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Published in:
Academic Medicine

DOI:
10.1097/ACM.0000000000003271

Medical Education Empowered by Theater (MEET)

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Abstract

The medical education community acknowledges the importance of including the humanities in general, and the liberal arts in particular, in the education of health professionals. Among the liberal arts, theater is especially helpful for educators wanting to bring experiences that are both real and challenging to the learning encounter in an interactive, engaging, and reflective way. In this Perspective, the authors share what they have learned after working together with a company of actors for 8 years (2012–2019) in different obligatory and elective curricular activities. Influenced by Freire's Pedagogy of the Oppressed and the ideas of Boal's Theatre of the Oppressed, Medical Education Empowered by Theater (MEET) embraces social accountability and applies the concept of sensible cognition to empower medical students as the protagonists of their learning and professional development to become agents of change—both in patients' lives and in health care systems. The MEET theoretical framework builds on the concepts of liberation, emancipatory education, critical pedagogy, and participatory theater to offer medical students and teachers an opportunity to problematize, criticize, and hopefully reform the hierarchical and often oppressive structures of medical education and practice. MEET sessions include activating previous knowledge and experiences, warm-up exercises, different improvisational exercises, debriefing, and synthesis. Vital to the praxis of MEET is applying theater-teaching traditions to develop capacities important in medicine: presence, empathy, improvisation, communication (verbal and nonverbal), and scenic intelligence (i.e., the capacity to self-assess one's performance while performing). The authors believe that theater offers a venue to integrate both the personal and professional development of students into a process of reflection and action, targeting the transformation of the medical culture toward social justice.

> Verbal communication is not only about literal meanings; it's also about appreciating metaphor, analogy, allusion, and other poetic and literary forms of language. Communication is not only about words and numbers. Some thoughts can't be properly expressed in these ways at all. We also think in sounds and images, in movement and gesture, which gives rise to our capacities for music, visual arts, dance, and theatre in all their variations. The ability to form and communicate our thoughts and feelings in all these ways is fundamental to personal well-being and to collective achievement.[1(pp137–138)]

Liberal arts allow for the expression and understanding of the human experience beyond the limits of verbal thought.[2–4]

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Acad Med. 2020;95:1191–1200.
First published online March 3, 2020
doi: 10.1097/ACM.0000000000003271

Supplemental digital content for this article is available at http://links.lww.com/ACADMED/A819.

When we humans are listening to a melody, admiring a painting, creating a sculpture, or watching a movie, we feel, connect, react, and touch. We experience. We live. We do not need words.[5,6] Afterward, when trying to share the lived experience with others, we search for the right words, but often they are inadequate to express the wholeness of our experience faithfully. This dimension of our existence, the aesthetic dimension, is the space where artists find themselves at home.[2,7,8] Artists—be they performers or those who create visual art—are professionals who go beyond words to convey their messages. Art teachers succeed in supporting students in their trajectory to master this aesthetic dimension of their lives, accepting ambiguity and complexity as natural elements of their professional (and personal) experiences.[1]

Health professionals also need to understand beyond the words, to appreciate the emotional and cognitive dimensions of patients' experiences.[9,10] Working purposefully to be present in interactions, to comprehend even nonverbal messages with both patients and team members requires health professionals who can make important decisions under the influence of emotions[11,12]—emotions that are often not verbalized by the interlocutors or parties involved.

We (the authors of this Perspective) believe the contribution of the liberal arts to medical education goes beyond offering tools for specific pedagogical activities. The liberal arts represent an accumulation of a particular body of knowledge that has grown from a different research tradition. We believe health professions educators can benefit from engaging with this tradition in a meaningful transdisciplinary dialogue.[13] Among the liberal arts, drama stands out for its history of successful interactions within the health professions education field. Examples of this success include the participation of actor–patients in clinical skills education, the work of actors to produce communication scenarios and teaching materials for clinical teams, and the work of drama and clinical teachers to develop educational strategies for sensitizing medical students and doctors toward patients' needs.[14–17]

Prologue

In this Perspective, we share what we have learned after working together with a company of actors for 8 years

(2012–2019) at the University of Campinas (Campinas, Brazil). In those years, through different obligatory and elective courses, we have developed and implemented learning activities, including simulation, medical improv,[18–20] and communication skills training, to support the professional identity development of physicians-in-training.[21,22] If the phrase "life imitates art" is true, then actors can teach health professionals how to listen actively, understand without words, cope with emotions, direct a scene, and improvise under pressure.[23] We embrace the concepts of medicine as a performing art and doctors as performers.[15,16,24,25] We believe that in the process of becoming a doctor, medical students may benefit from cycles of imagining, conceptualizing, rehearsing, and performing until they realize their own unique ways of thinking, feeling, and acting like physicians.

