Telling the Patient’s Story: using theatre training to improve case presentation skills

Rachel R Hammer,1 Johanna D Rian,2 Jeremy K Gregory,3 J Michael Bostwick,4 Candace Barrett Birk,5 Louise Chalfant,5 Paul D Scanlon,6 Daniel K Hall-Flavin

ABSTRACT

A medical student’s ability to present a case history is a critical skill that is difficult to teach. Case histories presented without theatrical engagement may fail to catch the attention of their intended recipients. More engaging presentations incorporate ‘stage presence’, eye contact, vocal inflection, interesting detail and succinct, well organised performances. They convey stories effectively without wasting time. To address the didactic challenge for instructing future doctors in how to ‘act’, the Mayo Medical School and The Mayo Clinic Center for Humanities in Medicine partnered with the Guthrie Theater to pilot the programme ‘Telling the Patient’s Story’. Guthrie teaching artists taught storytelling skills to medical students through improvisation, writing, movement and acting exercises. Mayo Clinic doctors participated and provided students with feedback on presentations and stories from their own experiences in patient care. The course’s primary objective was to build students’ confidence and expertise in storytelling. These skills were then applied to presenting cases and communicating with patients in a fresher, more engaging way. This paper outlines the instructional activities as aligned with course objectives. Progress was tracked by comparing pre-course and post-course surveys from the seven participating students. All agreed that the theatrical techniques were effective teaching methods. Moreover, this project can serve as an innovative model for teaching and professional development initiatives at all levels of medical education.

INTRODUCTION AND BACKGROUND

And once you remove yourself from the patient’s story, you no longer are truly a doctor.

Myron Falchuk, MD1

Clinical case presentation, an important medical skill, is for many future doctors a most daunting challenge. The skill set required to master case presentation spans an interpersonal continuum. At one end, doctors must simultaneously elicit and sift through information in their patients’ stories with insight and logic. In this setting, their prompts, gestures and questions must be swift. At the other, doctors must also be able to synthesise, interpret and reformat these stories for gatherings where doctors present cases to their professional colleagues, in a variety of settings from hospital corridors to lecture halls. The common thread along the continuum is the storytelling. Public speaking has been estimated to produce anxiety in 95% of the general population,2 manifesting in physical symptoms in up to 30%.3 This fear in combination with other communication barriers between provider and patient threatens patient safety and increases medical errors.4 Providing interpersonal communication instruction early in medical education has gained increasing attention as medical educators understand the central role of clinical skills training in shaping professional identity.5

The traditional undergraduate medical curriculum in the US thrusts students onto the wards in their third year, and expects them to interview, examine and relate to patients in complex ways that are often unprecedented in their young professional lives. Students are required to synthesise the stories they hear into clinical case presentations that subjectively and objectively outline patients’ issues, the students’ assessments, and diagnostic and therapeutic plans. This set of tasks challenges all medical students—some more than others—since narrative competence is rarely a medical school admission criterion.

Most medical students receive some formal training in clinical case presentation during their first 2 years in medical school. While ‘introduction to clinical medicine’ courses exist at many institutions, their formats and content vary widely.6 A significant body of literature exists regarding the importance of training medical students in interviewing and communication skills.7–12 The American College of Graduate Medical Education (ACGME) outlines general interpersonal and communication skills as core competencies.13 Furthermore, improved interpersonal skills have been linked to a variety of positive outcomes, including increased patient satisfaction and retention,14 more complete histories,15 better health outcomes in patients,16 less malpractice litigation in primary care,17 and fewer medical errors.4

Many medical schools have recently tried to revitalise clinical skills training by including what has been termed ‘the missing curriculum’.18 Several reports of new initiatives focus on improving interviews, interpersonal skills20,21 and feedback22 regarding the oral patient presentation. To complement this movement, integrating the humanities into medical curricula through reflective writing, reader’s theatre, literature and film has proven an area of exciting opportunity, growth and creativity over the last decade.23

The theatre arts are particularly well suited to teaching oral case presentation and interpersonal communication skills. Some programmes offer students a chance to reflect upon patient experiences.
from scripts made ‘in their own words’. Medical students commonly use roleplay to experiment with their own communication styles, to give and receive feedback, and to enhance empathy and teamwork. Actors and students alike have been employed as simulated patients, to practice interviewing and physical examination skills. Theatre performances have been arranged specifically for medical student audiences, and the theatrical concept of the ‘imaginary fourth wall’ (which creates a sense of distance from the actors for the audience), has been employed to explore boundaries within patient–doctor encounters. In accordance with these trends, a recent hypothesis recommends teaching theatre-based performance skills to doctors and medical students in hopes that they learn to literally ‘act’ with empathy and compassion in their patient communications.

