree.

Likening the patient to the focal viewfinder of a camera – the main target to concentrate on amid a contextual background

Differences

Photography there is more opportunity to manipulate images ..both disciplines have potential to manipulate people/interpret events/ include or exclude information...both subjective to a certain extent.

Practising medicine should be based on fact and reality, centred on the subject-patient, whereas photography does not have to be based on fact, and is centred on the photographer. Photography is subjective, as opposed to objective principles of medicine

Medicine is still much more factual and has rigid structure which I don't think photography is bound by.

Photographs limit the viewer's perception to a finite degree. Medicine involves an almost infinite number of varied perceptions among healthcare professionals.

8. Has your own sense of creative and scientific objectivity/subjectivity changed? If so, how?

There are many cases of medicine where it is as much an art as a pure science, particularly when dealing with people. In terms of Scientific objectivity, this is open to human error/ manipulation too

I still believe science should be objective.

I think it has, I've realised it is harder to be objective than you first think. In a way we are all subjective and it is very hard to change that.

I have learned more about the kind of person that I am with the images I shoot.

In my opinion it will help in being a better doctor.

It has brought up the question what is really based in truth? It has also made me think that the idea of truth is very much a subjective thing

Yes – I've become a lot more observant in everyday life, looking at detail and expressions. These all aid the thinking process and reflection. Reflection has been improved the most. Truth has been brought to mind. The patient's truth is not always true.

Definitely. I always thought creativity involved extraordinary ideas, achieved by being or doing different or unusual. But I realised one could use everyday situations/scenes to make it extraordinary... Nothing really is objective.

Scientific ideas/views are also not objective: ie an equation/theory was calculated because someone chose to.

LEARNING TO LOOK: CREATIVE MEDICAL SCHOOL PROJECT

Final Session monitoring form

These questions are designed to monitor the progress of your learning throughout this course, and to help you draw some conclusions.

General Suggestions for amount of content, practical considerations

More information before you sign up

Make clear time commitments

It course for those not familiar with manipulating photographic images on a pc

Really enjoyed the dark room – more time there would be nice.

Perhaps introduce a correspondence aspect to LTL – over Spring/summer holidays.- run online on student central as teaching assignments.

Train students in photo editing software in the first few sessions – for sharing images on student central.

Co-ordination with student central needs improving – group email did not work, presentations were not posted

9. Please summarise the course you have participated in.

It was inspirational in many respects

Practical sessions were the high light I wish I had more time to get more out of these.

See copies of original responses.

10. Has the course informed your understanding of the current issues surrounding diagnosis? If so how? If not why not?

It did inform me of how our human nature and prejudices can easily deceive our focussing on central patient/pathology ie different practitioners might make different diagnoses.

Still feel that history taking is paramount in diagnosis, and that this can then support observational skills – ie help explain visual signs – provide a framework for clinical diagnosis. Phototgraphic images in clinical skills 101 have helped in primary practice

I think it will have improved our understanding of the observation of people. The idea of what is going on behind the scenes.

3. Do you think the course has helped you improve your observational skills for diagnosis? If so how?

Yes I am aware of detail and noticing more on placement.

Information on the difference between looking and seeing. Concepts with regard to learning to observe people and gain subtle information about people through ages and cultures

Yes. I believe by standing back from scientific theory and developing the creative side of my mind has aided my perception, and taught me to think and look closer. – I don't think this comes from the scientific part of mind.

Yes. I think that society's view or social rules exists and it is important to respect this. We as medical students need consent to do a lot of our learning, so we do not get a lot of opportunity to observe patients. Being observant is a skill.

The training we get for diagnosis is very rigid and we have to stick to this, so that dominates what I think about when I take a history. Where it does help is getting a better overall impression of the person or being aware of my impressions.

The course relieves the stress from your mind and makes you more relaxed

Definitely – I find I am constantly trying to read patient's facial expressions and demeanours – although it is extremely difficult to be accurate.

4. What impact, if any, has the course had on other areas of your medical studies?

Enjoyable to discuss ideas with others, be aware of one's prejudices

Greatest impact on GP visits where we get a chance to interact with patients.

I feel that it improves our balance and focus for the study of medicine

Expect we will see greater improvement and change as we get more clinical exposure

It has helped me develop the ability to reflect well on situations – idea largely represented by our clinical portfolios.

I do look at more detail now, may be imagine looking through a lens.

It may have made more reflective about my experiences in the clinical setting and so my reflection will probably improve in the future.

Taking photographs is a very useful tool as it makes us aware of ourselves.

Learning through photography is helpful as what is learned through taking pictures tends to resonate in ones' thoughts longer.

It has given extra computer skills which is useful.

It has made me a more relaxed person and understand other people's perspective.

It has eaten into my personal study time many times and pressure from the workload of the course has been intense.

APPENDIX 5

Documentation of Learning to Look by Liz Hingley

Session 8th Feb

University of Sussex, Falmer

There was a great deal of feedback and discussion from the medical students in this session.

