

# Susan Massad

**She teaches doctors to listen to their patients.**

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- By [Steve Friedman](#)
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## **INNOVATOR: GENERAL PRACTICE**

**R**esearch consistently shows that honest, accurate, and pleasant dialogue between doctor and patient leads to all kinds of good results—from greater compliance with prescribed treatments to lower blood-sugar levels in diabetics. But research also shows that most patients don't know what their doctors are talking about: Fewer than one in five understand what they've heard, and half leave their doctors' offices confused about what they're supposed to do. When communication breaks down, patients don't tell doctors what's bothering them, doctors miss important symptoms, and patients suffer and sometimes sue.

It's a cycle Susan Massad aims to stop.

The 66-year-old internist, who lives in Greenwich Village and practices in Brooklyn Heights, is the first doctor in New York to teach other doctors through improvisational-theater techniques to better listen to and interact with their patients. In conjunction with Performance of a Lifetime, a consulting firm with clients ranging from Condé Nast to Dun & Bradstreet, she's held group improv seminars for medical residents everywhere from Long Island College Hospital (her home institution) to Lenox Hill Hospital, and she regularly teaches crash courses at national medical conferences as well.

The hardest part, Massad says, is getting self-serious physicians to act like performers, so she begins by having her students talk about times in the past when they might have, say, sung or played the violin. "For them to loosen up enough to learn improv," says Massad, "they have to break their role as doctors."

Next, Massad uses games that stress listening and teach participants to ask follow-up questions—after the other player is done speaking (a recent study showed that on average, doctors allow patients to talk for just 23 seconds before interrupting them).

Prakash Chand, who has taken Massad's classes, says the most helpful game was one in which a fellow doctor acted like a patient and Chand had to mimic his every move. "You have to follow the patient's face and how he verbalizes and moves his hands and do the same thing," says Chand. "You don't do that in real life, but it helps you to concentrate on the patient."

Case in point: Chand had patient who'd complained of constant headaches, back pain, diabetes, and shoulder pain. Painkillers hadn't worked. "But when I sat with him for a lengthier time and really listened to what he was telling me," Chand says, "I found out the real problem: He was depressed." Chand started the man on Lexapro, and when he saw him a month later, most of his symptoms had disappeared. "He felt better, and he was happier," says Chand. "That's what's important."