Naturally, educators debate how patients should be presented, how students should be evaluated, and how presentation skills should be taught. However, it has not been examined how students’ skills differ when their teacher is neither a doctor nor a simulated patient. Willie Sutton is said to have robbed banks because he understood that one must ‘Go where the money is...and go there often’. If you want to teach performance practices to medical students, it may be true that the wealth of performance theory resides in theatre professionals themselves.

Accordingly, the Mayo Medical School and the Mayo Clinic Center for Humanities in Medicine (Rochester, Minnesota, USA) partnered with staff of the Guthrie Theater (Minneapolis, Minnesota, USA) including directors, performers and teaching artists, to explore using theatre-based educational activities to educate medical students and doctors. This collaboration resulted in an educational ‘selective’ offered to Mayo medical students. The prioritised learning objectives (box 1) address the competencies (box 2) required to synthesise and present a case history.

TELLING THE PATIENT’S STORY

‘Telling the Patient’s Story’, a week-long selective, was offered to all Mayo medical students in April 2010. Student participation in the programme was voluntary. A single fourth-year medical student and 6 out of 50 first-year medical students participated in the pilot. Guthrie Theater teaching artists and Mayo doctors collaborated to lead 10 highly interactive sessions for a total of 25 h of contact (table 1).

All student participants completed surveys on the first and last days of the selective (online appendix). The surveys sought opinions about the potential value of theatre techniques in medical education and practice as well as students’ perceptions of their own competence along a variety of axes related to clinical case presentations. Unscaled responses from the seven survey respondents were tallied and reported as raw values. Five-point Likert scaled responses were used to calculate mean preassessment and postassessment scores for each item, and the respective change in each value was calculated as a simple difference (table 2).

Free response questions were also included in the surveys, probing student expectations, in advance of the course and afterwards, of the programme’s perceived strengths and weaknesses and its effect on case history synthesis training and communication skills. Common themes were identified by one author (RRH) and confirmed by another (JKG).

Student feedback

All participating students completed preassessment and postassessment surveys. Noteworthy preassessment findings showed that six out of the seven students had limited or no understanding of the role of the humanities in a traditional medical school curriculum, yet all students agreed that there is a need for creative instruction that directly appeals to visceral, intuitive and motivational aspects of patient care. There was also unanimous agreement that a doctor’s ability to present a clear case history is critical to the practice of medicine, and that good doctor–patient communication in the medical interview can improve efficacy, enhance compliance and improve patient health outcomes. Prior to the course all students felt unsure that they had adequate skills for taking and presenting a patient history.

Preassessment free responses identified student goals and expectations for the selective, which included becoming more familiar with oral patient presentation, developing better listening and communication skills, gaining skills in demonstrating empathy with patients, improving communication with patients and colleagues, and (for the fourth-year student) ‘gleaning specific skills to demonstrate and teach clinical case presentations to medical trainees’.

Postassessment survey results demonstrated that after the course, only one student continued to report a lack of confidence in presentation skills. Six of the seven students acknowledged interest in pursuing additional theatrical training if given the opportunity. All students agreed that after participating in the course, they felt they were better listeners and anticipated improved communication with patients. They indicated that the course met their expectations and that the experience would

---

**Box 1 Learning objectives**

Students will:
1. Hear stories: those told by patients, colleagues and in written narratives.
2. Identify the elements of a narrative, and examine stories for narrative structure.
3. Share stories: through case presentations, body movement, storytelling and acting.
4. Present a patient’s story with elements of traditional medical presentation and narrative.

**Box 2 Competencies required for effective case history presentation**

Students gain:
1. The cognitive capacity and flexibility needed to evaluate and acquire reliable clinical information.
2. The ability to actively and generously observe and listen to another.
3. An understanding of the components of narrative leading to effective story construction.
4. A performance sensibility that ensures the delivery of a good story, otherwise known as stage presence.
5. The finesse to communicate empathically with a patient to create an environment in which she or he feels safe, satisfied and heard.
positively affect their future medical school performance and their future patient relations. Six of the seven asserted their storytelling skills had improved.

Postassessment free responses declared the two most highly favoured sessions to be ‘Listening with a Neutral Mask’ and ‘Final Presentations with Professional Critique’. A frequently reported course strength was its use of techniques for teaching communication and case history synthesis skills that were absent from traditional medical school classes. Participants appreciated the lack of PowerPoint lectures, and valued the abundance and diversity of interactive experiences. One student wrote that the overall weakness of the course was, ‘Too much focus on how this relates to medicine. We will realise this later. For now, teach us the [performance] skills’.

All students agreed that learning theatre performance techniques improved their delivery of patient histories, corresponding with increases in students’ self-rating of competence (online appendix).