Interactions in health care, including those with patients and colleagues, involve more than simply understanding the biochemistry or pathophysiology of illness. We agree with Kristeva and colleagues: "We must, more radically, question the conventional distinction between the 'objectivity of science' and the 'subjectivity of culture.'"[26] Reaching such a reconciliation requires curiosity, intellectual freedom, mutual understanding, willingness to share, and time. Medical Education Empowered by Theater (MEET) was born from the encounter between actors and doctors, in the same classroom, at the same time, with the same purpose: to reconcile the technological developments of medicine with the art of caring.

MEET was born in Brazil and is deeply embedded in Brazilian history, roots, and culture. Influenced by the ideas of Paulo Freire and Augusto Boal (see Box 1), MEET uses the concepts of sensible cognition—that is, the notion that humans' understanding of the world starts in our senses and is profoundly influenced by our emotions. MEET adds to others' experiences incorporating theater practices into medical education[14,18–20,27–32] by offering a theoretical framework to ground its activities—a framework that understands students as agents of change, and education as a process of emancipation targeting social justice.

Box 1

Brief Biography of Paulo Freire and of Augusto Boal, Whose Works Form the Foundational Theory of the Medical Education Empowered by Theater (MEET) Course at the University of Campinas

Paulo Freire (1921–1997)[71] was a Brazilian educationalist, lawyer, and philosopher, known for developing Critical Pedagogy. In exile for 15 years, after he published his first book, *Education as the Practice of Freedom*, he worked as a visiting professor at Harvard University. He wrote more than 20 books, but it was *Pedagogy of the Oppressed*, first published in English in 1970 and translated into more than 60 languages, that has had the largest influence in education and pedagogy worldwide (with more than 70,000 citations according to Google Scholar[72]). Paulo Freire received numerous awards and was nominated as "Patron of Education in Brazil" in 2012.[71]

Augusto Boal (1931–2009)[34] was a Brazilian dramatist who created the Theatre of the Oppressed, a form of interactive or participatory theater intended to act out solutions for social problems. He was arrested in 1971 and spent 15 years in exile. During this period, he set up a center for the practice of his theater in Paris and organized international Theatre of the Oppressed festivals. In 1992, he published *Games for Actors and Non-Actors*, which describes techniques for putting his method into practice.[34]

We acknowledge the possible downside of artistic endeavors. The liberal arts can be used to manipulate or alienate (e.g., the case of Futurism, wherein the visual arts were used for political propaganda by authoritarian regimes).[33] Importantly, we believe the commitment to social justice protects MEET from serving purposes not aligned with the values of the medical profession.

Here we describe, as acts of a play, the theoretical foundations, educational practices, and our experiences with MEET.

Act I: The Origins of MEET

The Theater of the Oppressed

One of the most important Brazilian theater directors, Augusto Boal understood theater as a rehearsal for life.[2,34,35] Boal's theater matured first during the hard days of the military dictatorship in Brazil (1964–1985) and second during his exile in Latin America and Europe (1971–1986).[35] In Boal's understanding of theater, the audience members are active, participating members of the scene, all with their own prerogatives who may direct the actors or become the characters. Boal considered theater a pedagogy—a way to co-construct knowledge, create awareness, stimulate reflection, and prepare for action.[36] Through one of his most widespread initiatives, the Theater of the Oppressed, Boal brings social dilemmas to the stage and invites the audience to reflect, debate, and rehearse for changing the reality.[36] The scenic space can be installed anywhere, in a market, a classroom, or a prison. The audience and actors work together to create a scene that is meaningful to all. During this staging of daily, everyday-life events, specifically those that are perceived as oppressive (e.g., moral [psychological] harassment perpetuated by an unprofessional supervisor), the audience feels empowered to change the course of action by modulating the characters' attitudes, behaviors, or personalities. The audience can even take over and become the actual performers; Boal called them the "spect-actors."[2]

Theater of the Oppressed is now used all around the world not only as a teaching strategy but also to fight against different manifestations of oppression.[37] In medical, dental, and nursing education, Boal's technics have been used successfully to improve communication skills and discuss professional identity formation.[31,38–44] In MEET, we build on these experiences and offer both a theoretical foundation and a praxis to ground future initiatives.

Critical Pedagogy

Another theory foundational to MEET is that of Critical Pedagogy. Brazilian teaching and learning are highly influenced by the ideas of Paulo Freire, who understood education as a nonhierarchical process of co-creating knowledge through the engagement of learners in critical and emancipatory dialogue—a dialogue based on trust, love, and hope.[45] According to Freire, "Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other."[45] Like Boal's Theater of the Oppressed, Freire's seminal work, *The*

Pedagogy of the Oppressed, was also born during the military dictatorship in Brazil, an era of political repression, extreme poverty, fast urbanization, illiteracy, and rising social inequality. This complex and suffocating social reality explains why Freire's work stresses the importance of educating for change. The ultimate goal of Freire's pedagogy is promoting liberation. In his words, "Liberation is a praxis: the action and reflection of men and women upon their world in order to transform it."[45]

