

Enhancing Doctors' and Healthcare Professionals' Patient-care Role through Actor-training: Workshop Participants' Responses

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Introduction and Purpose

Workshops for “Applying Techniques from Actor-training to Performativity of Doctors and Healthcare Practitioners” were held in September 2013 and January 2014 within Yong Loo Lin School of Medicine (YLLSoM), National University of Singapore (NUS). The aim of the training was to provide healthcare professionals (HCPs) with both skills and an “embodied” understanding, as a basis for the expansion of their “performativity” and effectiveness in relating to patients. The rationale for these workshops was to offer HCPs training in acting on the grounds that:

- Acting is to express oneself effectively and authentically;
- Theatre work, including work with masks, is not to hide but to accentuate;
- There are many parallels between “theatre” and “medicine”;
- An ability to relate well with patients goes beyond communication skills and role playing and requires “embodied practice”—which actors are skilled in; and
- Training as an actor offers a capacity to be simultaneously empathic and analytic.

These were the underlying positions from an actor-training perspective, on which the training was founded, and we have provided justifications for them in a previous paper along with an elaboration of terms such as “embodied” and “performativity”.¹ In this paper, we report participants' responses to the workshops and the extent to which their responses supported our aims in conducting the training.

There is support for offering doctors and other HCPs actor-training in the literature. Finestone and Conter, for example, contend that “doctors must be actors—better actors than they are now”.^{2,3} Dakin proposes “training of doctors

in acting skills rather than just with the use of acting skills” by which he means going beyond the commonplace use of role-play to “train doctors in clinical situations when they feel genuine internal emotions”. He adds that “there may be even more to gain from our involvement with the acting profession”.⁴

Participants

The training involved 45 HCPs. The majority were consultant or senior consultant clinicians (31). There were 22 participants in the first workshop (all of whom lived and worked in Singapore) including 13 clinicians (both proceduralist and non-proceduralist), 2 residents, and 7 nurses. In Workshop 2, there were 23 participants: 18 clinicians (both proceduralist and non-proceduralist); 2 nurses; 1 pharmacist; 1 public health worker, and 1 researcher. A distinguishing feature of Workshop 2 was that one-third of the participants were from countries beyond Singapore (5 Indonesians; 1 from China; 1 from Hong Kong, 1 Sri Lankan).

Materials and Methods

The first of 24-hour workshops was conducted for clinical and teaching staff associated with the NUS Medical School. The second workshop was one of many workshops held as part of an international conference: the 2014 Asia Pacific Medical Education Conference (APMEC). The NUS Institutional Review Board (IRB) approved the study in relation to the first workshop. Although the IRB did not review the study in relation to the second workshop, participants were asked for feedback on workshop activities in the same way, and all responses were anonymised and collected by the conference secretariat as part of APMEC feedback, prior to analysis for this paper.

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Experiential theatre training exercises were conducted by an experienced actor-director and acting teacher (Author 2: who co-facilitated with Authors 1 and 3) in 2 separate 4-hour workshops with 2 different groups of participants. Participants gave feedback in questionnaires and 6 of the participants from Workshop 1 were interviewed following that workshop. The major experiential activities (requiring active participation) in both workshops were body awareness activities and work with a white expressionless mask.

Each of the workshops began with an ice-breaking exercise followed by an exercise in mask. Three participants acted, in succession, the role of “patient” suffering from a particular disease syndrome (Parkinson’s disease, depression, and eczema), and partnered with another participant, as “doctor”, who was asked to diagnose the “patient”. Each pair performed in white masks and acted their roles in silence. Following this, the workshop facilitators performed a similar role-play, although without masks, in which one of the facilitators, as “patient”, acted a number of roles in silence: “demanding”, “pleading”, “passive-help me”, and the other facilitator, as “doctor”, responded (also silently) to each of these roles. Participants discussed what they had observed about their fellow participants performing in mask, and the facilitators performing without mask. Then, participants were led through an activity developed by Michael Chekhov—the Russian-American actor, director, and theatre practitioner.⁵ This comprised standing upright and moving from a centre position left, right, front, and back; raising up on toes to experience height and imagining being heavy and pulled down by gravity through the feet while maintaining a sense of body centeredness (described in Table 1 as “Leaning Exercise”). The aim of this exercise is to support the actor/participant in experiencing the impact of moving in space on one’s sense of embodiment.

