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Drama to promote non-verbal communication skills

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Drama to promote nonverbal communication skills

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Abstract

Background Nonverbal communication skills (NVCS) help physicians deliver relationship-

centered care and effective use is associated with improved patient satisfaction, better use of health

services and high quality clinical care. In contrast to verbal communication skills, NVCS training is

underdeveloped in health care professions communication curricula. One of the challenges teaching

NVCS is their tacit nature. In this study, we evaluated drama exercises to raise awareness of NVCS

by making familiar activities 'strange'.

Methods Workshops based on drama exercises were designed to heighten awareness of sight,

hearing, touch and proxemics in nonverbal communication. These were conducted at eight medical

education conferences, 2014-2016 and open to all conference participants. Workshops were

evaluated by recording narrative data generated during the workshops and an open-ended

questionnaire following the workshop. Data were analysed qualitatively, using thematic analysis.

Results One hundred and twelve participants attended workshops, of whom 73 (65%) completed an

evaluation form: 56 physicians, 9 medical students and 8 non-physician faculty staff. Two themes

were described: increased awareness of NVCS and the importance of NVCS to relationship

building. Drama exercises enabled participants to experience NVCS such as sight, sound,

proxemics and touch, in novel ways. Participants reflected on how NVCS contribute to developing

trust and building relationships in clinical practice.

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Discussion Drama based exercises elucidate the tacit nature of NVCS and require further evaluation in formal educational settings.

Introduction

Nonverbal communication skills (NVCS) account for 60-90% of interpersonal communication¹ and medical graduates are expected to demonstrate their effective use in patient care. NVCS mediate empathic understanding and exchange of emotional information, promoting relationship-centred care.² Good NVCS increase patients’ satisfaction, treatment adherence, and use of health care services, while physicians with poor NVCS are more likely to face malpractice claims.^{1,2}

Educational strategies to promote NVCS are neglected in medical curricula.² Only six of the 71 components of the evidence-based and widely-used Calgary-Cambridge Guide on communication skills draw attention to NVCS. A limited number of studies in medical education have focused on use of body lean, eye contact, and reading patients’ facial expressions^{3,4}, whereas other NVCS, such as negotiation of physical space through our bodies (proxemics) and touch⁵ are relatively neglected. One of the challenges instructing learners in NVCS is that they are tacitly learned and embodied; individuals mediate, interpret, and interact with their physical and social environments through bodily senses.

Performance-based experiential learning using drama has been previously applied in medical education⁶ and offers potential ways to access sensory embodied knowledge and make what is tacit, explicit. Here, we report on the use of drama exercises as a teaching strategy to raise awareness of the senses and NVCS in health care communication skills training.

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Methods

Setting and Participants

We conducted eight workshops at medical education conferences in Canada (n=4), the US (n=2), and Europe (n=2) between October 2014 to September 2016. Two independent workshops were devised, and offered to all conference delegates, who chose to attend one or both workshops at each conference. Attendance ranged from four to 25 participants with a total of 112 attendees. Each workshop lasted 90 minutes and took place in an open room.

Promoting physical and emotional safety during the workshops was prioritised. Activities were optional and participants could contribute as observers. We asked participants' consent to evaluate the workshops in writing. The University of Calgary, Conjoint Health Research Ethics Board approved workshop evaluation.

Workshop description

We drew on the concept of 'making the familiar strange',⁷ using drama to experience daily events in unfamiliar ways to promote new ways of perceiving NVCS.

Workshop 1: Drama games

The objective of this workshop was to demonstrate how drama enhances awareness of the senses in non-verbal communication. Drama games from community theatre⁸ were chosen to heighten participant awareness of sight, listening, and touch. The first game, 'energy ball' acted as an ice-breaker and emphasised the interactive nature of the workshop (photograph 1). This game encouraged participants to make eye contact, pay attention to one another, and anticipate other peoples' actions. Additional games are detailed in Table 1, Photograph 2,3,4. Games were conducted in silence and, after each, participants reflected on the question: 'what's in this for you?' followed by discussion.

[Table 1 about here]

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Workshop 2: Experiencing touch

The objective of this workshop was to discuss touch in clinical practice. The workshop opened with a reading of the poem “The Snake” by DH Lawrence to prompt participants to reflect on the sensual qualities of everyday life. This was followed by a movement exercise where participants were paired and asked to move around the room to music joined by one part of their body (e.g. finger to finger, elbow to elbow etc.). A round-table discussion followed, during which participants shared ideas on touch in clinical practice. Participants then split into groups of three to perform a routine physical examination of the neck on each other. Each took turns being examiner, examinee, and observer. Using non-medical terms, they described the sensations, structures, textures and consistencies they felt in each of these roles. Next, in keeping with the concept of making the familiar strange, each participant was then invited to use their neck to examine another participant’s hands. The neck led the examination and moved in the other participant’s hands in reversal to how physical examination is usually conducted. Following these activities, participants and facilitators debriefed as a large group.