Freire's pedagogy is part of the emancipatory education movement, a movement that was heavily influenced by Marxist ideas and that idealized adult education as a process in which "adults unlearn their adherence to unfreedom and learn to be enlightened, empowered, and transformative actors in particular times, places, and spaces."[46] The emancipatory education movement recognized society and traditional schooling as intrinsically oppressive realities and considered education to be a process that should go beyond the development of competence and the acquisition of knowledge. Education, for the emancipatory movement, should be a process of continuous development toward full citizenship.[47]

According to Freire's Critical Pedagogy, students and teachers share the responsibility of learning together in an atmosphere of respect and love.[48] The learning space should be democratic and invite reflection and action on real-world problems extracted from the learners' context. To earn the trust of students, teachers must cultivate humility and understand the learning process as a 2-way road that transforms the realities of both parties—that is, of both the student and the teacher.[45,49] The goal of this reflective and nonhierarchical practice is to achieve "conscientization," a meta-cognitive understanding of one's social, political, economic, and cultural realities.[45] Reaching conscientization bonds the learners, who develop a sense of community, and leads students and teachers to fight for transforming their reality toward the ideals of social justice.[45]

Critical Pedagogy and medical education. We believe discussing social justice with medical students is vital because—despite all the efforts to democratize medical practice and education—both fields are still marked by a sense of privilege and both fields still propagate an often toxic and hierarchical culture that has negative effects on patient care and on students' well-being and professional development. The hidden curriculum of medicine sustains power structures still permeated by paternalism, sexism, and racism.[50,51] Moreover, taking a global perspective, we believe that the field of medical education risks becoming a new colonizing force: imposing western views and assumptions about what is good educational practice and neglecting the relevance of context and culture to educational success. Critical pedagogy can break this vicious cycle by establishing a continuous democratic debate with the horizontal participation of students, teachers, and—why not?—patients.

Criticism of Freire's Critical Pedagogy. The critics of Freire's pedagogy point out an overreliance on rationalism as the primary strategy to reach liberation.[52] Additionally, some have argued that the call for liberation and conscientization can become a new oppressive structure if adopted uncritically or used as an authoritarian discourse. A final, worth-mentioning criticism is the potential to oversimplify oppressive relationships in a way that fails to map and understand the complexity of current educational settings and social dynamics.[47,52]

We believe that combining the concepts of sensible cognition (see below) and critical pedagogy balances the overreliance on rationalism and that adopting a critical stance regarding the concept of oppression protects students and teachers from oversimplifying.

Oppression

We acknowledge that both the theoretical foundations of MEET—Critical Pedagogy and Theater of the Oppressed—focus on oppression. Boal and Freire understood oppression as any force—either internal or external—to individuals that limits or forbids them from being or becoming what they desire, any force that prevents people from taking control over their own lives.[2,45] According to Freire, the first step to fighting oppression is to develop a critical consciousness: "One of the greatest obstacles to the achievement of liberation is that oppressive reality absorbs those within it and thereby acts to submerge human beings' consciousness."[45] We believe the culture of medicine and medical education may be oppressive for some learners, precluding their development into the physicians they want to be, and we designed MEET to help trainees engage actively with the culture and work to effect change.

Students arrive at medical schools with, instilled in them, an idealized view of the process of becoming a doctor. During medical training, this idealized view gives way to crescent levels of cynicism.[53] As Bleakley recently stated, "medicine has been the Saturnine father who eats his young."[54] Emotional detachment arises as a consequence of the clash between what medical students expected and the reality of their actual clinical/educational experience. Students identify the lack of alignment between what is taught and what is experienced. Social justice is a core value in medical professionalism, but health care systems systematically fail to provide equal care for those living on the margins of society, such as African Americans; members of the lesbian, gay, bisexual, transgender, queer community; and migrants.[55–58] Altruism is celebrated as the driving force for becoming a doctor, but the concept of profit permeates the relationship with pharmaceutical companies. Drug developments and treatment choices suffer under the influence of market forces, and those diseases that predominately affect the poor struggle to find a place in the research agenda. Clinical and ethical teachers proclaim patient-centered care, but, in many health care systems, doctors have only 10 to 15 minutes per clinical encounter.[59] Equity is demanded, but sexism is still observed in clinical teams.[56]

Theater welcomes this ambiguity, these contradictions, and the resultant tension while also allowing students to debate how to deal with those contradictions. On the stage, students see how reflections can become actions, how actions may or may not change the system, and how they themselves can thrive even if change is not immediately possible. The Theater of the Oppressed opens the stage for students and supervisors to engage in a process of reflection for action. In Boal's words, theater is a rehearsal for life.[2]

Sensible cognition

Boal grounded his Theater of the Oppressed methodology in the concept of sensible cognition as described by the

German philosopher Alexander Gottlieb Baumgarten.[7] According to this tradition, sensible cognition does not use the same logical, verbal, and mental processing as cognitive reasoning. Instead, sensible cognition offers a parallel and often complementary understanding of the world. This complementary understanding starts in human senses, is profoundly influenced by emotions, and, like cognition, is able to create knowledge and generate memories.[2]

