How medical improv training sparks better communication, teamwork

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Some of the most adverse patient outcomes are caused by poor communication, so medical schools are adopting improv—improvisational theater training—to help students live more in the moment and better empathize with patients. A study published prior to the pandemic found that students used the skills they learned from it, but the gravity of COVID-19 now supplies the ultimate proving ground.

“A common reaction people have when they hear about improv with medical students is, ‘What, you’re teaching them how to tell jokes? Medicine isn't funny—people are ill,’” said the study’s lead author, David Fessell, MD, professor of radiology at University of Michigan Medical School, one of 37 member schools in the AMA Accelerating Change in Medical Education Consortium.

“But it's not about teaching people to be funny,” Dr. Fessell said. “Medical improv uses some of the principles of improv to help students be fully present and work together so they can communicate better and be more connected to themselves and the people they’re trying to serve.”

Building essential skills

The study, “Medical Improvisation Training for all Medical Students: 3-Year Experience,” was published in Medical Science Educator. Researchers examined nearly 500 entering third-year students at University of Michigan Medical School between 2015 and 2017 who took required improvisational training workshops. The goals of the workshops were to improve the students’ abilities to communicate effectively, tailor messages for specific audiences, demonstrate effective teamwork and collaborate in a rapidly changing environment.

Working in the first year with trainers from the Alan Alda Center for Communicating Science and later with local improvisational instructors, groups of 20 to 40 students participated in multiple improvisation exercises, including the ones described below.
“The Rant.” Working in pairs, students took turns ranting for two minutes each about a subject of their choice, then had their rants translated by the listening students to focus on the underlying values and needs of the ranter.

“Mirroring.” Pairs of students faced each other, and one would silently mirror and match the body language and expressions of the other.

“Time Traveler.” Students were again paired and took turns trying to explain modern technological devices, such as a cell phone or an X-ray machine, to their partners, who posed as time travelers from the 1500s.

“Ta-Da.” Pairs of students counted sequentially while carrying out clapping and stomping tasks to increase complexity and induce errors. Their mistakes were celebrated by the others with raised hands and shouts of, “Ta-da!” modeling the tradition of clowns transforming their failures with enthusiastic acceptance.

“The Drawing Game.” Groups of five to six students silently drew pictures of their own creations, with each student taking turns contributing elements to the picture until each group agreed that its drawing was complete—an example of improvisation’s foundational concept of “Yes, and …” or accepting what was given and adding to it, an important component of effective teamwork.

Positive reviews

Each year, the workshops received high ratings from medical students. Nearly all, 90% or more, reported that they gained insight into their roles as physicians. Between 80% and 87% said the exercises improved their ability to demonstrate effective verbal and nonverbal communication, and a similar number, 82–88%, reported that they increased their ability to construct messages tailored to different audiences. Meanwhile, 91–93% said the workshops had a positive impact on teamwork.

In addition, in a student survey of one medical school class conducted three months post-workshop, 84% of responding students reported they had used at least one improvisation skill on their clinical wards.

Ready for the unexpected
The use of improv at University of Michigan medical school goes back at least five years, and while the workshops have concluded, improv training continues informally across the campus, including by faculty in the schools of public health, information, social work, literature, science and the arts.

“I feel like I can be a more effective teacher, a more effective collaborator, because I do improv,” said Brian Zikmund-Fisher, PhD, professor of health behavior and health education at University of Michigan School of Public Health, who adopted improv training five years ago and now leads a regular meetup of faculty and former students.

“First you have to get used to the fact that you can’t plan,” he said. “Then you have to trust that other people are going to improvise with you to solve the problem.”

In fact, everybody on the care team ought to be doing improv, Zikmund-Fisher argued.

“I certainly want my future clinicians to have this skill,” he said. “Because with COVID-19 or something else, something unexpected will come along, and they’re going to have to react. I want them to not be thrown off by that.”