

Case Study: Q&A: Combining Art and Medicine



Erin Cooke, MD, director of arts in radiology at Vanderbilt University, discusses her role and how she's leveraging art to expand the scope of what it means to be a radiologist.

By Jenny Jones & Melissa Parker

Key Takeaways:

- Erin Cooke, MD, is a radiologist and artist who is combining her expertise in both areas to improve physician well-being and enhance patient care.
- Cooke says that art and radiology are complementary in that they both focus on perception, observation, analysis, and synthesis of visual material.
- The ACR Art Subcommittee of the Patient- and Family-Centered Care Commission is helping to encourage art exploration among radiologists.

Q: You were recently named director of arts in the radiology department at Vanderbilt University. That's an unusual position to include in radiology (and in medicine). How did the idea to formalize a director of arts position within radiology come about?

A. Dr. Reed Omary, who is the chair of our department at Vanderbilt, reached out to me when I was practicing in Seattle because he heard about my somewhat unusual background in studio art and radiology. When I came on board at Vanderbilt in 2020 as associate professor of clinical radiology and radiological sciences in the body imaging section, Dr. Omary encouraged me to explore possibilities for integrating art into our department and to consider what the foundational components for starting an arts program should be. Then, in May of 2021, he appointed me as the director of arts in radiology. Dr. Omary recognized this was an opportunity to collaborate on innovative departmental efforts to expand the scope of what it means to be a radiologist by incorporating art into our facilities to spark connection, conversation, and community.

Traditionally, there is a fair amount of separation among the arts, the humanities, and medicine. But, in a way, it's kind of obvious to put visual art and radiology together. It really took vision and willingness to look outside of current practice and a commitment to make that leap into the new territory. So, it's been quite an amazing journey. We are very fortunate at Vanderbilt to have groups of individuals who are dedicated to broadening the diversity and reach of our field.

As far as the need for the director of arts position, the efforts to link art and radiology or art and medicine at a national level have been somewhat sporadic. This was a way to formalize, recognize, and hopefully accelerate the growth of these initiatives. We hope we can serve as a template and an example to help other departments grow in a similar way because art supports wellness, education, and patient-centered care.

Q. Why does it make sense to integrate the arts and radiology?

A. A lot of the tasks we do as radiologists, in terms of



Erin Cooke, MD, associate professor of clinical radiology and radiological sciences in the body imaging section at Vanderbilt University, was recently named the radiology department's director of arts. She also chairs the American College of Radiology (ACR) Art Subcommittee.

perception, observation, analysis, and synthesis of visual material, overlap with the visual arts. Artists and radiologists are doing a lot of the same stuff. I am not necessarily thinking about art while I am looking at a CT or MRI, but the processes I use while looking are the same. Being skilled in one area is going to help you in the other area, so active use of the skills that we employ as artists can help bolster the same skills that we use as radiologists. In the art community, there is a lot of attention paid to talking about, looking at, and analyzing art from different points of view. That type of consideration doesn't typically happen in radiology. In radiology, we move straight to "What's your differential?" I think we could learn from the art community about how we fall into different patterns of looking and what errors can arise from the way we are observing, analyzing, and putting things together. These different areas in arts and the humanities could help us be better radiologists by identifying opportunities to improve the skills that we use every day.

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Q. What are some specific projects that you plan to initiate as the director of arts?

A. In addition to the physical expansion of our art gallery, our second major focus is to develop a series of art sessions that support education, particularly for radiology residents. Now that we think it's a little safer to come together again as cases of COVID-19 wane, we've scheduled a session later this spring that will involve participants doing some drawing. This can be a bit scary for some people, but it's a good way to get people out of their comfort zone.

The sessions will also be interactive, giving participants opportunities to visit local art galleries and museums. During these visits, they will have discussions about perception, observation, different points of view, and others' perspectives, which are all important in radiology and medicine. We often take these things for granted because we are doing them all the time. These sessions give us a way to step back and consider how we are looking at things, if there are multiple ways of looking at them, and if there is a correct way to look at them.

One formal technique for teaching students to look at art is called visual thinking strategies, or VTS. It's a formalized way of teaching students how to look at art. It has been shown to improve perception, observation skills, as well as empathy. So far, only some small-scale studies have looked at how art improves residents' skills in observation, so we are hoping this could be a way to expand this research and provide residents with different tools to use when they go into practice.

Q. The radiology department has had an Arts Gallery Committee for a couple of years. What is the committee's mission, and what role has art played in the radiology department at Vanderbilt up to this point?

A. Several individuals in the department who had an interest or background in art formed the Arts Gallery Committee just before I joined the department. It began with a small informal exhibit of the committee members' 2D artworks. Since then, we decided this was something we wanted to keep doing, so we expanded the effort. We established a process to allow for rotating art exhibits on a biannual basis to showcase art created by our residents, fellows, faculty, staff, and family members.

