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Using Theater to Increase Empathy Training in Medical Students

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Actors and their moral passions and their bodily gestures create and communicate light, the light of the spirit of man.¹

Developing and nurturing empathy in medical trainees has long been recognized as an essential element of medical education. The Association of American Medical Colleges cites the development of empathy as critical in medical education.² Further, the Accreditation Council for Graduate Medical Education identifies empathy as a central component in professional training.³ Finding unique and creative ways to train for empathy is critical to creating caring, patient-centered physicians. The arts and humanities have been incorporated into most medical schools to increase medical students' sensitivity and empathic skills.⁴⁻⁶ Broadly, the humanities can help foster the art of medicine and the awareness of the doctor-patient relationship. There has been significant medical literature on the use of narrative tools to augment medical students' ability to "listen to the stories of our patients and to be moved to act on the patient's behalf,"⁷ and an increased use of visual art images to foster students' observational and interpretive skills.⁸⁻¹¹ However, there have been less published data on the use of theater as a tool to increase medical students' awareness and empathic skills.¹²⁻¹³ Published medical education theater-related data include students observing opera,¹⁴ drama including the use of WIT as a movie to teach end-of-life scenarios,¹⁵⁻¹⁶ film,¹⁷ and improvisational theater techniques.¹³ Many of these theater related experiences include opportunities for medical students to reflect on the emotions and stories portrayed in the drama.

Theater offers a unique learning strategy to engage students' sensory, emotional, kinesthetic and cognitive processes by increasing their awareness of both the verbal and nonverbal communication that is essential to patient care. It may be particularly helpful in medical education if students become active participants in the theater experience rather than passive recipients. We describe here a recently implemented educational intervention that uses theater to foster empathy in medical students.

Methods

With the collaboration of an actor/theater educator, trained standardized patients, and medical school faculty, a theater workshop was developed for first year medical students at a United States medical school. This two hour session took place in the Professionalism curriculum, in a longitudinal course, spanning the first and second year of medical school, that addresses communication skills, professionalism and cultural competence training. Specifically, with the use of theater games, art images and reflective writing, the workshop was designed to allow students to:

1. Consider the concept of empathy within the context of art and theater
2. Experience art, theater and narrative as reflective tools to build empathy and self-reflection.

Theater Games Workshop:

Observation game

One hundred sixty-seven first year medical students were introduced to the use of theater in medicine as a tool for observation, communication and patient healing in a large group setting with a trained actor. The workshop engaged the students in a series of “theater games” in both small and large groups (Table1). The actor led the students in an “**Observation Game.**” Students were paired in the large lecture hall and instructed to observe each other closely. Each student pair team was directed to turn around and “change” three things about their physical appearance (i.e. taking off an earring, rearranging a hairstyle, untucking a shirt, etc). After making changes, they re-faced each other and observed the physical changes made by each other. This exercise allowed the students the opportunity to “observe with intention” physical changes made by their classmates. It required active observation of physical differences, not unlike observations students make about their hospital patients. Further, it engaged students in a unique and playful manner, resulting in much laughter.

Frozen Picture and Sculpting Activities

The students then divided into seven smaller classrooms of 24 students, each with a trained standardized actor and medical educator to continue theater exercises in a more intimate setting. The trained actors led the students and faculty through a series of theater and observational exercises to include “**Frozen Pictures**” and “**Sculpting.**” In the former game, students volunteered to strike a particular pose, conveying a particular emotion, and their classmates had to describe “what they saw” and the “stories that might be conveyed from the pose.” In the “sculpting” exercise, students worked in teams to sculpt their partner into an image with a specific theme from which their colleagues had to once again “observe the story from the posed image.” These exercises required students and medical faculty to focus on one another in a lighthearted and non-threatening manner, allowing for community and team building. Additionally, the intent was to increase participants’ observational skills, demonstrate an awareness of body language as a potential diagnostic and clinical tool in patient care, and suggest to students the idea that “everyone has a story to tell.”

Character Profile

Each trained standardized actor then had the students and faculty choose a particular image of a person or character from a series of photographs on a table. These photos were multi-racial, multigenerational, multi-cultural and standardized for all groups of medical students. They were copied from a series of theater photos and all were specifically selected, because they conveyed strong emotions. Students and faculty were instructed to “find a picture that intrigues you.” After everyone selected a picture, individuals were given 15 minutes to write their character’s profile and to include their characterization of the “person’s image” from the photo. They were asked to “bring their ‘**Character to Life**’” through their written interpretation of the picture. Questions the students were to consider included: Who is your character? What do you see? What is your character’s name and age? Who is his/her family and habitat (time and place)? What is your character’s greatest fear? What is his/her greatest desire? What is the most important being to them (person, animal or spirit)? What is his/her job? What is his/her most peaceful place?

