All the world's a stage: the use of theatrical performance in medical education

Johanna Shapiro[1] *& Lynn Hunt*[2]

Purpose Student exposure to illness-related theatrical performances holds intriguing educational possibilities. This project explored uses of theatrical performance within the context of medical education.

Method Two 1-person shows, dramatically addressing AIDS and ovarian cancer, were presented to audiences totalling approximately 150 medical students, faculty, community doctors, staff and patients.

Results Evaluations for both performances indicated increased understanding of the illness experience and greater empathy for patients. They also showed that respondents obtained additional insights into patient care issues, and developed new ways of thinking about their situations.

Conclusions Presenting illness-related dramatic performances as an adjunct method of enhancing empathy and insight toward patients in a self-selected group of students, doctors, staff and patients was successful. Although this approach might not be effective with all learners, those who participated felt they gained important insights into the nature of the patient experience.

Keywords medical education, medical humanities, drama.

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Introduction

Student exposure to theatrical performances holds intriguing educational possibilities. This project explored uses of drama within the context of medical education. Two 1-person shows addressing AIDS and ovarian cancer were presented to audiences totalling approximately 150 medical students, faculty members, community doctors, staff and patients. Evaluations for both performances indicated increased understanding of the illness experience and greater empathy for patients. They also suggested participants obtained additional insights into patient care issues and developed new ways of thinking about their situations. Although this approach might not be effective with all learners, those who participated felt they gained important insights.

[1]Department of Family Medicine, University of California Irvine College of Medicine, California, USA
[2]Department of Pediatrics, University of California Irvine College of Medicine, California, USA

Correspondence: Johanna Shapiro PhD, Department of Family Medicine, UC Irvine Medical Center, 101 City Drive South, Rte 81, Bldg 200 Ste 512, Orange, California 92868, USA. Tel.: 00 1 949 824 3748; Fax: 00 1 714 456 7984; E-mail: jfshapir@uci.edu

Medical educators have long been interested in the potential of the humanities to enliven and inform various aspects of medical education. The humanities are typically viewed as a means of humanising medical education.[1] The theoretical rationale for the inclusion of the humanities in medical school curricula emphasises their ability to help students access the patient's subjective experience of illness as well as to provide a psychological space for students to reflect on their own professional development.[2]

The theatre in particular has provided intriguing therapeutic and educational possibilities. Theatrical performances have been introduced as an important aspect of innovative patient care environments, especially in Europe.[3–5] In medical education, dramatic scenarios and techniques are most commonly represented by simulated student–patient role plays. Both standardised and virtual patients,[6] whose characters are based on detailed, movie-like scripts, have been used to extend the breadth and depth of student exposure to a wide range of clinical situations. Role plays have been constructed to teach about adolescent issues,[7] family dynamics,[8] cultural difference,[9] breaking bad news,[10] patient-centred medicine,[11] teamwork[12] and communication skills.[13] Other medical educators have explored more elaborate 'medi-dramas' as a way of

Key learning points

Exposure to an illness-related dramatic performance can increase empathy and develop insight in learners.

A heterogeneous audience of medical students, experienced physicians and patients results in a richer, more insightful dialogue.

The use of 'live' performers makes theatre an emotionally engaging experience for learners.

The shared group experience of attending a theatre performance strengthens bonds among participants.

teaching about the doctor–patient relationship.[14,15] Readers' theatre, in which students enact a dramatic script based on classic works of literature of relevance to medicine (i.e. Camus' *The Plague*; William Carlos Williams' short story *The Use of Force*), represents another possible use of drama in medical education.[16] All such role play situations draw on assumptions about the ability of a drama to simulate 'real life' effectively, as well as to provide practice in 'hard-to-teach' clinical skills.[17] Such skills include adopting the perspective of someone other than oneself, being aware of and able to use and interpret body language, and recognising and communicating emotions.

The direct presentation of a theatrical performance to medical students to further specific learning objectives is less widespread, although examples of this approach to help medical students understand difficult subjects such as grief[18] and death and dying[19] can be found in the literature. Despite the relative paucity of documented efficacy, the judicious incorporation of dramaturgy into the medical school curriculum as a teaching tool is worth considering for at least 3 reasons.

Firstly, for the past 20 years, anthropologists have pointed out the value of shifting from mechanistic to dramatistic metaphors in analysing social life.[20] These scholars emphasise that, in a sense, we are all actors engaged in performances, enactments, plots and counterplots in an effort to interpret and make sense of our lives.[21] From this perspective, medical students can acquire important insights into the 'roles' they assume as part of their professional training from the dramatic modelling that occurs in a stage performance.

Secondly, in contrast to other humanities-based approaches, such as reading a book or gazing at a picture, theatre involves group participation. Of necessity, it requires an audience. Therefore, as the ancient Greeks recognised,[22] the spectacle of theatre provides recognition, catharsis and release not only for the individual, but for the community as well. This group experience is a particularly important pedagogical feature when considering the socialisation process of a group of learners such as medical students, who are struggling to become part of a professional community. A shared exploration that focuses in a dramatic way on some aspect of what it means to be a doctor in relation to a patient is likely to strengthen bonds among participating members by facilitating open communication and self-disclosure.