Now, we have space for 3D art, and we are in the process of expanding the locations where we showcase works. Currently, it is mostly found in the administrative area of the department. Recently, our breast center heard about the project and reached out to incorporate art in their building, especially in the patient areas, which we will be working on in the



The Vanderbilt University radiology department is supporting the wellness of faculty, residents, fellows, and staff by displaying their artwork in the Vanderbilt Radiology Art Gallery.

upcoming months. We hope to have pieces of art at the breast center by the summer.

There is also a large research institute right next to us that has reached out with the same request. It's awesome because there is no shortage of spaces to show art, and there is a growing interest and need for it. Some of our PhDs have also submitted art, which gives us a chance for interaction between clinicians and other research faculty.

Q. What is the vision for expanding art within the department and beyond under your leadership as director of arts?

A. Our overall vision is to integrate art into the department and use it as a bridge into our community. Right now, we're primarily focusing on the visual arts, partly because it is natural for radiology as a visual specialty, but we certainly have a number of musicians, writers, and poets who we would like to get involved.

At Vanderbilt, we are fortunate because the medical center is physically adjacent to the university. We have a special opportunity to collaborate not just within the medical center, but with other groups, like the art department. We would like to expand and connect with some of the local museums and galleries to develop more regular programming, especially to involve our residents and medical students in our discussions about the connections among art, medicine, wellness, and patient care.

From the outside community, there are departments at other institutions that have expressed interest in this process and have requested a blueprint for how they can get started incorporating art into their facilities. This takes a certain amount of structure and organization, so providing this guidance is one of our long-term priorities.

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Media contact: pr@acr.org

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Q. How can the arts support wellness and patient-centered care?

A. In terms of wellness, we are talking about well-being for our faculty, residents, fellows, staff, and departments. The arts can support this in a variety of ways. The most obvious is social programming. For instance, we have started including art-related programming to give our radiology team a social connection to one another, accompanied by meaningful discussion around art. You learn a lot about people by looking at and interacting together with art. These conversations often involve issues of diversity, differing perspectives, and points of view that you haven't thought about. It's a way to build connections within and among departments.

We can also use art to help our patients feel more comfortable in our departments. We can incorporate work from local artists to reflect our communities and make our spaces more welcoming to patients rather than the sterile environments that they tend to be. This is a way to beautify our departments and make each more unique and reflective of the individual communities we are in. Eventually, it would be great to have art from patients as a way to share their stories, too.

Q. Is there also a connection to the patient through art?

A. When we bring art into our departments, we make a visual statement that patients are important to us. If patients feel welcome and comfortable in our spaces, that potentially has an impact on health equity, and they are more likely to seek care. For example, in the breast center, if we can make a space more inviting, people will be more likely to come in for their mammograms because it's going to be a more enjoyable space.

Some people have also used art as a way of improving communication. Kari Visscher (@karivisscher on Instagram) is a Canadian artist and radiologist. She is a beautiful artist, and her work is amazing. She has created paintings as a way to showcase radiologists in different situations interacting with patients, like having discussions and doing procedures. It is a way to visually communicate who radiologists are and what we do.

And sometimes people use art for shorter means of communication. Drawing anatomy about different procedures, for instance, is sometimes more helpful to patients because they can see what it looks like, and it can be easier for them to understand what's going to be done. Even sketching out a diagnosis is more helpful than just a verbal description. I think sometimes we forget this.



Radiology fellow Fadi Azer, MD, created this 3D-printed lamp, which was displayed in the Vanderbilt Radiology Art Gallery.

Q. You have a degree in studio art from Wake Forest University. Can you tell me more about your background as an artist? What got you interested in art?

A. I was one of those kids from a young age who was really into drawing and painting. I grew up in a small town in Wisconsin, and art was something that I was drawn to doing. It was something I could do if I needed an outlet because it was kind of a quiet area and there wasn't much going on. And, of course, growing up can be hard. Art was something I could focus on, get engaged with, and gain satisfaction. Looking back, it was my way of promoting my own mental health when I was growing up. It was always very calming for me to sit down with my oil pastels or watercolors and paint for hours. Nobody in my family was artsy, so I would check out books from the library and copy other artists' works. I would try to replicate how they drew or certain effects they got from their paints. I found out later that this was the way that great art masters used to learn. Some of these efforts probably were not very nice looking, but I learned a lot from trying.

I did a small amount related to art in high school and had little formal training; I was focused on standard education and getting into college. Once I was partway through my undergrad and had decided I was going to medical school, I realized I had a unique window of opportunity to develop my skills as a painter, especially since Wake Forest has a great arts and humanities department. I remember when I made this decision: I was out on a run through the neighborhood and had the realization that "I can do this." I had taken enough physics and chemistry credits to get into medical school, so I switched my biology and

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chemistry majors to minors and added an art major. I knew I wouldn't have this opportunity again, and it turned out to be an asset when I was interviewing for medical schools because I was the only person with an art background. It changed my outlook and made me more adventurous than I would have been otherwise. I am fortunate that it worked out.

