

Keynote Speaker Q and A: *Developing Powers of Perception*

Attorney and art historian Amy Herman uses works of art to help professionals systematically sharpen observation, analysis, and communication skills. While working as head of education at The Frick Collection, an art museum in New York City, she instituted a program for medical students to improve their observation skills in 2001. Four years later, she started teaching such a seminar for nurses. Herman has adapted the program for a wide range of law enforcement agencies, including the Federal Bureau of Investigation and the Secret Service. Her 2016 book *Visual Intelligence* details this work. Herman will be a keynote speaker at AONE 2019 in San Diego, sharing her insights about observation and perception.



AONE: You note the difference between seeing and observing. Why is it important to distinguish between the two?

AH: Seeing is everything that we take in. How do we see what matters, and distill it down to the significant things we need to know? Often, we can get lost in the many details we see.

AONE: What stops us from perceiving everything we should?

AH: Our perceptions are subject to our biases. When we think we know what we should see, we often have a confirmation bias, in which we look for the indications that confirm our beliefs about a situation. Of course we can't remove all biases, but we can ask ourselves and others to be more aware of them.

AONE: How did you start training nurses in perception?

AH: I started talking to the nurse managers and directors at the facilities where I was teaching medical students, and I offered the program to nursing units. I have since taught observation and perception skills to hundreds of nurses around the country. The ability to observe closely is important for nurses, who spend so much time with patients. They are on the front lines of care and see patients in a variety of settings; nurses' observations can provide details that can guide treatment and enhance care.

AONE: You have spoken about the importance of remembering 1 telling detail. Do you have any examples from health care when 1 detail was important?

AH: A physician I worked with once said before we are connected as doctor to patient, we are connected as human to human, and I have never forgotten it. He advised clinicians to look at a patient's bedside table. Is there a picture of someone or did the patient's family bring a personal blanket? If you see such items, you know that the patient is not alone in the world and will have support when he or she leaves the hospital. Such details have implications for treatment plans. For instance, clinicians might wait to go over the treatment plan until a family member can be present or simplify the medication plan for a dementia patient that does not have family members living at home.

AONE: Do individuals with great skills in perception have certain habits?

AH: I find that individuals with astute perception are not tied to their screens on their devices. They look around and look up, take in the world around them. Effective perception is not a skill we are born with, and it can be developed. People adept at perception tend to have other strengths. They are often good readers, good thinkers, and good observers.

AONE: How do you recommend one becomes better at perceiving?

AH: When you observe an unusual situation, form a narrative in your head, think about what you just saw. Practice describing what you saw to someone else who did not see it. In nursing, you can practice describing a patient to someone else.

AONE: The advantages of being more observant in assessing a patient or investigating crimes are clear. What are some of the ways being more observant can help in performing typical office tasks, such as analyzing data?

AH: When the task is data centric, better perception skills can help you see what is there, what is absent, and how that differs from what you expected to happen. With developed observation skills, you are more likely to see trends that others may overlook.

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