Evaluation

We used the same form to evaluate all workshops. This asked for demographic information and two open-ended questions: ‘What was in this workshop for you?’ and ‘How would you improve this workshop?’ During the workshops, facilitators recorded participants’ discussion points on flip charts (approximately eight sheets per workshop). Two authors (KB, TD) attended workshops acting as independent observers and recording field notes. At four workshops, conference organisers collected feedback independently - feedback included statements such as ‘thought-provoking’, ‘intriguing’ and ‘fun!’.

Seventy-three (65%) participants completed a workshop evaluation form; 56 physicians, 9 medical students and 8 non-physician faculty staff. Forty-two participants were female. Qualitative

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data consisted of 1) free text evaluative statements from individual participants and 2) workshop flipcharts. Data were grouped by workshop and examined using constant comparison and thematic analysis.⁹ MK and LN coded the data independently and then together. We examined for differences between participants' workshop evaluation responses by aggregating the data by participant type (physician, medical student, non-physician faculty staff). KB and TD acted as critical colleagues to interrogate initial interpretations, and contributed to theme development. MH, who did not attend any workshops, independently analysed the data. An interim analysis was sent to two groups of conference participants for member checking validation.

Two themes were identified, a heightened awareness of NVCS and reflections on the role of NVCS in relationship building

Heightened awareness of NVCS

Many participants commented this was the first time they reflected on their use of NVCS. They noted that communicating primarily with eye contact in 'energy ball' raised awareness of how they interpreted gaze. They found that closing their eyes in the blind games helped focus attention on listening skills, to hear the variety of sounds in the room. The neck examination exercise facilitated reflection on touch and participants considered how touch can comfort or threaten practitioner and patients. Participants discussed personal space and how space may be manipulated to give a sense of comfort or discomfort with others.

Insights of NVCS and their role in relationship building

Participants reflected on NVCS in relationship building with patients and work colleagues (table 2). A recurrent topic was how activities, particularly being unable to see and relying on an unfamiliar partner, made them feel vulnerable. Participants related this to how patients or learners may feel during health care encounters. They also reflected that in clinical practice, their professional role puts them 'in control' and that letting someone else lead (letting go of control) could enhance their interactions with patients. Listening attentively in the clapping game, generated discussion about how physicians can anticipate what one will hear and jump to conclusions.

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Touching, as experienced in the human clay exercise and neck examination, prompted conversations about touch as a form of human connection. Participants commented on the different ways touch can be interpreted, how it is often used unconsciously, and the impact of such unconscious use.

[Table 2 about here]

Discussion

Communication skills have been conceptualised as a set of skills and a way of being in relation with another.¹⁰ While traditional medical education has done well to develop communication skills as a behaviour, intangible elements of communication, often unseen and unstated have received less attention. Drama is increasingly used in medical education, but is often a rehearsal and performance process, a form of simulation.¹¹ In this workshop, we focused on drama as a form of stimulation¹⁰, to encourage participants to access taken-for-granted forms of expression. The strategies used in our workshops indicate that drama can help physicians recognise NVCS by becoming explicitly conscious of them.

These workshops could provide a starting point for development of NVCS training in medical education. Our pilot work indicates a need to more clearly define and develop curriculum around NVCS. One step forward would be for curriculum leaders to adapt and elaborate our NVC skills-set for their own use. Drama could be used to raise learners’ awareness, followed up by direct observation of NVCS, role-play, or video feedback coupled with reflective exercises into existing curricula. Often individuals are unaware of how their posture and positioning can convey disinterest or lack of time and impede more open communication.

Our evaluation has a number of limitations. Participants were self-selected, positively disposed, and attending a conference. We did not collect baseline information on participants’ awareness of NVCS and our participants varied in their stage of training and clinical backgrounds.

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There were more female participants than male. The findings cannot, therefore, prove this educational intervention would be effective as part of a regular medical school curriculum. They indicate an openness to learning NVCs experientially. As originators of the workshops, MK and LN had a vested interest in the evaluation. To address this bias, we invited critical feedback from TC, KB and MH and solicited independent conference feedback and member checking.