For Boal, theater feeds a person's sensible cognition through what he called "sensitive thoughts": the process of thinking that is felt and understood without words. These sensitive thoughts start with senses or sensitive memory and may evolve to a verbal, symbolic thought, but can also be communicated without words, directly through our emotions or body.[2] The concept of sensible cognition amplifies our understanding of how arts can create meaning without words, but we note that the concept can also nurture the idea that emotion and reason are dichotomies, which is not accurate. Research shows that emotions not only directly influence decision making but are also fundamental to its quality.[11] Emotions, reasoning, and learning are intertwined and work together to make us humans social and cultural beings.[60]

MEET

We developed MEET working under 2 assumptions: (1) medical education is a social and political process, in which medical students are agents of change, with an active role in thinking and planning an equal, efficient, and just health care system, and (2) caring is complex and emotional, and students should embrace this complexity with an open heart.

A rationalist norm rules the medical field, and, in general, emotions are considered an obstacle to be overcome to allow reason to flourish.[61] Students and residents struggle, especially during clinical training, to find the time and a safe space to explore and to further develop their emotional resources under the guidance of an experienced facilitator.[61] At the same time, medicine involves a high load of emotional labor (i.e., "the process of regulating experienced and displayed emotions to present a professionally desired image during interpersonal transactions at work"[62]). In other words, on one hand, students are not supported in their emotional development, and, on the other hand, they have to be emotionally competent and behave empathetically with patients, families, and colleagues.

The concept of sensible cognition provides a means of bringing emotions back into medical discourse and practice while offering a theoretical construct to inspire pedagogical practices that go beyond sharing behavioral rules (e.g., shake each patient's hand). The accommodation of emotions in medical practice and identity may nurture students' emotional capital (i.e., "the emotional practices that are inextricably linked to the ways individuals and groups form their habitus and perceive themselves and others").[63] MEET practices aim for broadening students' emotional capital by creating contextualized opportunities for them to express; explain; reflect on; and deal with their feelings, values, attitudes, and behaviors.

The goal of MEET is to feed the critical consciousness of medical students while advancing their emotional resources, increasing their emotional capital, and preparing them to endure the challenge of being a physician.

Act II: Presenting the Characters and Setting a Common Ground

In this second act, we introduce the "main characters" of our "play," making parallels between the works of actors and doctors.

Presence

Actors cannot properly perform if they are not fully present, body and mind, in their scenes.[64] When they are not wholly present, the audience perceives the fakeness, the characters lose their strength, and the play loses its power.[37] Actors must leave behind personal issues to focus on their characters and the play.[23,37,65] Actors need more than understanding; they need to realize how a person, in certain circumstances, could become the character. Patients expect the same ability from a doctor. Patients perceive when their physicians are distracted or indifferent. Doctors ought to create a sense of familiarity with their patients and need to regulate and reappraise negative feelings to allow the therapeutic encounter to occur. They must realize how each person has become, also, a patient.

Drama educators go beyond teaching behavioral rules to show how to connect with characters and other actors during the play. Creating a character is not only memorizing the lines or developing a repertoire of gestures but also connecting with that character's history, ideas, and emotions.[66] Similarly, relating to patients is not only looking into their eyes, shaking their hands, and being polite; rather, connecting to patients demands emotional bonding and cognitive focus. The exercises for the stage we have adapted for MEET (Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/A819) help medical students to develop a specific kind of focus, an ability to understand and acknowledge the context without disconnecting from either the interlocutor (i.e., the patient) or the message they must convey.[23,67]

Empathy

Actors need to put themselves in their characters' shoes, building the identity of the character while preserving the intentions of the writer and the meaning of the story. Actors must approach their characters without prejudice so as to connect honestly with them.[8] Similarly, doctors need to put themselves in each patient's shoes to build a therapeutic plan that fits the latter's expectations. Doctors should put aside their prejudices to connect honestly with patients. The doctor–patient relationship needs to align with patients' needs and positively modulate the clinical trajectory of the patient.

MEET actors have adapted several exercises (Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/A819) to nurture the cognitive, emotional, and volitional components of students' empathy. The exercises involve both the body and the emotions as essential elements of empathy.[14,23,67]

Improvisation

Although actors often follow a script, they work in dynamic, complex situations. A play is the result of the coordinated effort of actors, scenographers, musicians, producers, and directors. Actors interact with each other, musicians, stage

assistants, and the audience. Things can go wrong, and they do go wrong. But the show must go on, and actors are the masters of improvisation.

Analogously, doctors interact simultaneously with patients and their relatives, with team members from multiple disciplines, and within a specific, complex health care system. Doctors also follow different scripts: delivering a proper consultation, performing as a team player, taking social responsibility. The interplays between these different scripts may be uncertain, unexpected, and even change throughout the caring process. This complexity also calls for improvisation.

