2016 Full Submission

Title: Medical Improv Initiative

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School/Department: Duke University School of Medicine, Department of Pediatrics, and Trent Center for Bioethics, Humanities, and History of Medicine.

Other Collaborators:

1. Dan Sipp (lead instructor), BA, Standardized Patient Trainer, Clinical Skills Lab, Duke University School of Medicine
2. Elizabeth Ross DPT, MMSc, FAACH, Associate Consulting Professor, Doctor of Physical Therapy Division, Duke University School of Medicine
3. Lynn A. Bowlby MD, FACP, Associate Professor of Medicine, Duke University School of Medicine
4. Saumil M. Chudgar MD, MSEd, Director, Undergraduate Medical Education, Department of Medicine, Duke University School of Medicine

Focused Question: How can trainees and clinicians use techniques derived from improvisational acting in order to learn to be better communicators, more present with patients, and more nimble in their responses to patients values and goals as they practice medicine?

Background: Medical Improv is an emerging field in which the principles and training techniques of improvisational theater are used to improve spontaneous thinking, communication, and teamwork in the practice of medicine. The techniques have been used for many years by actors in order to help them listen deeply, think clearly, and respond authentically under pressure. Medical Improv is taught as a humanities elective at Northwestern University Feinberg School of Medicine and has spread to other medical schools such as Johns Hopkins, and The Uniform Services University of the Health Sciences. Articles by leaders in the field have appeared in the Annals of Internal Medicine and Academic Medicine.

At Duke, three pilot workshops have been offered to date in 2016 with participants from the Schools of Nursing, Medicine, Doctor of Physical Therapy, and Physician Assistant Program. A core value for these workshops is to have learners from all of the health sciences and at different stages of their careers work together then share their experiences and points of view. These debrief sessions often yield the most powerful takeaways for participants.

The practice in healthcare demands excellent communication, intellect, and interpersonal skills in order to respond effectively in unpredictable situations while interacting with a wide variety of individuals. Literature regarding medical decision making, teamwork, information transfer, and patient satisfaction show that there is significant room for improvement in communication skills training for clinicians. Improvisational skills have a substantial overlap with those required of clinicians. The main principles of
the discipline include empathy, adaptability, collaboration, and skilled listening. Improv is performed by actors on stage for the purpose of entertainment. Medical Improv is performed by clinicians in the workplace for the purpose of patient care. What turns â€œimprovisationâ€ into â€œMedical Improvâ€ is the selection and adaptation of these principles to match healthcare goals, followed by targeted discussion that ties improv to healthcare.

Health Professional schools aim to teach students the science of medicine and the art of communication. However, developing methods for teaching communication skills that are effective and enjoyed by students can be difficult. Medical Improv addresses obstacles to successful health professional education communication. Medical Improv helps build robust skills in active listening, clear information delivery, and collaborative story building that is central to understanding patients needs and goals. Students recognize that success is related to being able to think quickly on the spot, in front of other people. Thinking well in front of other people is a defining element of Medical Improv.

Clinicians must prepare for unpredictability. Improvisational theater teaches learners to accept uncertainty and ambiguity as the context for healthcare practice. Students are taught how to work with the unexpected rather than imposing their own sense of order that does not grow out of a patient’s values and goals. It reframes the experience of not knowing an answer as something that can be stimulating and useful, rather than frightening. Medical Improv can also contribute to professional development, by strengthening skills such as acceptance of feedback, adaptability to change, and maintaining professional composure in stressful situations.

Successful healthcare professionals make rapid adjustments to patients’ verbal and nonverbal cues. Improvisers do the same in response to cues from teammates and audiences. Health professions students are regularly critiqued by faculty. Improv students receive postexercise notes and side coaching instructor comments that they must immediately accept and incorporate into their performance. In Medical Improv, students are constantly putting new concepts into action, experimenting with new skills, adjusting to failures, and incorporating feedback. Medical improv is a training gap, providing an opportunity to develop and practice the components of communication skills before integrating them in the “dress rehearsal” of role-play or “performance” with real patients and health care teams. This method gives learners the freedom to experiment with new approaches to old goals before implementing them in context. The flow from concept to skill to integrated practice is immediate and constant. This aims to improve the clinician’s ability to collaborate with others, focusing on behaviors that create productive and trusting partnerships.

