

# Grace Under Pressure: a drama-based approach to tackling mistreatment of medical students

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## **Abstract**

A positive and respectful learning environment is fundamental to the development of professional identities in healthcare. Yet medical students report poor behaviour from healthcare professionals that contradict professionalism teaching. An interdisciplinary group designed and implemented a drama-based workshop series, based on *applied theatre* techniques, to help students develop positive professional qualities and interpersonal skills to deal with challenges in the healthcare setting. We piloted the workshops at the University of Sydney in 2015. Attendees completed evaluation questionnaires and participated in a focus group or interview. Of 30 workshop attendances, there were 29 completed questionnaires and three participants attended a focus group or interview. Workshop activities were rated as 'very good' or 'good' by 21/22; (95.5%). Thematic analysis of qualitative data highlighted the rationale for participation (to deal with bullying, prevent becoming a bully, learn social skills), workshop benefits (express emotions, learn about status dynamics and deconstructing personalities, empathy, fun), challenges (meeting

participants' expectations, participants' need for further practice), and implications for medical education (need to develop awareness of others' perspectives). Our research has shown that there is momentum to challenge mistreatment in medical education. While a multipronged approach is needed to generate systemic change, this pilot offers a positive and creative innovation. It helps students improve their interpersonal skills and sense of self to deal with challenges in the healthcare setting, including mistreatment.

## Introduction

A positive learning environment and respectful culture are fundamental to the development of appropriate professional identity. Medical students and trainees have traditionally developed professional identity through apprentice-master models with senior practitioners. More recently, professionalism coursework has been introduced and students are exhorted to act with compassion, respect and empathy. Yet they continue to have negative experiences in healthcare settings and witness poor behaviour from healthcare professionals that contradict professionalism teaching.<sup>1</sup>

While this is not new, increasingly reports have highlighted student distress from mistreatment in healthcare settings. This impacts negatively on learning, physical and mental wellbeing, workforce retention and patient safety. Recent American research found 59.4% of trainees experienced harassment or discrimination during medical school.<sup>2</sup> Research at two Australian medical schools found 74.0% of students experienced 'teaching by humiliation' and 83.1% witnessed it.<sup>3</sup> Some students and teachers believe coping with humiliation is part of professional development.<sup>2</sup> However, mistreatment can haunt doctors for decades and some mistreated students become teachers who "meet [*sic*] unto others what was perpetrated against them".<sup>1</sup>

Medical schools need to address the disconnect between professionalism teaching and what is modeled to students. Monrouxe claims developing positive professional identities can effect cultural change.<sup>4</sup> Students who have internalized concepts of how things *should* be done can change the way things *are* done through "small acts of resistance".<sup>4</sup>

## Drama-based workshops

Traditional approaches to mistreatment during training have suggested building resilience (i.e. just coping with it) or challenging the bully. Often, neither is effective nor desirable. We explored an innovative third path. An interdisciplinary group developed three 'Grace Under Pressure' voluntary three-hour drama-based pilot workshops for medical students at the University of Sydney in 2015. They evolved from Macneill *et al.*'s acting-skills professionalism program at the University of Singapore School of Medicine<sup>5</sup> and were adapted for our use by Paul Dwyer, a practitioner of *applied theatre* in contexts of conflict transformation.<sup>6</sup>

Each of the three workshops began with warm-up exercises designed to orient the students to learning through movement and to the theme of the workshop. These exercises explored different modes of movement; modes of interacting such as a continuous handshake (greeting the next person before releasing the hand of the previous person); awareness of the space (pointing to items in the room and declaring true and false labels for them), and moving within the group so as to fill

gaps as they appeared. The substantive work in each workshop related consecutively to three themes: status, leadership, and working as an ensemble. Status work included an exercise in which each person adopted a status level (0 - 10) and greeted another 'actor', before modifying one's status level to match one's partner. Leadership work included exercises in pairs with one person leading in movement and then switching to the other person. Work on ensemble included trust exercises (catching a falling partner), exploring connectedness (bamboo pole suspended between partners in movement) and enacting actual scenes (from the students' experience) of cohesive and lack of cohesiveness, in which participants created physical images of distressing events to externalise emotions and focus on what they might be able to change. Each workshop concluded with discussion arising from the students' workshop experience and how their experiences provided fresh insights into the theme for the workshop.

We aimed to pilot this series of three workshops through which participants could begin to develop acting and adaptive leadership skills to help them deal with interpersonal challenges in the clinical setting, including mistreatment. Ultimately, we aimed to disrupt the transgenerational cycle by encouraging and enabling participants to model positive professional behaviour. The workshops were non-prescriptive to meet our aims and adapt to participants' needs and experiences. They examined the scope for individual action while highlighting issues requiring broader, systemic change.

Actors are trained in observation and embodied awareness. They have repertoire in voice, gesture and stance for developing relations between characters and can observe a conversation while participating and improvising within it. Acting offers a creative means to address the complexities of interpersonal relations in modern healthcare workplaces, where most communication is unscripted: actors understand that improvisation is grounded in rules that can be taught.<sup>7</sup> Role play has been used successfully in medical education to focus attention on interpersonal interactions involving mistreatment;<sup>8</sup> however, the skills developed in the Grace Under Pressure workshops go beyond roleplaying and communication training to encompass an embodied understanding to help students be more creative, authentic and confident as professionals, and more effective with patients.<sup>9</sup>

The Grace Under Pressure workshops are based on applied theatre techniques, which have been employed in many areas of medical and health professional education.<sup>10</sup> Students have found them to be particularly helpful for developing a broader awareness of others and learning to "act like a doctor" (p. 1094).<sup>11</sup> The workshops' applied theatre techniques included Boal's *image theatre* exercises.<sup>12</sup> Here, theatrical debate allows participants to observe, comment on and intervene in scenarios that dramatise oppressive social situations, examining the scope for individual or collective action.