Adapting our teaching strategies to cultural contexts requires further work. Although we had a diverse group of participants, contextual tailoring and cultural sensitivity is an important consideration in extending this work. The need for consideration of gender, physician culture, patient culture and how these interact to promote cross-cultural competency in NVCS and relationship-centred care is noted in a recent systematic review.¹ Further incorporating drama-based activities into curriculum requires additional faculty development and our next step is to offer workshops in our institution. One option might include partnering medicine and arts-based faculty to promote medical-humanities partnerships and demonstrate both the biomedical and humanistic dimensions of clinical care.

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Recommendations for further reading

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Ethical approval: The University of Calgary, Conjoint Health Research Ethics Board approved workshop evaluation.

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Photo Legends:

Photo 1. Participants throw an imaginary ball, using eye contact and facial expression to communicate

Photos 2, 3, 4: Make a shape and finish the story

Photo 2. Participants are invited to 'make a shape in space', it can be anything....

Photo 3. Other participants look at the shape and are asked to 'finish the story' by taking shape in response

Photo 4. Here two different responses are demonstrated to reflect the different interpretations we can make, based on what we see

"For review"

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Table 1: Example of drama games

Sense	Sample game	Brief description
See all we look at (see photographs 2-4)	Make a shape	Participants stand in a circle. One member ‘takes a shape in space’ with their body, it can be anything. Other participant say what they see.
	Finish the image	In response to the shape (above), participants are invited to ‘finish the image’ by adopting a corresponding shape in response to the initial one.
	Blind games	Participants move with their eyes closed, first on their own, making their way across the room. Next, they work in pairs where a leader guided the sight-deprived follower with a sound. Pairs of leaders and followers moved around the space, building spatial awareness. For safety, participants keep their hands by their sides and move slowly.
Listen to all we hear	Clapping game	Participants transmit a clapped rhythm around the group. Different rhythms are introduced at random times, participants listen for the new rhythm, clap it and pass it on to the person beside them.
Feel all we touch	Sculpting clay	Working in pairs, participants take turns to create sculptures using each other’s body as ‘human clay’.

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Table 2: Drama game, non-verbal skill and quotes demonstrating insights by workshop participants.

Drama game (see text for details)	NVCS	Heightened awareness of	“What’s in this for you?” Reflections of participants after each exercise
Finish the image	Looking and seeing	Visual interpretation • ‘Being alert and checking for eye contact.’ (A1)	Partnering with patients • ‘We all bring our own perspectives’ ‘Nobody’s the boss of the story’ (D1)
Blind games	Using space Listening Touching	Safety, risk, and presence • ‘Being blind was less risky than I thought because I relied on my other senses’ • ‘How to tap into the opportunity to be present, through breathing and being aware’ (E2)	Sharing control with patients • ‘it’s ok if you don’t have control - if you encounter resistance it’s ok, adjust your goal’ (D1)
Clapping game	Listening	Interpersonal dynamics • ‘Chaos and harmony, I like harmony, it’s hard to listen to chaos’ (D1)	Cooperating with patients • ‘Duality of tasks, when patients try to adopt our rhythm, they lose theirs’ (F2)
Sculpting clay	Touching	Tactile communication • ‘The body talks, and the way we react informs patients’ interpretations’ (F2) • ‘Just touching the person tells you more information.’ (E2)	Connecting with patients • ‘Reveals something of yourself beyond your [clinical] role, reaching out to make a connection’ (E2) • ‘Allowing creativity when working with patients’ (D1)
Neck physical examination	Touching Looking and seeing Using space	Space and physical contact • ‘There is more to empathy than words’ (F1) • ‘Touch draws you in to the immediate moment’ (E2) • ‘How to determine the right distance or wrong distance’ (E1)	Working together • ‘The experience of acting on and being acted upon, then acting together, we are stronger together’ (E2) • ‘Touch is about safety, when I touch the patient on the shoulder during physical exam, I’m grounding the patient, I’m saying ‘I’m there’ (F1)

Letters A-F denote the conference venue. Numbers indicate the specific workshop.

Workshop1: Drama games Workshop 2: Experiencing touch

Photo 1. Participants throw an imaginary ball, using eye contact and facial expression to communicate

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Photo 2. Participants are invited to 'make a shape in space', it can be anything....

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Photo 3. Other participants look at the shape and are asked to 'finish the story' by taking shape in response

80x53mm (220 x 220 DPI)

Photo 4. Here two different responses are demonstrated to reflect the different interpretations we can make, based on what we see

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