In a further exercise, participants in mask mingled while observing one another. They then removed their mask, and

were prompted to hold and regard the mask “as an object of respect” (following an approach taught by renowned drama teacher Jacques Lecoq).⁶ With this attitude, they again mingled, in mask, and observed one another for a second time. The differences between performing with these two attitudes toward the mask (“just an object” vs “an object of respect”) were discussed by participants who (in both workshops) related these attitudes to the mask—blasé and respectful—to the various attitudes one may have towards one’s role as a HCP. Next, participants were led through an exercise also inspired by Chekhov,⁵ comprising gestures with sound and movement. Each set of movements was an action such as moulding, floating, flying and radiating and each of these was associated with a corresponding element and sound (respectively: earth and the sound “D”; water with “L”; air with “R”; and fire with “F”). Following this, participants improvised and performed their “assigned” element—whilst wearing a white mask. Subsequently individual “elemental groups” interacted spontaneously in a meeting of all 4 elements with their appropriate movements and sounds.

Results

Responses to Questionnaire Survey

Following both workshops, participants were asked to rate the various activities within their workshop “on their usefulness to you”. There were some differences between the survey instruments for each workshop principally because

Table 1. Workshop Participants’ Ratings of the “Usefulness” of Activities (which were Common to Both Workshops)

Activities Common to Both Workshops	September 2013 (%): “Good” or “Very Good” ^a	January 2014 (%): “Good” or “Excellent” ^b
Leaning exercise: “Six Directions of Space”	100.0 ^c	72.2 ^d
“Doctor” responding to “patient” (in mask)	100.0 ^c	77.7 ^d
Movement activity; Intro to the mask; and 4 elements	100.0 ^c	72.2 ^d
Presentation in mask: 4 elements	90.5 ^c	70.7 ^d
Reflections at the end of workshop	95.2 ^c	82.3 ^d

Number of participants in September 2013 Workshop 1 = 22

Number of participants in January 2014 Workshop 2 = 23

^aSeptember 2013 workshop response options were: “Poor”, “Acceptable”, “Good”, “Very Good”.

^bJanuary 2014 workshop response options were: “Excellent”, “Good”, “Average”, “Below Average”, “Poor”.

^c20 of 22 participants responded.

^d21 of 22 participants responded.

^e19 of 23 participants responded.



Fig. 1. Workshop participants in mask as “patient” (left) and “doctor” (right).

the feedback sheet for Workshop 2 was the standard form for all APMEC workshops. The main difference was that the scale for responses for Workshop 1 was a 4-point Likert scale, whereas Workshop 2 employed a 5-point Likert scale. There were also differences between terms of those 2 scales and particularly between the terms “Good” or “Very Good” for Workshop 1 as opposed to “Good” or “Excellent” for Workshop 2 (as shown in Table 1). Table 1 shows the percentage of participants who rated activities common to both workshops as “Good” or “Very Good”/“Excellent”.

Qualitative Responses

Participants were asked what they had “gained from this workshop”; and how they would “implement/adapt/apply” what they had learned in their professional practice. Answers to these 2 questions tended to overlap, and are combined and presented under the following headings which were identified from a thematic analysis of the comments.⁷ These were:

- Care for patients
- Body language, communication and emotion
- Acting skills
- Self-awareness, mindfulness
- Teaching.