## Methods

After each workshop, attendees were invited to complete a questionnaire containing free-text items about what they learnt and closed items (five-point Likert scale) on workshop activities. Attendees were invited to a focus group or interview (audio

recorded and transcribed) to discuss impact on individual and workplace experiences.

Quantitative data were analysed using descriptive statistics (Likert scale data were collapsed into three categories). Qualitative data from focus group, interview and surveys were de-identified and analysed through thematic analysis. The researchers independently identified key words, phrases and themes through open coding. SB developed a coding table, which she compared with the analyses of KS, LN and KI. Through multiple cycles of coding and discussion, all data were captured and classified, and discrepancies resolved. The research results reported here focus on the qualitative research data.

The research undertaken to evaluate the workshops was approved by the University of Sydney Human Research Ethics Committee (2015/282).

## Results

There were 30 attendances over three workshops. Of 27 attendees (14 female), 26 were medical students and one from the Australian Medical Association State (New South Wales) branch. One person attended all workshops; one attended two and 25 attended one.

Twenty-nine questionnaires were completed (participation 96.7%). For the item evaluating workshop activities, 21 of 22 responses (95.5%) rated them 'very good' or 'good'. Three attendees (11%) participated in a focus group (n=2) or interview (n=1). Four themes were identified in the qualitative data, outlined below and in Table 1.

### Rationale

Some participants attended a workshop to tackle bullying:

*"Follow[ing] periods of... covert bullying... the faculty was very supportive but they didn't help with anything per se practically, and I felt like maybe [the workshop] was the thing God sent."*

Some attended for preventative reasons:

*"I don't want to be a [bully] ... I want to be involved in [the workshop] so I could be more aware."*

Participants were attracted by the use of acting skills to teach interpersonal skills:

*"Social skills go hand in hand with emotional maturity and that is a difficult thing to teach and I do think that the acting field is one way that you can explore that."*

Most wanted to learn social interaction skills to manage personal and professional challenges:

*"I've always found [social interactions] quite challenging ... It is probably something that all people can practise."*

### Benefits

Many believed the workshops presented a rare, safe opportunity to freely express themselves:

*"I feel like [it's] a place where emotions are safe [to] stay within the four walls, where it's okay to be wrong, where it's okay to say these things."*

Participants gained skills to face interpersonal challenges in the hierarchical medical culture:

*"Learning the dynamics of status in a group was life changing."*

Similarly, participants benefited from analysing challenging people and situations, and breaking them into observable parts:

*"Deconstructing and reconstructing a personality... that's a skill that is good to learn."*

Recognising other people's feelings and emotions was another key skill:

*"In retrospect, like, wow, this could help students, this could help doctors, people who don't have empathy inherent to them."*

Many identified the sense of fun:

*"It was really fun. I think that's important, even though it's not a skill."*

## **Challenges**

Most believed the workshops offered something useful, if unexpected:

*"The workshop didn't fill the gap that I wanted but it did fill a gap that I think I needed."*

Participants foresaw ongoing involvement where they could explore issues more deeply and practise their repertoire:

*"I feel like this will be even more important in internship... once we start working, these situations become more real. Here, okay, yes, a lot of us have suffered with other people but it's still not the workplace, there's still not high-stakes."*

## **Implications**

The workshops highlighted the need to develop awareness and understanding of others' perspectives:

*"I don't think there was much opportunity in medicine to express yourself like that and I think it helps with... understanding your own emotions and other people's emotions."*

The workshops demonstrated the limited opportunities for exploration and expression of emotions in medical education.

## **Discussion**

Currently there is momentum to challenge mistreatment in medical education.<sup>13</sup> Although a multipronged approach is needed to generate systemic change,<sup>3</sup> this pilot offers a uniquely positive, creative approach. It aims to enable students, the most

vulnerable in the medical hierarchy, to begin to develop acting and leadership skills that will help them deal with challenges in the clinical setting, including mistreatment.

This pilot has had initial, positive evaluation. Universities, hospitals, NSW (department of) Health and the Australian Medical Association state branch see its potential to enable effective change. Modified workshops have now been held for junior and senior medical staff in one urban and one regional State hospital, in which feedback was positive. We are using mandated teaching time to enable participation. Inter-professional and intergenerational participation by healthcare staff, promoted by management, is the ideal approach to maximising impact on hospital culture to build social capital and encourage positive professional attributes.

Limitations of this pilot research include the small number of participants in the focus group and interview, and the fact that these workshops were voluntary, which affected attendance and selection bias in participants' disposition towards positive evaluation of the workshops. The research design would have benefitted from a control group to compare the effects of participation versus non-participation in the workshops, or to compare different interventions, and separate reporting of evaluation data from participants who attended one, two and three workshops.

The workshops demonstrated that helping medical students develop embodied acting skills can be transformative. Some students believed they improved their interpersonal skills and developed a better sense of how to deal with challenges and mistreatment in the healthcare setting. That these workshops were fun was a key ingredient to the depth of learning facilitated in a short time.

**Competing interests:** We have no competing interests to declare.

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**Table 1: Themes and sub-themes in qualitative workshop evaluation data**

Themes	Subthemes
Rationale for attending workshops	To tackle bullying
	To avoid becoming a bully
	To learn interpersonal skills
	To learn social skills to manage personal and professional challenges
Benefits of workshops	A rare, safe opportunity for self-expression
	Gaining skills for interpersonal challenges
	Gaining skills for analysing challenging people and situations
	Recognizing people's feelings and emotions
	Fun
Challenges of workshops	Meeting participants' needs, if not expectations
	Need for further development of skills for internship
Implications for medical education	Need to help students develop awareness and understanding of others' perspectives