**Specific Aims:**

1) Using the principles and techniques of improvisational theater, to foster
a) the cognitive capacity and flexibility needed to evaluate and acquire reliable clinical information,
b) the ability to actively and generously observe and listen to another,
c) the ability to communicate empathically with others in order to create an environment in which she or he feels safe, satisfied and heard.

2) To offer 6 to 8 free workshops yearly for the next two years.

3) At the end of the two year pilot, to offer the first two day weekend intensive open to healthcare learners from around the country.

**Methods:**

1) Brief description of educational intervention:

a) Students will participate in improv exercises that coach specific skill sets:

i) portraying varied social status;

ii) improving and directing attention;

iii) telling stories;

iv) working as a team.

b) The exercises themselves are not designed as clinical scenarios, but instead they draw on the improv tenets and vocabulary to provide a structure for applying lessons learned in the communication exercises to the clinician-patient relationship. Each session will include time for students to comment on what they see and experience, as well as how they might utilize their new skills in the clinical realm. Sessions will be led by improv experts as well as clinicians who will provide personal experience and clinical scenarios in which the application of the skills in clinical settings is discussed. Examples of specific exercises include: Red Ball “Learners toss a variety of multicolored but imaginary balls around the circle. This exercise focuses on agreement, clear communication and checking back with your partner after passing along information; Hello, (blank) “One learner chooses an emotion to portray and steps forward toward their partner in the exercise. They say “hello” to that person in a way that authentically expresses the emotion they feel. Their partner must then correctly guess the specific emotion displayed. This exercise explores many aspects of emotion in conversation including aligning how we feel inside with what we display outwardly, naming emotion in conversations and the subtle differences between certain emotional states; “Yes, and,” “Yes, but,” and “No.” Learners work with a partner. Each pair has a one minute conversation where every exchange must start with “Yes, and..” Then a minute where each conversation begins with “Yes, but” and so on. The final repetition has learners going back to exchanges that start with “Yes, and.” This helps reinforce the power of agreement as well as the negative power of the word “but” in conversations. This exercise has proven to be a favorite with our learners and is often cited as their most substantial takeaway. Each learner must explain an aspect of modern life, such as email, to a partner who pretends to have been asleep since colonial times. This exercise highlights the value of speaking to others in terms they will understand and how to align your message and goals with the values of another person.
2) Outcomes and measures: All participants are encouraged to provide post-session feedback through Qualtrics surveys on the day of the event and one month later to assess how they have applied what they have learned in their practice. End-of-course evaluations will use a 5-point scale to assess

a) impact on communication skills;

b) confidence in patient interactions;

c) relevance to clinical practice;

d) contribution to enjoyment of the session;

3) Data management and analysis: The surveys from participants will be anonymous, with no identifiers, and they will be kept in a locked office after the survey information is entered into spreadsheet format on a password protected computer.

4) IRB status: If this project is funded, we will submit a request for exemption from IRB review of the project in anticipation of reporting our experience through publication. The project meets the IRB’s published criteria for exemption from review as an educational study

**IRB Status:** Plan to submit

**Challenges:**

1) Availability of qualified faculty. Few clinicians are trained in the principles and techniques of improvisation.

2) Institutional limitations on the lead instructor. Dan Sipp is a trainer in the Standardized Patient Program. Organizing workshops is outside of his defined job description. Funds to offset cost to the SoM for time spent on the project would be helpful.

3) Student resistance to humanities courses is a concern. In pilot seminars, we have had multiprofessional participation with much enthusiasm from the students. Because every communication skill necessary for being a successful clinician is in play when you improvise, the value is perhaps apparent to students.

**Budget Template:**

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<tr>
<th>PI Effort</th>
<th>Consult costs: $1200 is designated for professional development for an assistant instructor who will attend the train-the-trainer workshop. Once they</th>
<th>$5000</th>
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become proficient in goals and methods of Medical Improv we will be able to double the number of participants in each workshop without losing quality (for example giving every participant the opportunity to do every exercise and still receive individualized feedback). The remaining $3800 will go towards reimbursing the Clinical Skills Program for Dan’s time spent working on and developing this new program (191 hours over one year at $19.92 per hour or approximately 4 hours per work week).

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<tr>
<th>Equipment:</th>
<th>Supplies:</th>
<th>Travel:</th>
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**Total Requested:** $5000

**Works Cited:**