The issue of “authenticity-inauthenticity” arose in discussion with participants at the end of Workshop 1, but not in Workshop 2. The issue was discussed in Workshop 1 in relation to whether acting itself is “putting-on-an-act”—as it is conventionally represented—or whether acting is, or can be, a “genuine” expression. The other form of this question as it arose was whether, in wearing a mask, the actor was “hiding behind the mask” or whether the mask accentuated, in some form, what was real and genuine. Following Workshop 1, comments on this issue were offered in the questionnaire in response to both open-ended questions, and these are presented in Table 3.

Workshop 2 (but not Workshop 1) participants were asked to rate the workshop on “enjoyment” and 17 of the 18 respondents rated it “Good” or “Excellent”. Workshop 2 (but not Workshop 1) participants were also asked for “Other comments about the workshop” and of the 6 comments received, 4 were assessments of the workshop itself (“Interesting and eye-opening”; “Very well-prepared, workshop team”; “The purpose should be clearer” and “Make relevance to clinical environment more explicit”). Another 2 addressed the learning process: “Difficult learning! This is experiential”; and “It was something different from the other [APMEC] workshop. It was a lot of fun to have to act and perform. But it is very difficult to relate this to work.”

Table 2. Selected* Responses† to Open-ended Questions Following Both Workshops Grouped Within Common Themes

Question 1: What have You Gained from this Workshop?

Question 2: How would You Implement/Adapt/Apply Your Learning in Your Professional Practice?

Care for patients (3 of 5 responses)

Performance as a means to explain and enhance doctor-patient relationship.

Realised effect of [one’s own] state on quality of patient-doctor interaction. Clues to identifying [one’s] “state”. How to “move” [one’s] state. Clearer understanding of performativity.

To be aware to observe the patient. Relationship between doctor and patient (related to patient-empathy).

Body language, communication and emotion (3 of 9 responses)

Mask exercise, which made me more aware of our body/gestures speak a lot too. And I need to be mindful about this myself.

The role-playing...[with the] mask is a good tool to use for communication workshop—to emphasise the need for body language.

An emotional understanding.

Acting skills (3 of 4 responses)

Understanding about the mask and role. Opened my eyes to the realm of acting. Aware of the non-physical aspects of self.

More respect and appreciation for acting as an art. A...deeper reflection on issues of what it means to perform a role.

Everyone has multiple roles to play in real life. We should respond to different situation with controlled and appropriate elements so that the patient or other people will benefit.

Self-awareness, mindfulness (3 of 12 responses)

Enlightenment/Awareness/Be more observant/Be more mindful of my behaviour/Create comfort, remove discomfort/Personal development/Be more self-aware, control of oneself.

Heightened realisation of various aspects of my behaviour—how I might control it.

Insight into how we as professionals can become conscious of our activities and their impact on our lives.

Teaching (2 of 9 responses)

Ideas for teaching communication and self-awareness.

I would have to be more mindful when teaching students...More importantly, I have to impart to students too that they do need to be mindful of their actions.

*Three of the 4 authors selected the responses that communicate simply and offer a clear perspective and eliminated those which communicate less simply, or where the idea had already been conveyed by another comment.

†30 (20 from Workshop 1 and 10 from Workshop 2) of 31 questionnaire respondents who offered qualitative comments.

Interviews

Workshop 1 participants were asked if they would be available for interview in the 4 weeks following the workshop and 6 volunteered. All 6 of them were clinicians in one of the following specialties: anaesthesia, emergency medicine, psychological medicine, orthopaedic surgery, otorhinolaryngology and family medicine. Three of the

Table 3. Responses from Questionnaires Relating to Authenticity—Inauthenticity—Wearing a Mask*

Question 1: What have You Gained from this Workshop?**Question 2: How would You Implement/Adapt/Apply Your Learning in Your Professional Practice?****Authenticity/inauthenticity**

Answer to my question raised this morning about the authenticity of utilising “performativity” skills in our clinical setting.

Authenticity and discovery of self-awareness.