**DISCUSSION**

*Through the stories, we hear who we are.*

Leslie Marmon Silko

This paper describes an innovative educational method in which theatre arts professionals draw upon theatre arts curriculum to help medical students formulate meaningful case histories and sharpen presentation skills. Storytelling is a fundamental theatrical skill. We hypothesise that in becoming an excellent
storyteller, a future doctor can become an excellent presenter of clinical case histories. We concur with others that cultivating narrative skills can improve critical medical communication and we empathise with the reality that schedules are demanding for the medical student, resident and doctor, but a programme such as ‘Telling the Patient’s Story’ can be adapted to complement a variety of medical school and continuing education curricula. Ideally, this course aims to make the learner more efficient in their communication, using narrative competence to synthesise stories with data, while honouring the understanding of themselves and their patients. Indeed, the inclusion of humanities in medicine serves this paramount purpose: that the deep significance and humanity in our work is not lost in the busyness.

We are challenged by the student comment that there was, ‘Too much focus on how this relates to medicine. We will realise that later. For now, teach us the [performance] skills’. Truly, medical humanities as a genre of education is subject to scrutiny for its relevance, and perhaps our educators, sensing that pressure, overemphasised the ends versus the means. This student’s comment held up a mirror to the tension that has existed between the sciences and the humanities since CP Snow described his dichotomous ‘Two Cultures’. The temptation to explain or justify the existence of the humanities in medical education reflects an insecurity that Snow’s gulf exists and must be bridged. Our student reminds us that the gel between the ‘Two Cultures’ may not need to be overly applied. Learners should find the skill of storytelling of great utility all its own, and discover the bridges as they must.

Our survey findings suggest that the teaching methods were successful in achieving course objectives as well as student goals. Survey results are subject to a variety of reporting biases. For example, participating students expected theatrical training to improve their ability to deliver case histories, so these seven students may have been predisposed to enjoying the course and increasing their self-score of competency. Also, students who volunteer to participate in a theatre course might be expected to have above-average baseline presentation skills. As the small participant group included mostly first-year students, the concept of the case presentation was fresh, which might explain the significant difference between pre-course and post-course responses in ‘Understanding of the key components of an effective patient case history’ (+2.29). As faculty were present at most of the sessions, some as professors in the medical school, their presence and expectations may have biased student responses if the students interpreted their presence indirectly as evaluative. Among this pilot study’s limitations are the small number of participants and the lack of standardised objective outcome measures.

Future studies should include such objective measures of student performance in presenting clinical cases as comparisons of student self-perception with faculty judgements of student skills. Preliminary survey data should be collected regarding the preprogramme humanities exposure of the participants, such as, their undergraduate majors/minors, humanities coursework, their parent’s education and exposure while growing up to the humanities. Effort should be made to understand barriers standing in the way of students’ confidence in their abilities after such an experience, and what prevents students from electing to participate in courses such as this one.

We believe that improving medical student communication skills and pleasure in telling and eliciting patient stories will prevent burnout. Simply put, for the participants, this programme was a uniquely fun and interactive skill building experience, when compared to the alternative, required lectures and readings on doctor–patient communication. Innovative programmes such as ‘Telling the Patient’s Story’ attempt to pioneer such needed improvements in the delivery of education. In particular, since completing the initial pilot, we have been asked to make similar training sessions available to residents and practicing doctors. To adapt to busy doctor schedules, training sessions could be modified to shorter workshops held in evenings, on weekends or at other flexible times. Options for these shorter workshops include theatre and storytelling training, creative writing, visual thinking strategies, among other techniques. An expanded version of ‘Telling the Patient’s Story’ will be offered in the coming year, with a separate course modification made available for residents, attending staff and other allied health staff. The continued refinement of communication skills, specifically storytelling, is a lifelong process for healthcare providers at all levels of training.

Acknowledgements Thanks are due to Guthrie teaching professionals: Rebecca Gorman, Jef Hall-Flavin, Simone Perrin, Tod Petersen and Dario Tangleston; to Mayo Clinic consultants who led sessions: Charles H Rohren and J Michael Bostwick; to Mayo Library Researcher Melissa Rothfelsien; and to local actress and Mayo Clinic simulated patient coordinator, Kathy Keech.

Funding Mayo Clinic Center for Humanities in Medicine, Rochester, MN.

Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

Telling the Patient's Story: using theatre training to improve case presentation skills


*Med Humanities* 2011 37: 18-22 originally published online February 21, 2011
doi: 10.1136/jmh.2010.006429

Updated information and services can be found at:
http://mh.bmj.com/content/37/1/18.full.html

These include:

**Data Supplement**
"Web Only Data"
http://mh.bmj.com/content/suppl/2011/02/18/jmh.2010.006429.DC1.html

**References**
This article cites 45 articles
http://mh.bmj.com/content/37/1/18.full.html#ref-list-1

Article cited in:
http://mh.bmj.com/content/37/1/18.full.html#related-urls

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/