MEET allows medical students to learn from improvisation exercises (Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/A819) how to develop a mindset to acknowledge; cope with; and even celebrate complex, unexpected, dynamic situations.

Communication, "scenic intelligence," and the subtext

Actors learn to take advantage of emotions to reach a specific communication goal. On stage, actors leverage nonverbal communication, generate awareness of body language, and understand the hidden meanings of silence.[23,67] Doctors need to communicate convincingly with people from different backgrounds and with varying levels of literacy. They must understand body language, acknowledge the emotional dimension of being sick, and tailor communication to patients' unique needs and personalities; however, medical educators tend to focus too much on the verbal aspects of communication, leaving few spaces for discussing body language and understanding silence as a communication artifact. Actors can teach medical educators how to present the continuum of communication to medical students; that is, share with them the concept that clinical communication relies on the same elements of communication in general and that becoming a good communicator demands learning from and reflecting on previous experiences. Through MEET exercises (Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/A819), students activate their previous experience of effective communication—that is, they create awareness of what they already know, what they still miss, and how they can improve. Then, medical teachers can bridge this previous knowledge with the specificities of clinical communication.

Actors work with the concept of "scenic intelligence," which is the capacity to direct themselves while performing, in real time. This capacity is a process of reflection-in-action that allows actors to adjust their performance during the scene to guarantee the planned outcome. Medical students must develop a similar ability to reflect and assess their performance "while flying," by, for example, modulating attitudes that may be misunderstood by patients or colleagues. Some of the MEET exercises are designed to help medical students be aware of and adjust their own behaviors in the moment.

Finally, actors are always aware of the subtext, the message that is being conveyed subconsciously, or at least in parallel to the central verbal message. Actors learn to capture meaning in the nuances of conversations, the subtleties of gestures, or the directions of a shifting gaze. Importantly, medical students can develop the same capacity. MEET exercises (Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/A819) help students perceive and respond to the messages that patients or others are relaying indirectly or even subconsciously.

Act III: MEET as a Pedagogy

In Act III, we present MEET as a pedagogical strategy in medical education. The MEET activities we have developed share the following elements: the learning or scenic space, activation of previous knowledge or experiences, warming up exercises, spontaneous improvisational exercises, improvised thematic scenes, debriefing, and synthesis.

Learning (or scenic) space

Two actors and 2 doctors (clinical teachers) act as facilitators during each MEET session, trying to minimize the hierarchy while stimulating students to share their experiences. The minimization of hierarchy starts with a comfortable dress code. Everyone should wear clothes that allow all kinds of physical movements. Additionally, these less formal clothes create an intimate atmosphere. The classroom is horizontal: there are no chairs, and the students, teachers, and actors all sit together on the floor at the same level in a circle. Electronic equipment is not allowed. The teachers establish a safety code, making sure the students understand that the discussion is confidential, that no comments will be shared outside the activity.

Activation of previous knowledge/experiences

Students are invited to discuss a theme or topic regarding communication or professional identity development. Actors and doctors have similar roles in activating the conversation: to share their expertise on the subject. The topics are chosen for their capacity to make a connection between the previous experiences of students and the reality of medical practice. Some example topics include "how to start a conversation," "how to make someone feel comfortable," "how to solve conflicts," "what brings us closer and what tears us apart," "how to make a collective plan," and "what is the impact of feeling sick."

Warming up exercises

The warming up exercises have 3 objectives: (1) to activate the mind and the body; (2) to stimulate interaction among the participants; and (3) to create awareness of the self, the other, and the body (see Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/A819).[67] To activate the mind and the body, actors, doctors, and students play together. The games, also stimulating interaction, involve moving, touching, talking, and thinking fast, always in the context of human-to-human contact. The games also break the ice, allowing the children inside the participants to take over. We foster trust by asking students to carry each other or to interact with their eyes closed. We can also facilitate specific exercises targeting the central theme of the session. For instance, if we want to address how to solve conflicts, we play games in which students catch each other or compete to touch the knee of others while preventing others from touching their own knees. If we are going to discuss teamwork, we play collaborative games. If the idea is to

imagine the effects of being sick, we ask students to show physically how a presumed disease would affect their bodies and movements. We stimulate self and body awareness by asking students to express their emotional state using their bodies, rather than words, and we stimulate awareness of others through exercises in which students have to react to the emotions expressed by one another. The ultimate objectives of the warm-up exercises are to foster empathy; develop an improvisational disposition; communicate with the whole body; and nurture a mindset and "bodyset" favorable to expressing intentions, emotions, and potential tensions, verbally or otherwise.