You cannot “act” genuine. You take on the role fully when you put on the mask of being a healthcare professional.

Be authentic and perform within boundaries.

I have learnt that as a person, we have many roles to perform. And that each role has its own required “performance” and that it is not necessarily inauthentic to behave differently in different roles.

Can perform and act while being authentic.

Effect of mask-work

Respect for my mask (roles and responsibilities). Awareness, mindfulness, being conscious.

Be more aware of the “mask” I put on when I accept roles with responsibility or authenticity.

Wear my masks respectfully and meaningfully. Be like the artist—totally immersed in our roles and also able to survey ourselves with detached, objective view.

Mask exercise, which made me more aware of our body/gestures speak a lot too. And I need to be mindful about this myself.

*From Workshop 1 participants (n = 10) who offered qualitative responses on these issues to Question 1 and/or Question 2.

authors conducted 2 interviews each. All interviewees were asked “What was the main feature of the workshop for you?”; “What did you get from the workshop? Personally? Professionally?”; and “Was there anything from the workshop that you have found to be useful in practising in your role as a doctor/nurse (as appropriate)?” In analysing the responses, it was apparent that similar answers were given to each of the questions and for this reason, the responses are presented in Table 4 in relation to the 3 identified themes from a thematic analysis of all 6 interviews, through a “careful reading and re-reading of the data”.⁷ The following themes were identified as being important to the participants in describing their views about the workshop:

- Congruence of actions and speech
- Authenticity of acting and performativity
- Relevance of actor-training to working with patients, colleagues, students.

See Table 4 for interviewees’ statements which illustrate each of these themes.

Discussion

The participants’ ratings for Workshop 1 appear to be

Table 4. Illustration of Themes Emerging from the Interviews*

Themes**Congruence of actions and speech and emotions**

The importance and need to have appropriate general body language (on top of appropriate facial expressions), aligned to what you say and express.

Our actions and speeches may not always be congruent, as the body may at times, betray the person, and sometimes even we are not aware of this.

Suddenly you are aware of the need to have your body gestures aligned to your emotions.

The workshop has allowed me to see things with a more “outwards” view. For example, it makes me more aware of myself and how I present myself to the world.

I like the activities which required us to wear the mask. It was a good way to make us realise that we can communicate a lot even without the need to speak. It was a lot of fun...and a good reminder...of the importance of forms of communication other than verbal.

Authenticity of acting and performativity and related themes: “The mask is not fake” and the relevance of the mask-work to working as a doctor

[The importance of] authenticity of acting and performativity in a very sensitive healthcare discipline.

Putting on the mask is [not] compromising the genuineness...it is... how we wear the mask.

Mask is not fake. Session was good as it helped me realise the impact on patients when [the doctor is] fake. If they put on a mask and pretend to be caring when they are not, the patients will know. When coming to the clinic, clinicians have to put on a professional role.

The acting out of emotions with a mask on was most challenging but a good learning experience.

Relevance of actor-training to working with patients, colleagues, students

The workshop assists me to...have...self-awareness/more consciousness when I work with my patients or their relatives.

The importance and need to have appropriate...body language... aligned to what you say and express. This is especially useful for conducting difficult conversations with staff and patients.

This workshop helped me to be more sensitive towards the feeling of my patients.

Performance is a part of my role as a doctor.

*No. of interviewees = 6 (all from Workshop 1).

higher than for Workshop 2 but this could be a function of the difference between rating scales in the questionnaires for the 2 workshops. A difference between a 4-point (without a mid-point) and a 5-point Likert scale may have an effect.⁸ There may also be greater reluctance to assign the term “Excellent” rather than “Very Good”—with a consequent shift towards the mid-point. Nevertheless, these ratings indicate a positive response to the activities and the reflection activity in both workshops.