Finally, although theatre presents fictional characters and situations, it is performed by real people. This singular aspect necessarily makes the human immediacy of theatre more apparent than that of literature or even cinema. The presence of live actors means that theatre has a uniquely compelling emotional quality, making it difficult to avoid or intellectualise the struggles and suffering portrayed. In a live performance, the audience experiences emotional engagement in a visceral way that becomes especially intense when the actors are also actual patients.

The purpose of the project described below was to present live theatrical performances to a community of medical students, doctors, patients and caregivers in order to determine whether this exposure increased empathy and awareness among participants for the patient's experience.

Methods

Projects and participants

Two theatrical programmes were presented on separate occasions roughly 8 months apart to a mixed audience of medical students, university and community doctors, patients, family members and caregivers. Both programmes were 1-person shows created by individuals who were professional actors as well as patients. The first, *Living in the Bonus Round: A Perspective on HIV and AIDS* commenced with a 1-hour entertainment by songwriter/playwright Steve Schalchlin in which he chronicled, through songs and stories, his experiences as a person living with AIDS. A half-hour panel discussion followed, in which 2 physician experts and a humanities scholar commented on the performance and engaged in discussion with the audience and the performer. This show was linked thematically and chronologically to a second year patient–doctor course module on HIV and AIDS.

The second show, *Deep Canyon*, consisted of a 1-hour performance by Annan Paterson, in which she chronicled her diagnosis, medical treatment, and psychological and spiritual journey as an ovarian cancer survivor. Similar to the first performance, an audience discussion followed, facilitated by the chair of the UCI Cancer Center Psychosocial Oncology Task Force. This event was scheduled to coincide with the end of the third and fourth years of clinical training as a reminder and reinforcement of teaching themes throughout the years that emphasised the importance of empathising with the patient's perspective and treating the whole person.

Both performances were followed by a reception in which performer, panellists and audience mingled informally and exchanged ideas. There were lively contributions and questions from the audience both during the discussion and at the informal reception, which provided the artists with the opportunity for continued interaction with audience members. The performances were offered at no charge to participants, although advance registration was required, and were held at locations considered convenient for the target audiences.

Approximately 70 people attended the AIDS performance (based on registration). Approximately 50% of the audience was female. Audience ages ranged from the 20s to 50s, with a mean of 33·58 years. The ethnicity of participants appeared to be primarily white. About a third of attendees were students, a quarter were faculty members and the remainder were health professionals serving the AIDS community, patients, friends and family members.

Approximately 80 people attended the performance representing the experiences of a patient with ovarian cancer. Their ages ranged from the 20s to 80s, with a mean age of 49·1 years. Their ethnicity was also primarily white. About 20 of the attendees were medical students. Several residents and physician faculty members also attended, as did a significant number of nurses, social workers and other staff associated with the Cancer Center. About a third of the audience were cancer patients, their families and friends.

Informal follow-up was conducted with 5–6 students from each performance. Three of these students attended both performances. The follow-up occurred spontaneously as the first author encountered these students in the normal course of teaching. Students were asked their general impressions about the event, their specific reactions to theatrical performance, their feelings about a mixed audience of professionals, students and laypersons, and how they thought the experience might influence their development as doctors.

Findings

On-site discussions and informal follow-up feedback

Reaction to theatrical performance

Several comments were made to the effect that a dramatic performance was especially engaging because it involved real people; in these cases, people who had also been patients. Patients attending the performance shared that they heard thoughts and feelings expressed that mirrored their own, but which they were often afraid to utter to health care professionals. Physician faculty members remarked that the presentations were an experience in 'enforced listening' to the voice of the patient, and that, despite their experience in their respective fields, they gleaned new insights into the patient perspective. Several faculty members even observed with some surprise that they were so involved that they identified with the patient rather than with the doctors represented in the shows. Students who had been involved in a literature and medicine elective noted that in many ways theatre impressed them as being more involving than reading a story or poem, yet at the same time it was not as overwhelming as actual patient care. 'It's the patient 1 step removed,' said 1 student. Another student commented that she was especially intrigued by the idea of performance, because as a beginning third year student, she often felt as though she were play-acting. Seeing a performance by a patient helped her understand that we all assume roles, and that some are more comfortable than others. She concluded by recognising that some of the skills used in acting could be useful in medicine as well.

Heterogeneous audience

Individuals who identified themselves as patients or family members commented at both performances that they were glad doctors present, so that they could better understand the experience of serious, life-threatening illness from the patient's point of view, including what it felt like to hear bad news or undergo chemotherapy. Students remarked that the heterogeneity was a particular bonus during discussions. Rather than being restricted to the student perspective, they had the opportunity to learn how other key groups in their professional world – i.e. experienced doctors and patients – reacted to the issues raised in the 2 plays. Several expressed the opinion that hearing doctors' positive reactions increased their own perceptions regarding the usefulness and relevance of the performances.