Spontaneous improvisational exercises

We involve students in different types of improvisational exercises (Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/A819), always aiming for the elaboration of the central theme (e.g., "how to make a collective plan") of the class. The warm-up exercises open the scenic space and allow students to feel comfortable in their roles. The improvisational exercises that follow always require a context, 2 or more students, and an intention. We play with these 3 elements. For example, we can ask the audience (students who are not joining the exercise) to come up with a context (classroom/party/clinical setting) and an intention (represent the behavior of a teacher, a colleague, or a supervisor). The other way around is also possible: to ask the student–actors to come up with the context and the intention and invite the audience to figure out the meaning of the scene. All the students rotate as student–actors, and all must perform at least once.

Improvised thematic scenes

We randomly divide students into groups and ask them to come up with a scene based on the theme under discussion. They plan the situation and the characters, but always improvise the performance. Each group presents a scene which is observed by the other students. The audience can ask the student–actors to change the scene interactively to explore different courses of action. In improvised thematic scenes, the group of student–actors both devises the intention and context and performs the scene while the audience watches (in contrast to the faster, more spontaneous improvised exercises, in which the audience provides the intention and the context for the actors—or vice versa.)

Debriefing

After each scene, the whole group discusses it. First, the spectators (students who did not perform the scene) are invited to summarize the scene they observed. Second, the teachers (actors and doctors) facilitate the discussion about the intentionality of the scene (i.e., what the student–actors wanted to communicate) and the key messages. Then, all the group—the students, doctors, and actors—together explore the use of body and verbal language, the metaphors applied, and the role of emotions. Discussion is meant to stimulate insights and highlight the parallels between the scenes and real life in medical school/practice. Often, the students' insights and comments indicate that they have a new deeper understanding of their realities and experiences. Finally, we invite the student–actors who planned and performed the scene to share what their actual intentions were, their ideas, their feelings about the group's interpretation, and what they learned from the experience.

Synthesis

After all the students have had the opportunity to perform a scene and the group has debriefed, the whole group works together to identify the explicit and implicit meanings conveyed by the different stories. This last step is a moment for democracy and mutual understanding. Students share their summaries, listen to their colleagues, and consider by themselves what they learned during the session and how this learning will influence their personal and professional developments. Students identify if they are feeling oppressed, and if so, why, by whom, and how they can change their reality. Students have the opportunity to encourage each other and rehearse how they will stand for their values, considering the real context in which they intend to act like the professionals they want to become.

Epilogue

Our experience

In the last 8 years, we developed both curricular (obligatory) and extracurricular (elective) courses, for more than 500 medical students from years 1 to 6 at the University of Campinas in Brazil. Students spontaneously act out issues regarding, for example, the hidden curriculum, the implicit norms of medical training, or the pressure to adopt behaviors utterly contradictory to the stated values and virtues of medicine. To us, our experience with MEET has felt like opening the Pandora's box of medical education. Students show how oppressed they feel by the hierarchical environment of medical practice and how challenging it is to cope with and encounter human suffering and death. Since 2013, students have created more than 240 scenes expressing how idealistic they are, how they dream about becoming physicians, and how medical schools and clinical teachers are unprepared to guide them from the ideal to the real while helping them maintain their purpose and motivation to play the right role.

One of the MEET courses has been mandatory for second-year medical students since 2015. The implementation of the course was accompanied by quantitative and qualitative evaluations to understand its effect on students' development. Box 2 provides 2 examples scenes, both created by medical students. Although some students felt uncomfortable with the improvisational exercises, overall approval is high (9.2 [on a 10-point scale], standard deviation 1.2). Table 1 shows the feedback of 306 second-year students from academic years 2015–2017) collected through an anonymous questionnaire. Preliminary evaluations of the transcriptions of students' audio-diaries and their reflexive narratives (n = 202; academic years 2017–2018) show that the activities have had a positive effect on students' personal and professional development. Specifically, students have a better understanding of their own and their patients' emotions; they can better reconcile their concept of the "ideal physician" with the reality of medical school; and their communication skills and empathy have improved (Table 2). We have also observed an increase in self-assessed empathy, as measured by the Jefferson Scale of Physician Empathy.[68] In 2015, the average empathy of 133 second-year medical students increased from 120.28 to 123.17 ($P < .001$)—a finding that is consistent with other activities previously developed using MEET methodologies.[21,22]

Box 2

Examples of Scenes Enacted by Medical Student–Actors Through the Medical Education Empowered by Theater (MEET) Course at the University of Campinas

Scene 1—The Life of a Medical Student

This scene tells us the trajectory of a medical student (Lucas) from the first day of school until the end of his residency training. Lucas starts medical school full of energy, motivation, and hope. After the first encounters with patients, Lucas does not feel ready to deal with the emotional aspects of caring, and, at the same time, understands that he cannot show his vulnerability nor talk about his emotions. His consultations become more and more impersonal. Time passes, and Lucas starts drinking excessively and displays aggressive behavior with patients and colleagues, emotional detachment, and cynicism. His idealism is gone. When Lucas's supervisor, who does not demonstrate any sympathy for him, decides to expel him from the residency program, Lucas is destroyed, and his alcoholism intensifies. In the final scene, Lucas is at the bar, completely drunk. One of his friends arrives and with love and tenderness decides to help Lucas deal with his problems.