Both workshops were given high ratings on “usefulness”, and Workshop 2 was given high ratings on “content”, “delivery”, and “enjoyment” (responding to questions that

were not asked in Workshop 1). In both workshops there was a range of responses to questions regarding “What have you gained from this workshop?” and “How would you implement/adapt/apply your learning in your professional practice?” Most responses were general such as “be more mindful of my behaviour,” “be more self aware,” and have “insight into how we as professionals can become conscious of our activities and their impact on our lives.” However, there were more specific responses relating to “acting skills” including have “more respect and appreciation for acting as an art. A deeper reflection on issues of what it means to perform a role.” There were also responses relating directly to “care for patients” including “Performance as a means to explain and enhance doctor-patient relationship” and greater awareness of the “relationship between doctor and patient (related to patient-empathy).” Many of the comments indicated insights into “body language, communication and the expression of emotion” from the workshops and particularly from mask-work. For example, one comment was that mask-work was an effective “tool” in communication training “to emphasise...body language,” and another participant commented that the “mask exercise... made me more aware [that] our body/gestures speak a lot too.” Another wrote of the workshop providing a “better understanding of the framework on how to improve and be aware of body language in communication.” The workshops also sparked “ideas for teaching communication and self-awareness” and being “more mindful when teaching.”

In Workshop 1, the issue of “whether one is authentic when employing acting skills” came to the fore. This is an important issue if we are to claim (as we do) that actor-training improves the performance and effectiveness of clinicians in relating to patients. If acting is simply “to pretend”, then “the notion of doctors acting in front of their patients will be repugnant”—as McManus³ recognises—because we hold authenticity as “an intrinsic good”. In our view “authentic” means “genuine, not feigned or false”, and “not affected” as it is defined in the Oxford English dictionary (OED).¹ As stated above, this issue was discussed in Workshop 1 in terms of whether “acting” is “putting-on-an-act”—or whether acting is, or can be, a “genuine expression”. The other form of this question related to wearing a mask, and a concern about whether the actor was “hiding behind the mask” or the mask “accentuated”, in some form, what was real and genuine. It is clear from comments offered (as represented in Table 3) that participants had come to see acting as offering skills that enabled “authentic” and “genuine expression”. An example of this is the comment in Table 3 that one “can perform and act while being authentic.”

The themes emerging from interviews of 6 Workshop 1 participants supported the tenor of comments from the

workshop questionnaires. Interviewees found that they become more aware of congruence, or lack of congruence, between actions, speech and emotions, during the workshop. This carried over, at least for some of the interviewees, to a greater awareness of “body language” in relating to patients and colleagues. Performance in mask also led to explorations of the issue of genuineness of performance, and the discovery that it is not wearing the mask (or putting on a professional role) that is critical but “it is...how we wear the mask.”

Whilst—in common parlance—we speak of “hiding behind a mask”, participants clearly expressed the view that using a mask within the workshop was a way of understanding and being more aware of “playing” a professional role. For example one participant wrote of “respect for my mask (roles and responsibilities). Awareness, mindfulness, being conscious.” The mask, in this workshop, was taken as a metaphor for playing a “role of healthcare worker” and participants clearly saw that one can play the role with respect for the role, and act appropriately within that role, without it being a form of “hiding behind” or inauthenticity. Another participant wrote of being “more aware of the ‘mask’ [I] put on when I accept roles with responsibility or authenticity” and another, commenting along these lines, wrote that: “[I] wear my masks respectfully and meaningfully.” This person advised being “like the artist—totally immersed in our roles and also able to survey ourselves with detached, objective view.” This last comment was a reference to statements made in both workshops that the renowned Russian actor-trainer Konstantin Stanislavsky saw the pinnacle of acting as both experiencing oneself fully engaged within a role, whilst at the same time observing oneself as a performer—as if one is looking down on oneself. This apparent “dividing of oneself” is not experienced by an accomplished actor as division, but of supreme mastery and integration.^{1,9,10}