Table 1 Programme evaluations

	AIDS: mean (standard deviation) ($n = 22$)	Ovarian cancer: mean (standard deviation) ($n = 47$)
The performance improved my understanding of the experience of:		
persons living with AIDS	5.00 (0)	–
women who have ovarian cancer		4.70 (0.45)
The performance caused me to think about issues relating to AIDS and other chronic illnesses in new ways	4.56 (0.58)	–
The performance helped me to have better insight into the emotional and psychological issues associated with ovarian cancer	–	4.70 (0.33)
The performance increased my empathy for:		
persons with AIDS	4.67 (0.61)	–
women with ovarian cancer	–	4.81 (0.28)
The format (performance + discussion) was a useful way of learning about the personal, subjective effects of:		
HIV and AIDS	4.78 (0.42)	–
ovarian cancer	–	4.91 (0.35)
I would be interested in attending a similar event in the future	4.89 (0.28)	4.80 (0.22)
I will be able to incorporate insights from this performance into my future interactions with patients*	5.00 (0)	4.80 (0.31)

*Doctors, residents, nurses, staff and medical students only.

Students' professional development

Perhaps the most frequent issue represented in statements made by students either in group discussions or follow-up feedback concerned the importance of developing empathy and compassion for the patient's experience. Students seemed to pay great attention to how doctors were portrayed in both performances, and mentioned as 'anti-role models' those who were callous or indifferent. Students also mentioned the importance of seeing the patient in the context of his or her life, rather than simply reducing them to a diagnosis or treatment challenge.

Overall, feedback about both the performances and subsequent discussions was extremely positive. After the performances, the programme co-ordinators talked to between 30 and 40 people at each reception, who uniformly praised the event and stated that they found it moving and insightful. In both cases, audience members expressed appreciation for the panel discussions because they demonstrated that theatre-based approaches could illuminate difficult issues such as AIDS and cancer even for highly trained medical professionals.

All participants received brief event evaluation forms that asked them to rate various aspects of the educational value of the performances on a 1–5 Likert scale (1 = not at all; 3 = somewhat; 5 = very much). Only 22 evaluations (a 36·4% response rate) were returned for the AIDS performance (Table 1). These evaluations showed highly favourable reactions. Many students wanted to repeat the programme for the entire student body. An HIV specialist commented that the performance was very true to life, and several members of the community noted that they had developed new insights about living with AIDS as a result of the performance and panel discussion.

The response rate for *Deep Canyon* was somewhat better (58·8%) (Table 1). These evaluations also showed an extremely positive audience reaction. A representative comment from a self-described 51-year-old breast cancer survivor read: 'How wonderful [the performance] depicted all of the feelings and emotions that we have felt. Thank God for YOU!' Evaluations from both performances reported increased understanding of the illness experience and greater empathy for patients undergoing that experience. They also indicated that the audience obtained additional insights into the lives of patients, as well as developing new ways of thinking about their

situations. Audiences appreciated the format of performance plus discussion, and wanted more such events offered.

Lessons learned

Reaching our target audiences

Despite the lack of fee, relatively convenient locations and extensive publicity, it was still difficult to attract the appropriate audiences. For example, we discovered that third and fourth year medical students were discouraged from attending by the concept of registration, because they were never sure of their schedules. We were also disappointed in the number of people with AIDS who attended the *Bonus Round* event, although we distributed fliers at several HIV community clinics and even hired a bus to transport patients to the show. Attendance may have been affected by the proximity of this performance to 9/11. Working directly with an established Cancer Center for the second performance significantly boosted the number of patients attending.

Recruiting a heterogeneous audience

Although our initial emphasis was on creating an innovative educational experience for medical students, the presence in the audience of voices representing a spectrum of the medical community proved to be of great benefit. In this atmosphere, students could listen to the opinions and emotions of experienced doctors, patients and family members (and, in the second performance, staff) as well as those of their peers. The result was a much richer and more insightful dialogue than we could have originally imagined.

Limitations

There were several limitations involved in both the recruitment of participants and the evaluation process. The project involved only a single institution and community. Further, participants were self-selected, probably had a particular interest in the illness focused on, and possibly had a pre-existing positive disposition towards attending theatre. In addition, in terms of formal evaluation, our response rate was low, although we were able to improve the response rate by more than 20% from performance 1 to performance 2. Therefore, our findings must be interpreted with caution. However, the poor response rate is offset to some extent by the extremely positive feedback and enthusiastic discussions that occurred following each performance. Moreover, the fact that the audience was self-selected and, as noted above, probably predisposed to enjoy a play, makes it more likely that the feedback we received was representative of the groups as a whole. In addition, when the response rate improved in the second performance, there was no decline in overall positive reaction.

Conclusions

Mounting theatrical performances as an adjunct method of enhancing empathy towards patients in a self-selected subset of medical students proved highly successful. While this approach might not be effective for all medical students, those who participated were moved and felt they had gained important insights into the nature of the patient experience. The 'live' nature of the performances reminded them of the humanity of people who become patients. The group aspect of the experience brought them closer not only to patients, but also to other members of the medical community and to each other. Sharing this event provided students with a greater sense of belonging to a community dedicated to healing in its largest sense.

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