Scene 2—Obstetric Violence

This scene was the product of a Forum Theater activity. One of the students plays an adolescent who is pregnant and has come with her mother to the clinic for the prenatal consultation. Mother and daughter are arguing when the supervisor comes in with 5 medical students. The supervisor starts the physical examination without showing empathy for the patient and invites all the medical students to perform the physical examination, including a digital vaginal examination. The students have different reactions. The first seems to get a sadistic pleasure out of the experience. The second hesitates but says aloud that examining the adolescent is the only way to learn. The third refuses to perform the exam, but the supervisor threatens her with the possibility of retaliation. The other 2 students stay silent during the entire episode. The students end up performing the vaginal examination after apologizing to the patient. During the repetitions of the scenes, the MEET students try out different solutions for the situation, including changing the behavior of the supervisor, the students, the patient, or the mother, to reporting the supervisor to the educational board.

Rehearsal for life

Medicine is a performing art, and the doctor is a performer.[16,24,25] Doctors must play their role—a role that welcomes improvisation when dealing with complex and unpredictable scenarios; a role that needs to align with the expectations of patients, colleagues, society, and most of all, the doctors themselves. The stage offers a safe and creative place for students to devise a strategy to cope with those roles, conceptualizing and practicing the image they want to convey, an image that can be rehearsed until it is internalized as students form their identities as doctors. Theater facilitates a voluntary, intentional process of building a social identity by using perceived performance as a modulator for internalizing or repressing behaviors and attitudes; a process called "impression management" by the sociologist Erving Goffman.[69]

The stage is also a place for debate. On the stage, students are empowered to try the different. Alternative attitudes, behaviors, and identities can be tested safely. Everything is possible: challenging an authoritarian supervisor, defying a despot colleague, advocating for patients against the system, coming back to a frustrating experience, acting and reacting differently to reach a better outcome. Through MEET, students get in contact with their emotions, with the complexity of the medical field, and with the nuances of becoming a doctor. We believe the stage allows students to move their own trajectory toward the professional they want to become. MEET makes explicit what was implicit; shows the contradictions among the formal, informal, and hidden curricula; and, we believe, facilitates emotional reconciliation.

Fighting oppression

Freire believed that when individuals go through the process of liberation and conscientization—understanding and fighting against the dehumanizing and

Table 1

Feedback From Second-Year Medical Students at the University of Campinas Regarding Their Mandatory Medical Education Empowered by Theater (MEET) Course, 2015–2017

Questions[a]	No. (% of 306) students endorsing "Yes"	No. (% of 306) students endorsing "No"	No. (% of 306) students endorsing "Indifferent"
1—Do you believe this course enhanced your communication skills?	291 (95)	3 (1)	12 (4)
2—Do you believe this course influenced the way you understand the doctor–patient relationship?	232 (76)	52 (17)	22 (7)
3—Do you believe this course facilitated your contact with patients?	276 (90)	12 (4)	18 (6)
4—Do you believe this course improved the quality of your interactions with your classmates?	242 (79)	31 (10)	33 (11)
5—Did you feel uncomfortable during the theatrical activities?	144 (47)	144 (47)	18 (6)
6—Are you going to use the concepts explored in the activities in your professional life?	294 (96)	2 (1)	10 (3)
7—Are you going to use the concepts explored in the activities in your personal life?	282 (92)	5 (2)	19 (6)
8—Did you engage with the activities?	288 (94)	9 (3)	9 (3)

[a]Questions were in Portuguese.

Table 2

Main Themes and Representative Quotations[a] from the Reflexive Narratives of 202 Second-Year Medical Students Participating in the Mandatory Medical Education Empowered by Theater (MEET) Course, 2017–2018