“Pictures to Life”

In the next classroom activity, building on the character profile exercise, faculty and students used writing and imagination to “become the character.” As they experienced their characters, they were encouraged to “walk in their shoes” and empathize with the characters as people. Finally, student volunteers were asked to share their writing and theatrical interpretations of their characters and to dramatize their characters. To close the session, the actor and medical faculty facilitated a classroom discussion about character, observation and empathy by using many of the following questions:

1. How did the character portrayal (both written and theatrical) relate to taking a patient history?
2. What could be learned from the body language of the character as students listened, visualized and observed?
3. How could students empathically “walk in their patient’s shoes,” and how could they recognize that, what “may be routine” for them, might be the patient’s greatest fear?
4. How can physicians empathize with patients who are very different from themselves?
5. What techniques can students develop so that they can be active listeners of human behavior?
6. What are the multiple roles that patients play in their individual lives and those of their families? These may be roles that physicians might not see, but that nevertheless have an impact on a patient’s state of health.

Roles in Life

Finally, the theater workshop concluded with a **“Roles in Life”** exercise, whereby students took five minutes to write down on one side of the paper all the roles that they play in their lives, and, on the other side, an “adjective” to describe each “role.” Each of the participants was invited by the actor facilitator to share one of their roles with the group. The actor and faculty then led the students in a discussion about character, observation, and empathy to include: 1) The multiple roles that we play in life; and (2) the multiple roles that we play with patients, considering Anne Fadiman’s quote, “Every illness is not a set of pathologies but a personal story.”¹⁶

Evaluation:

The 7 participating actors and 14 medical faculty provided oral feedback in a wrap up session immediately following the theater workshop. Additionally, the medical faculty provided narrative feedback within the week following the workshop and were

encouraged to share their perceptions about the students' 1) ability to demonstrate empathy within the context of art, theater and narrative; 2) use of reflection as part of their empathy awareness; 3) ability to demonstrate empathy rather than sympathy; 4) ability to write a narrative based upon an art image; and 5) awareness of body language and emotion as diagnostic and clinical tools. They were also asked to share how beneficial the workshop was in promoting empathy through the use of art, theater and narrative.

The medical students were surveyed on the value of the theater workshop as part of a standardized Professionalism and the Practice of Medicine course evaluation two months after the completion of the workshop. This course evaluation included the following three questions and asked for written comments:

1. Rate the overall quality of the session.
2. Rate the ability of the session in helping students understand the importance of body-language in the doctor patient relationship.
3. Rate the effectiveness of the actors in stimulating discussion on the role of empathy, body language and communication in the doctor-patient relationship.

The survey instruments utilized in this study were part of an internal medical school course evaluation used for quantitative evaluation of course quality. Actors, faculty and students responses were completely anonymous, avoiding potential repercussions to the participants completing the evaluation. An educational exemption was approved by the medical school Institutional Review Board.

Results

This workshop was a new session in the PPM curriculum. The student activities generated much discussion by students, actors and faculty, and the feedback was wide-ranging. Student comments about the experience were quite varied:

The entire session was fun and interactive. It made us step into the lives of others and attempt to understand life from their perspective which is something a doctor should do with a patient.

It was an entertaining session but I don't know how effective it was in teaching empathy. For sheer entertainment value, it was highly worthwhile.

The idea that you can teach empathy I think is a little ridiculous.

Medicine is an art, not just a science and I think the session was a great example of the art of observation needed to be a successful doctor.

Our class missed the point of this exercise. We thought it stereotyped people.

Faculty believed that the workshop succeeded in promoting empathy through the use of theater and narrative. There was also considerable discussion on “lessons learned” and recommendations for changes for future sessions. Faculty comments included the following:

Roles in Life was a great exercise. It gave me some additional insight into the students that I later used during my faculty mid-year evaluation sessions.

The session needs development work and critical assessment of the format. The standardized actor in particular did not work (collaboratively) with the medical faculty.

I think it is important that the curriculum emphasizes empathy, how to foster it and enhance it. I think that there are better ways to do it, however.

