Acting Professionally: Applying Medical Improv to Build Adaptive Communication Skills and Empathy to Address Interphysician Conflict

Caitlin Schrepel, MD
Elizabeth Dorn, MD, DTM&H
Ashley E. Amick, MD, MSCR

Setting and Problem

Despite efforts to establish best practices for interprofessional communication, interphysician conflict, particularly during times of interspecialty exchanges, continues to impact the clinical learning environment. While professional communication is considered a core competency across graduate medical education programs, little effort has been expended in determining how to teach residents to manage the unique circumstances that contribute to conflict between *physician* colleagues. In the midst of an unpredictable clinical environment, physicians must be adept at not only communicating clearly to prevent interphysician conflict, but also at practicing adaptive communication to mitigate conflict when it does occur. The social dynamics between physicians also contribute to interphysician conflict. A physician's specialty identity, a workplace social identity, can promote in-group superiority, fostering bias against other specialties and diminishing empathy toward those in other physician groups. These factors highlight the importance of providing learners with both the skills needed to adaptively manage conflict and the tools to promote self-awareness and empathy for others. As educators we have historically lacked methods to effectively teach these nuanced skills. However, application of principles borrowed from the performing arts, specifically medical improvisation, offers a new and creative approach to teaching complex communication skills to address interphysician conflict.

This pilot curriculum aimed to determine if medical improv could be used to increase residents' perceived skills in empathy and professional adaptive communication to equip them with the tools needed to prevent and resolve interphysician conflict.

Intervention

We conducted a pilot study of a medical improv curriculum with an initial convenience cohort of emergency medicine (EM) residents from all training levels (postgraduate years 1 to 4) who attended the in-person weekly didactic conference. Our aim was to determine if engaging in guided improv exercises could increase EM residents' self-perceived skills in empathy and professional communication. Exercises were chosen to promote the 3 master skills of medical improv—attunement (to others and self), affirmation, and advancement of the conversation.[1] We utilized classic improv exercises called *gift giving*, *yes and…*, *character walk*, and *card status*, which specifically foster inclusive communication, discourage negating other ideas, and promote empathy. The exercises were followed by semistructured reflective debriefs, and the curriculum concluded with semistructured small group discussions to promote reflection on how improv skills might be applied in managing interphysician conflict in the clinical learning environment. To evaluate our pilot curriculum, we used a survey with previously described validity evidence for measuring self-reported communication skills before and after a medical improv session on a 5-point anchored Likert scale.[2] A Student's paired *t* test was used to evaluate the change in scores (TABLE).

Outcomes to Date

Nineteen of our EM residents attended the pilot curriculum, and 18 completed the pre- and post-survey (response rate 94.7%). Survey responses are summarized in the TABLE. Participants reported improvement in "creating strategies for collaboration and selecting appropriate language to move a conversation forward," as well as improvements in items related to empathy building. This highlights the potential utility of medical improv to mitigate some of the social primers of interphysician conflict, while simultaneously teaching adaptive communication strategies. Our preliminary findings are consistent with prior work suggesting that medical improv can help build empathy and address bias.[2] They also suggest that medical improv could help dissolve division between groups of physicians, promoting

DOI: http://dx.doi.org/10.4300/JGME-D-23-00769.1

TABLE
Self-Reported Communication Skills of Emergency Medicine Residents Before and After Engaging in a Medical Improv Educational Intervention

Communication Strategy	Pre-Intervention, Mean (SD)	Post-Intervention, Mean (SD)	*P* value
1. Remain present and on task despite communication mistakes	3.06 (0.64)	3.78 (0.65)	<.001[a]
2. Use effective nonverbal communication to aid collaboration	3.28 (1.02)	4.00 (0.59)	.002[a]
3. Lead by following another person's cues to make appropriate adjustments to your own communication	3.39 (0.98)	3.94 (0.54)	.04[a]
4. Begin a conversation with an open mind	3.72 (0.89)	4.17 (0.71)	.07
5. Create strategies for collaboration in a challenging interaction	3.17 (0.51)	4.00 (0.77)	<.001[a]
6. Select appropriate language to move a conversation forward	3.39 (0.61)	4.06 (0.64)	.006[a]
7. Listen for underlying values that drive another person's anger	3.17 (0.79)	4.06 (0.80)	<.001[a]
8. Identify facets of yourself that can help you relate to others	3.33 (0.77)	4.00 (0.59)	<.001[a]

[a] Indicates statistical significance at α<.05.

understanding of others' perspectives. This session required only faculty guidance to facilitate, was completed as part of the standard didactic curriculum, and was very well received by the participating residents. This approach would lend itself well to other specialties, and inclusion of residents from multiple specialties simultaneously may further enrich the experience.

References

1. Fu B. Common ground: frameworks for teaching improvisational ability in medical education. *Teach Learn Med*. 2019;31(3):342-355. doi:10.1080/10401334.2018.1537880

2. Zelenski AB, Saldivar N, Park LS, Schoenleber V, Osman F, Kraemer S. Interprofessional improv: using theater techniques to teach health professions students empathy in teams. *Acad Med*. 2020;95(8):1210-1214. doi:10.1097/ACM.0000000000003420

Caitlin Schrepel, MD, is Assistant Professor and Assistant Program Director, Department of Emergency Medicine, University of Washington, Seattle, Washington, USA; **Elizabeth Dorn, MD, DTM&H,** is Clinical Associate Professor, Department of Emergency Medicine, University of Washington, Seattle, Washington, USA; and **Ashley E. Amick, MD, MSCR,** is Assistant Professor, Department of Emergency Medicine and Department of Internal Medicine, University of Washington, Seattle, Washington, USA.

Corresponding author: Ashley E. Amick, MD, MSCR, University of Washington, Seattle, Washington, USA, aamick@uw.edu