Q. What made you decide to pursue a radiology career after earning your art degree?

A. I drew from my experience working in my dad's family medicine practice, answering the phone, and waiting for deliveries. I grew up with a lot of knowledge of the medical community in general when it comes to primary care medicine because he has a family practice in a small town in a rural area. So, it was not just primary care, but primary care to the utmost degree.

I knew that I would be best off in one of the specialties that dovetailed with my natural strengths and interests. I am a very visual person, and I knew I was going to go into one of the visual specialties. For the most part that includes radiology, pathology, and dermatology. Going through medical school, I was fortunate that I was at Baylor College of Medicine in Houston. They had great programming for medical students and great mentors. As soon as I did the radiology rotation, I realized it was much more interesting to me than other specialties. You get to interact with all sorts of other physicians, and you're valued for what you bring to patient care. I felt like I could have the most impact in radiology compared to all the other specialties I was considering at the time.

Q. You are also the chair of the ACR Art Subcommittee. Can you tell me about the committee?

A. The ACR Patient- and Family-Centered Care (PFCC) Commission Art Subcommittee was formed in the spring of 2021. During a PFCC meeting, Dr. Cheri Canon raised the idea of forming the subcommittee to bring

art and the ACR together to support patient-centered care, education, and the well-being of our members. Dr. David Sarkany was involved in the group's early formation and was appointed committee chair.

As the 2021 ACR Annual Meeting was rapidly approaching, the goal was to try to incorporate art in some way. Dr. Sarkany quickly gathered some volunteer members to join the subcommittee. This amounted to a combination of faculty members, radiologists, and residents who were either artists or were interested in supporting the arts because of their appreciation for it. We gathered about 150 pieces of artwork to create a virtual art exhibit for the annual meeting. (Access a gallery of the artwork [here](#).) It received a lot of positive feedback. We were especially encouraged by the response from residents and medical students. This is clearly something that resonated with younger folks and encouraged them to engage in the ACR, and in radiology in general, early on in their medical training.

Since that time, Dr. Sarkany asked me to take on the role of chair of the committee, so I started doing that this past fall. We are planning a virtual and an in-person art show during the 2022 ACR Annual Meeting. We also have a website in development to showcase art by radiologists. In the future, we would love to start some programming and social events at the ACR Annual Meeting and get people involved that way.

Q. What advice do you have for radiologists who want to incorporate the visual arts into their practice or professional community?

A. There are a number of things that can be done both in large university settings and in private practice groups. Small social events, mini-retreats, or wellness events for radiologists and staff that are centered around the arts is just one way to bring people together. These can even be formatted like a field trip or taking part in a local community art walk. Events like these do not necessarily have to involve a lot of planning, and they provide an opportunity to connect with each other and decompress from the stress of work.

Beautification projects, even small scale within departments, can provide many benefits as far as including patients, affecting health equity, and making a more enjoyable place to work. We are hoping to do some things through the ACR Art Subcommittee that can help radiology groups across the country incorporate art into their practices. For example, we are forming a list of artist-radiologists with the intent of highlighting various artists' works. This could take the form of a virtual slide presentation that could be streamed on the TVs that are already up in the practices' patient spaces. We could share the final product with those

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who wanted it, and they could upload it onto their monitors to show the art that we have collected from other radiologists.

Q. How can artist-radiologists submit their artwork to the ACR Art Subcommittee? How can radiologists, residents, and others get involved in the subcommittee?

A. We have an online artwork submission process for each exhibit. For the upcoming 2022 art show, the submission process just closed. However, later in 2022-2023, we will be accepting submissions for display of visual art for future ACR annual meetings, and we may expand that process down the road beyond the visual arts. We will promote opportunities for upcoming exhibits through social media such as Twitter, so interested artist-radiologists and trainees can stay tuned that way or can contact me to be put on our email list for future artwork solicitation.

As for involvement, anyone who has an interest and passion for art can be considered for the subcommittee. We have residents at all levels, including a first-year residents, so we don't have any requirements based on where folks are in their careers. We would love to get as many people involved as we can. We've mostly been connecting with folks through the PFCC and through social media. They can also contact our excellent ACR staff member and arts champion, Robin Wyatt, rwatt@acr.org, or me at erin.cooke@vumc.org.

See artwork by Erin Cooke, MD, at:

<http://www.erincookeart.com/>

<https://www.instagram.com/erinalisoncooke/>

<https://www.saatchiart.com/account/art-works/1141997>

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