I thought this session was fun and so did the students. It was truly different, engaging and interactive. Whether this will really help with students’ ability to stop, concentrate, listen and feel in the moment when a situation cries for empathy is hard to know.

All seven actors’ feedback was universally positive. Their perception of the workshop’s ability to promote empathy through the use of theater and narrative was included in the following narrative feedback:

Acting teaches students to be better connected with humanity.

Theater allowed the students to be ‘in the moment’ in a visceral and emotional way.

Acting allows the students to experience empathy by engaging in the spiritual aspect of healing.

Theater tells us stories about what it means to be a human being and a patient.

Discussion

Patients, medical educators and most physicians agree that empathy is critical to patient care. How to develop, nurture, teach, measure and encourage it in medical trainees is debated. Clinical empathy—including the ability to actively listen to patients, to observe their body language, and to take on the perspective of another—is critical to effective clinical encounters. Well defined medical curricula in teaching clinical empathy continue to develop.

We believe that theater may be a useful tool to teach clinical empathy. The polarity in the student feedback is perhaps reflective of some of the challenges in teaching empathy, including the tremendous diversity of medical students' personalities and learning styles. Additionally, there remains the perception, reflected in some of the student comments, that empathy simply can't be taught—you either have it or you don't. Some students embraced the concept of theater wholeheartedly and truly enjoyed the experience. Most thought it “was fun,” but many others failed to correlate its relationship to patient care and clinical applicability. Others could not relate to the experience at all. All faculty concurred that training for empathy was essential. A few faculty believed that the applicability of theater to medicine and the objectives of the theater workshop were not clear to them or their students.

While faculty enjoyed the session, their narrative comments reflected some question as to whether the goals of the session were achieved. Analysis of narrative comments by both students and faculty reveals the need for more clarity in conveying these goals, including recognition that there is debate about the “teachability” of empathy, as well as about how best to enhance it in ourselves and our trainees. More faculty discussion and development regarding empathy training would no doubt enhance their comfort with this type of session.

Another factor contributing to the perception of unclear expectations may have been the multiple activities attempted in the session. It is possible that the central goal of the session (to experience art, theater, and narrative as reflective tools to build empathy) was lost in the effort to include multiple forms of artistic expression.

Faculty were willing to embrace the interactive nature of the session and expressed satisfaction in gaining additional insight into their students and exploring alternative ways to build empathy. Many students seemed less willing to take the “risk” of participating in an unusual session that demanded their engagement in activities not usual in their medical school “routine.” In addition, many complained about the timing of the session (immediately following a midterm examination).

A limitation of this workshop was that the actors, even though trained during two three-hour sessions by the lead actor in order to standardize the theater exercises, may have conveyed different messages. Participating actors were chosen for being effective and “seasoned” teachers/actors with a strong desire to convey the message of empathy to the students. Despite this training and background, there was variability in each of the smaller groups' actor dependent experiences that should be considered. Other challenges in the workshop's implementation include the need for better medical faculty development of the goals and objectives of the theater workshop, making explicit its relationship to patient care and clinical applications. This may be most effective if faculty development is done with both the medical faculty and the actors together, prior to bringing all three groups together for the actual theater workshop. Future theater workshops will need to better integrate and standardize both actors and medical faculty through faculty development. Additionally, efforts to directly evaluate students' empathy skills should be considered.

Despite the challenges and lessons learned, the theater workshop was an innovative and emotionally powerful attempt to foster empathy in medical students. It engaged the students as active learners through theater. While some students were challenged in noting the applicability of theater to patient care, many appreciated the dynamic and interactive nature of the workshop. It may be possible to train students for the nuanced, dynamic interactions that take place between patients and doctors through interventions that engage the empathic imagination of trainees.¹⁸ Improvements to future sessions would include further faculty development/training in theater and empathy and establishment of better methods to assess changes in empathy over time.

Table 1

Theater Exercises Using Theater, Art and Narrative Medicine in Doctoring			
	Setting	Facilitator	Timeline
1.Observation Game	large group	Lead Actor	1:00-1:10pm
2.Frozen Pictures	small group	Actors	1:20-1:30pm
3.Sculpting	small group	Actors	1:30-1:45pm
4.Pictures to Life	small group	Actors/ Medical Faculty	1:45-2:00
5.Character to Life	small group	Actors/ Medical Faculty	2:00-2:40pm
6.Roles in Life	small group	Actors/ Medical Faculty	2:40-2:55pm
7. Wrap Up	small group	Medical Faculty	2:55-3:00pm

Endnotes

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