They all expressed how the course was having a positive effect on their medical studies and practice. There was a general agreement that the course was allowing them to take a step back from the bombardment of theory in their studies. They acknowledged that expanding their creative side enabled them to become more emotionally aware, recognise how their own mental state affects their working practice. Key issues raised :

- The importance of being aware and having access to one's unconscious thoughts
- The importance of a doctor to see the patient as an individual person and more than a mechanical scientific being.
- The importance of observing the different layers of a patient's problem in diagnosis.
- The recognition of three readings to analyse in finding a balanced diagnosis for a patient;
 - What the patient tells you
 - What the test results show
 - What your observations say.
- The power that a doctor has and the patient's acceptance and reliance on this.

The images the students chose to present reflected well the visual elements we had discussed the week before. They had thought about the composition and reflected on the idea that what one chooses to capture in a photograph changes our reading of what is presented in the image; Images of the same subject were presented from different perspectives. There was a recognition of how one sees someone differently in an image to what we know to be true from them knowing them in person. Two ways of taking photographs were defined and the importance of picture taking in a more analytical way was highlighted. Truth was a key discussion point; if it exists within photography and if it exists and what it means in giving a diagnosis.

Session 15th Feb

Brighton University Photographic department

This session was held in the dark room with the students processing their own films. They spent time learning the method of processing and about the chemistry. The medical students showed obvious enjoyment working on the practical, technical side of image making. They drew parallels to the medical practice of dissection and commented on how privileged they felt to be allowed access to such facilities. It brought me to realise the different attitude one has towards photography after having a hand in and understanding the practice of forming the negative. The students were otherwise only using digital photography and they felt that going back

to the original basic processes and learning the historical roots of the medium gave them an insight into the precious uniqueness of a photograph. It was interesting to view how quickly they picked up the technical side and that they approached the task in such a methodical, applied way. In the interviews undertaken with the students they were keen to talk about how they felt the course was beneficial to their academic studies. How it was helping them to reflect on their practical studies and allowing them to take in more information and detail on visits to patients and time spent in the hospital.

Session 22nd Feb Brighton University Photographic department

This session comprised of the medical students developing their own prints from their films processed the week before. Once again the students took on the task with confidence and enthusiasm. Quickly picking up the new complex technique, many of them commented that the process was similar to experiments in bio chemistry. I was conscious that the students were becoming more in tune with their images. There was an obvious improvement in the quality of their photographs and they were more coherent in expressing feelings about their pictures. All of them when asked said that were looking at the world around them more closely since the start of the course; *'I constantly want to take pictures now and always end up wishing I had my camera'*. They spoke about how they were seeing the world from a visually more sensitive point of view; *'I keep seeing shapes, lines details jumping out at me everywhere'* *'I am looking at boring things such as taps more closely and wanting to take a picture of them to see what it looks like as an image'*. In a discussion they noted how they were interested in taking pictures to see how the image differed from the reality *'It always looks different in an image to looking with your eyes'*. There seemed to be a general fascination with the way they could alter what was captured in the frame; taking pictures from a different angle, zooming in etc and how they could dramatically change the impression of a photograph with different light, exposure length and contrast. They noted that they were now consciously reviewing how their vision was being affected by the environment around and their mental state.

Final Evaluation Session 1st March University of Sussex Medical Research Building

The session began with a look at a series of images taken at the Whitehawk medical Surgery. The work showed an interesting insight into medical practice through photography. The medical students were quick to pick up on the subjectivity of the photographs, commenting on the 'dingy' nature of the portrayal given by the black and white format. The medics concluded that photographers select the more powerful images which are normally the most shocking. But that these images are unable to produce a reliable document of people or a place *'all the people in the*

photographs are old, overweight and unhealthy, but I am sure that there are more healthy young patients at the practice'.

In the discussion between the medical representative..... And the photographer Tom....

The importance of looking was again highlighted, but also the importance of looking well and how this could be learnt. The point was raised that with the advance of new technology, there is a danger for medical training to overlook traditional skills that emphasise the art of looking . There was a general agreement that the more creative influence one has the more observant a person is, suggesting that such a creative photographic course is a worthwhile part of medical training and learning to look. They felt that understanding art better made them more aware and able to comprehend peoples mental processes. They regarded this ability crucial in a doctors patient diagnosis.

The students felt that the course was a good support to their medical studies as it gave them a set time in which they didn't have to produce a set of strict results under pressure *'it made me realise how important it is to take a step back and that being too hurried in diagnosis may lead to getting it wrong'*. They mentioned that it was helpful to having something self expressive on the course *'it allows one to see things less black and white'*

There as a general agreement from all parties that photography was the most accessible form of creativity for them to participate in as it give instant results and the links between photography and medicine highlighted throughout the course support this.

I felt that for the medical students and me as a photographer it gave a refreshing insight into alternative thought processes. I found it interesting to see the very different way that academic courses are run and the different ways of approaching study. I can see how a very factual, fast pace learning course such as medicine would be improved by a having time allocated to a more reflective, self expressive programme. From participating in the medical student sessions I have learnt how crucial it is that medical students graduate as well rounded, and self aware people. I feel that having a creative outlet and understanding is crucial to this, with the ability to understand themselves and others in an instinctive way.