This issue did not arise in comments made by participants following Workshop 2. It was an issue of particular importance to one of the participants in Workshop 1—who raised the issue early in the workshop and brought it up in discussion and again in an interview. As facilitators, we encouraged this discussion, when it arose in Workshop 1, because we regard an understanding of mask-work as enabling one to play a role more effectively, and as a major justification for offering acting training to HCPs. Actor-training can address—and take one beyond—what is often perceived as a dichotomy between empathy and analytic knowledge, for HCPs and students in training.^{1,11,12} Through training as an actor, one can learn to be fully immersed within a role and empathically relating to other “actors”, whilst being at the same time analytic and objective (as we discussed in our previous publication¹).

Workshop 2 participants (but not Workshop 1) were asked for “Other comments about the Workshop”. Whilst some noted that the workshop was “fun,” “eye-opening,” and “well-prepared,” another described it as “different” and involved “difficult learning!” This latter commentator added that “this is experiential.” In our view, this comment points to a key difference between an actor-training workshop and many other workshops that are offered to HCPs. We believe that the important learnings can only be absorbed through experiential and embodied activities. They are not primarily conceptual but rather perceptual. One commentator noted that “it is very difficult to relate this to work.” Another put a view that “the purpose should be clearer” and a further participant advocated making the “relevance to clinical environment more explicit.” Our intention in offering both workshops was to be clear about our purpose and to relate this work to the clinical environment. We can, of course, be criticised for failing to do so—and we continue to look for ways to better achieve those ends. However, we also believe that all the above comments are related. It is difficult learning, because the means for learning are not primarily conceptual but experiential. HCPs are largely trained in conceptual modes although importantly, their work demands a much more engaged and empathic response.

There are few reports in the literature of actor-training for HCPs and these relate to actor-training for medical students rather than practising clinicians.^{1,13–16} This is pioneering work therefore. However, in reaching any conclusion about the value of actor-training for HCPs, it needs to be acknowledged that the workshops we report were attended by participants who freely chose to attend and were open to learning through this medium. We make no claim for the effectiveness of actor-training for HCPs or trainees within a course where there may be some degree of compulsion to attend. A further qualification is that any conclusions about the clinician’s effectiveness resulting from this training are based on the participants’ self-reports.

The aim of these workshops was to provide participants with both skills and an “embodied” understanding, through actor-training, as a basis for expanding the range of their “performativity” (performance skills) and effectiveness in relating to patients. From the participants’ comments, it is apparent that participants gained a better understanding of the need for congruency between verbal and non-verbal expression and between their emotional experience and expression. For some participants, there was also a better sense of how others perceive them. There were also the apparent gains from working with masks. For some, the mask offered an expanded way of understanding their professional role, such as for the person who wrote of being “more aware of the ‘mask’ I put on when I accept roles with responsibility or authenticity”. Such comments were

validating of key assumptions in running the workshops that “Acting is not to pretend but to express oneself effectively and genuinely” and that “Theatre work, including work with masks, is not to hide but to accentuate” (assumptions that were discussed in our previous paper¹). On this basis, we believe that our aims in running these workshops were achieved to some considerable extent and that there is a good case for continuing to offer actor-training to doctors and other healthcare practitioners.

Conclusion and Recommendation

We can conclude from participants’ responses that the workshops were well received and that there were revelations in understanding and potential changes in approach to “acting in the role” of a doctor, nurse and other healthcare worker. Participants understood that acting is not about hiding but about playing one’s role more effectively. Actors are superbly trained in the nuances of observation, body-awareness, and relating effectively to others. This goes beyond mere role-playing and communication training to encompass an embodied understanding that may enable trainees to be more creative and genuine within themselves and, more effective with patients and other staff. We conclude therefore that, whilst further research is warranted, these results support actor-training, offered by an experienced actor or acting teacher, as a means for developing acting skills, self-awareness, and effectiveness of clinicians, trainees and other HCPs, in relating to their patients.

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