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PROFESSION

Comedic skills for a serious role: Improv class teaches med students to think on their feet

A unique four-week improvisation course shows how to listen closely, work in teams -- and be flexible as needed.

By KEVIN B. O'REILLY, amednews staff. Posted March 7, 2011.

The game is attacker-defender. Each player spontaneously selects another person in the room to "kill" with a tag. The targeted player selects another person as a "defender," trying at all times to use that person as a shield against the attacker. When they are killed, players die a loud, dramatic death.

The game -- a warm-up exercise for six students learning improvisational skills -- quickly elicits a cacophony of shouts and squeals reminiscent of playground days. But all noise and movement stops with an unexpected knock at the door, the way children go mum during a sleepover when Mom checks in to see how things are going.

"Umm, could you kind of keep the noise down a little bit?" says the young woman who knocked. "We're taking an exam next door."

Oops.

The place -- a medical school -- is what makes this improv class unusual. Chicago, birthplace of the famed Second City improv comedy troupe that has served as the training ground for John Belushi, Bill Murray and many others, also is home to what appears be to the country's only recurring improv class that also is part of a medical school curriculum.

The elective, four-week class, "Playing Doctor," is part of the Medical Humanities and Bioethics Program at the Northwestern University Feinberg School of Medicine in Chicago.

The noisy class may distract other students trying to take exams -- a scheduling mix-up -- but letting loose is part of the point, said Evan Davis, a first-year medical student who took the course this winter.

"Normally, we're being drilled about professionalism and how important it is to always say the right things and choose our language very carefully in our simulated patient encounters," Davis said. "This was the complete opposite of that. We could just be obnoxious and say things from the seat of our pants, act wild and crazy and be loud."

Though the homework-free class is attractive to students because it provides a chance to have fun in a way rarely offered in their other classes, the improv skills students learn can serve them well through the rest of medical school, residency and in practice, said Katie Watson, who teaches the course.

"A lot of these improv exercises are about whether you can have your brain, body and emotions 100% in this moment, not looking forward or backward," said Watson, an assistant professor at Northwestern's Medical Humanities and Bioethics Program who also teaches at Second City. "That is the foundation of the art form of improvisation, and it's important, absolutely, for physicians in dealing with patients and their teammates and collaborators as well."

The class does not focus on medical scenarios. Rather, students create scenes in many kinds of roles and settings to allow for the freest possible exploration of the risks and rewards of improvisation.

The improv method

After playing attacker-defender, Watson reminded her students of some of the core principles of improvisation. Students should:

- Never say, "No." Denying another student's idea can stop a scene dead in its tracks. Instead, players ought to build on their scene mate's suggestion, always responding "Yes, and ..."
- Avoid questions, because they put the burden back on the other player instead of sharing responsibility for building a scene together.
- Be expert in everything. If the setting is a cockpit, a player should not impede the scene by professing ignorance of aviation. Players must pretend to be knowledgeable to keep the scene progressing.
- Give gifts -- that is, add information to the scene by explaining who they are, why they are there or how they relate to the other players in the scene.

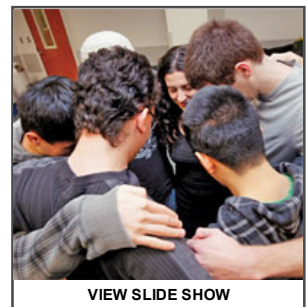
These improv methods emphasize stage collaboration instead of competition, Watson said.

"If you want to think about leadership and about the competitive perspective and who is singled out as being excellent, it is often the person who can help the most people," she said. "When you see an improv group, who's the person everyone wants to be in a scene with? It's the person who makes you look like a rock star. They carry their own and make others feel empowered to do their best job."

The same is true in medicine, said Watson, who also teaches courses on health law and medical ethics at Northwestern.

In improv, players must think on their feet. In one moment during the class, the players were at Mount Everest, and during the next they were at a faux Mardi Gras celebration in Mexico.

That ability to adapt to the unexpected comes in handy as a physician, said Monica Rho, MD, who took the Northwestern class as a



second-year medical student and now is a physical medicine and rehabilitation specialist at the Rehabilitation Institute of Chicago.

"The thing this class taught me how to do was deal with the unpredictable," said Dr. Rho, also a clinical instructor in the Dept. of Physical Medicine and Rehabilitation at Northwestern.

"Pretty much on a daily basis there's an unpredictable question thrown at me -- something I'm not expecting to hear from a patient. The challenge is coming up with a way to communicate something to your patient that is important, but in a manner that they will understand. I think that class taught me a lot how to do that quickly."

Listening skills

Building a scene requires paying close attention to what the other players are saying, orally and with their bodies, said Ali Sepahdari, MD, who also took the course as a second-year medical student.

"The biggest thing about improv as an art form that really is applicable to medicine is that more than anything it's a discipline about listening. ... Improv is about reading the people you're around," said Dr. Sepahdari, assistant professor in the Dept. of Radiological Sciences at the University of California, Los Angeles David Geffen School of Medicine.

"In medicine, you have a dozen different people trying to take care of a patient, and just trying to understand what people are thinking and saying is the most challenging part of that. It sharpens your listening skills to do improv. It's something that helped me later on."

Other current and former Northwestern medical students who have taken the class said it helped them overcome their fears of public speaking, think better on their feet and worry less about making mistakes in other medical school classes.

Watson has written an article about the course, started in 2002, that has been accepted for publication in a forthcoming issue of *Academic Medicine*. She said there are discussions at Northwestern about working some of the improv skills into the required curriculum or recommending the course to students who have difficulty with the communication aspects of their medical school training.

"Clinical practice requires a certain skill set, and there are multiple ways to attain that skill set," Watson said. Taking an improv class to learn these skills "may be one of them."

The print version of this content appeared in the **March 14** issue of *American Medical News*.

ADDITIONAL INFORMATION:

Following patients' struggles teaches empathy

If improv is helping medical students at Northwestern University Feinberg School of Medicine in Chicago hone their listening and teamwork skills, officials at the New York University School of Medicine hope a redesigned curriculum will instill their students with greater empathy for patients. As part of its new C21 curriculum launched in August 2010, students in the preclinical years are assigned to follow a panel of three patients to gain a greater understanding of how they experience the health system.

"The students go to the clinics with these patients and learn what it's like to be a patient with a particular disease," said Mel Rosenfeld, PhD, associate dean for curriculum at NYU School of Medicine. "We want them to be understanding the patient not as a disease entity, but as a whole person. This goes to the question of empathy."

This is all part of a module called the Patient-based Longitudinal Ambulatory Care Experience, or PLACE. Harvard Medical School in Boston and the University of Pennsylvania School of Medicine, among others, give their first- and second-year medical students similar exposure to patients, Rosenfeld said.

On their first day at NYU, medical students meet patients with colon cancer, diabetes or other conditions and ask them questions about how these conditions affect their lives. Doing it early is critical, Rosenfeld said, because by the time students are in their clerkship years they may be too overwhelmed with the tasks of patient care to take time to listen to and understand patients' struggles. "Empathy is very important, and, yes, you can learn it," Rosenfeld said. "It's not as if you're born with it. People can develop this skill."

WEBLINK

Northwestern University Feinberg School of Medicine Medical Humanities & Bioethics Program (bioethics.northwestern.edu)

New York University School of Medicine's C-21 curriculum (ome.med.nyu.edu/medical-curriculum/c21)

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