How Bodies Learn: A Brief Intervention Using Dance and Dialogue

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Setting and Problem

Although the practice of medicine is inextricably involved with the body, medicine's inherent emphasis on cognition and mental processing of information means that the physician's body is largely ignored as a site of learning. One consequence of this disembodiment is that residents' capacity to monitor their behaviors is compromised. In addition, the adult learning paradigm that dominates current approaches to innovation in medical education expects learners to be self-aware and to actively reflect on their learning processes, and yet many new residents have little experience engaging in such reflection. The brief intervention described in this article addresses the problem of "disembodied learning" for physicians in training with the following objectives:

1. Recognize which learning strategies residents are likely to enact in response to new stimuli (e.g. new clinical environment, new rotation, or new levels of responsibility).
2. Analyze and articulate how medical education impacts and changes resident bodies as they learn how to perform competently as physicians.
3. Practice leadership and team building through effective communication.

Intervention

Summary Description. Learners choreograph and perform a dance (think Electric Slide, not Swan Lake) as a group, followed by a facilitated dialogue linking the activity to embodied learning.

Duration. Allow 60 to 90 minutes; 45-60 for the dance portion, 15-30 for the dialogue.

Learner Profile. This activity was designed for a cohort of family medicine residents halfway through their internship year and could be run with a cohort from any specialty, with the expectation that the dialogue portion of the activity will differ depending on the residents' experiences. The group should be around 6 - 10 dancers (Note: everyone in the room must dance to the best of their ability—no spectators). Larger groups can be split provided there is sufficient space.

Requirements. Room for the group to move, stereo, a contemporary song (with a brisk, walking-pace beat), a confident facilitator to keep the group moving. The facilitator must be able to (1) count to the beat of the music, (2) keep the group moving by assisting with the addition of new steps and practicing as described below, and (3) facilitate open dialogue centered on the residents' experiences.

Instructions: Dance Portion. (1) Announce that the goal is to choreograph, learn, and perform a dance as a group within the next hour. (2) Each member of the group devises movement for 8 counts; count out the time for them while the music is playing. (3) Build the dance; each person teaches their 8 counts; when the group feels comfortable, add the next 8 counts. Practice from the beginning as often as necessary. Continue until all the steps have been added. (4) If time permits, divide the group into two and have each half "perform" the dance for the others. (5) Offer a 5-minute break to rest the body before the discussion.

Instructions: Dialogue Portion. Offer the prompts suggested in the left-hand column of the following table. Be prepared to follow the learners' lead.

Guiding Questions for Facilitator	**Typical Responses from Participants**
How did you learn the dance?	"Fake it 'til you make it." Repetition. Following someone else. Staying in the back to practice. Made up memorable names for the steps (e.g. "the sprinkler").
How does this activity relate to the experience of learning medicine and interacting with others?	Every time I go to a new rotation or a new clinic it's like I have to start again. There is lots of repetition. It helps to follow someone who knows what they are doing. Go through the motions until you know what you're doing.
What is your body learning as you learn medicine?	(Silence.) How to metabolize caffeine quickly. How to walk for miles. How to work with no sleep. How to eat quickly. How to carry my computer, my phone, my pager, and my water in my lab coat pockets. How to endure. How to do without. How to be uncomfortable and not let anyone know.
What positive things is your body learning?	To listen and hear—hearts, lungs, bellies. To notice and see things I couldn't before. To feel—skin, muscle, bones, organs. To perform procedures.
How do you feel about your body as a result of this activity?	Concerned. Proud. Need to take better care of it. Need to pay more attention.

Outcomes to Date

This activity has been run annually with four cohorts of family medicine interns; including, on average, 6 residents, the facilitator, the program director, and one or two other clinical faculty members. The setting was a mandatory two-day retreat, with the dance activity scheduled after lunch on the first day. The sample responses from the dialogue portion of the activity speak to its success in raising residents' awareness of their bodies' learning in the course of clinical training. For different specialties, the dialogue may reveal other insights (e.g. surgery residents may focus more on physical skills training and their bodies' condition during lengthy procedures). The dance and dialogue have consistently resulted in increased awareness of self and others, in addition to enhancing the cohesion of the cohort by serving as a shared memory and focal point for in-group humor, helpful self-deprecation (particularly by the faculty) and appreciation of difference. Although not yet formally evaluated, it would be useful to elicit resident and faculty reflections on its impact both in the short and long term.