Theme	Representative quotations (student identifier)
Personal and professional development	What is more enjoyable about this course is that it was through having fun that we started very interesting and even deep discussions about the medical profession, and often starting from the perspective of the patient, which is something we do not usually do. We usually start from the perspective of the doctors, and then we try to understand how the patient feels. But with the improvisational plays, we could often put ourselves in the fragile situation that only the patient will be in, and, therefore, the way we could put ourselves in the place of our future patients was much more intense. (17B11)
	Indeed, these activities took me out of a comfort zone. Although I was not aware, I was with a fixed and inert attitude that was disturbing and delaying me. This comfort zone was grounded on my shyness, unreasonable self-demand, pride melted with low self-esteem, and automatic and constant competitiveness—present since before entering medical school. I am sure that if this comfort zone had not gone away, it could bring serious consequences to me and my future patients. (17A21)
	This is what is missing for us: getting to know our fears and deal with them, so we can learn how to deal with the fears and doubts of our patients. (18C23)
	These activities relieved some of my biggest fears of public speaking, getting in touch with people I've never seen before, getting close to each of those people, and even putting myself in some uncomfortable positions. Undoubtedly, invaluable learning. (18A15)
Oppression and the hidden curriculum	I come to realize how much the academic system can create in us, students, a feeling of normalcy for everything we do, a true alienation from the feelings of our main focus: our patient. I concluded that I should not get used to it; I should not put the desire for experience and professional prestige above the human being in front of me. The fear of the academic hierarchy cannot be the justification for those alienated and alienating attitudes—attitudes that are very inconceivable today but that, unhappily, may become natural to many in the future. (17C08)
	Unfortunately, I have the impression that, in medical school, we get lost learning about a human body that is not the body of someone, but a body of the diseases, a body that does not contain pains, woes, and meanings. So, these activities reminded me to look inside myself; realize what bothers me; and look at the other and try to understand him, respect him, accept him. (17C14)
Reconciliation	Since I joined the medical school, a lot of my ideals have been buried. It's time to dig them up, improve them, put them into practice right now; it's time to change a bit who I am to become who I want to be. The version of myself who blocks everything, pretends not to be emotional, wears armor—I believe he is no longer necessary. (18A02)
	The suggested activities demanded availability, surrender, creativity, spontaneity, and reflection; they sparked a long-forgotten way of seeing, thinking, and acting. I believe that, without these activities, these characteristics of mine would be set aside for all my academic training during medical school. The invitation to pay attention to me, my body, my classmates, their expressions, their looks reminded me to look at things that I had lost sight: the other, and myself. (17A13)
Emotions	I was able to work on communication skills, interpersonal relationships, and the ability to read people—the characters they want to play and what they transmit unconsciously. I was able to work with gestures and body communication. I was able to work on feelings, to see that anger itself is not a bad thing that makes you stop thinking rationally; the anger that arises from indignation can be very productive when you channel it into solving a problem, into helping someone; I could see that sadness is not synonymous of fragility, but something human that must be felt when someone is going through something bad; I could feel joy! (17C22)
	I want to be a good doctor not only technically, but humanly, and becoming this doctor is impossible if I don't open myself; if I don't allow myself to feel what my patients are feeling—afraid of the outcome, afraid of looking vulnerable. I can't become the doctor I want to become if I close myself and hide my feelings; If I don't allow the tear to roll when it has to roll. (17C21)

[a]Translated from Portuguese

oppressive forces that were preventing their full realization as human beings—they naturally feel the urge to help others to go through the same process.[45,49] We agree with Freire. The medical culture is still a culture of privilege.[51,54] The oppression felt by many medical students is minor compared with the oppression suffered by some of the patients they will eventually serve. Students who develop a "critical consciousness" are in a better position to realize that we physicians have a social responsibility to build an equal health care system. Medicine is a political activity, and remaining silent in the face of injustice is a political choice that does not align with the values of the medical profession.[51,70] We hope that the students who have experienced MEET feel the need to facilitate the liberation process of their patients, particularly those from minority groups, people who need empowerment to understand and change their oppressive realities.

Limitations, risks, and next steps

Although we are very enthusiastic about our methodology and its results, we acknowledge some limitations. MEET has been implemented in just a single medical school. Moreover, we do not know the long-term effects of our activities on either students or the learning environment. We also do not know how (or even if) the transformation we observed in students will affect patient care or patient outcomes. Our methodology relies on the capacity of our facilitators, and faculty development necessary to reproduce such initiatives remains challenging. Finally, when implementing MEET, medical educators must be careful to prevent the theater activities from becoming oppressive experiences for students who are introverts or who are from a more introspective culture.

We have planned longitudinal studies on professional identity development to help us to understand whether the contact with Critical Pedagogy and The Theater of the Oppressed will help young doctors become the health advocates contemporary medicine needs. We believe the scenes the students have created constitute a powerful source for understanding their struggles and

dilemmas that can be used for research and pedagogical planning.

Hope

The stage is a democratic space where students and teachers can learn, together, how to stay faithful to the core values of the medical profession while keeping alive the joy of being a doctor. On stage, students, with the support of the one another and their teachers, can practice empathy, presence, improvisation, and "scenic intelligence." They can work to become the doctors they want to be, respecting and understanding their context, but, still, able to fight for what they judge is right, moving the medical culture toward dignity, love, and justice.

Acknowledgments: The authors thank all the students who have participated in the theater activities over the last 8 years by their courage and trust. They also thank Yvonne Steinert and Frederick Hafferty for the critical review of the first version of this Perspective, and Dario Fernandes for the statistical analysis of self-reported empathy.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: The authors received ethical approval for the study described in this Perspective from the Research Ethics Committee of the State University of Campinas (CAAE: 74983917.7.0000.5404).

Previous presentations: Parts of this work were presented at the AMEE (Association for Medical Education in Europe) conference in Barcelona 2017. Two authors, Adilson Ledubino, PhD and Letícia Frutuoso, MEd, explored the topic of medical education and theater from the perspective of the performing arts for their, respectively, PhD thesis and master's thesis.

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