

Utilizing theatrical tools in consultation training. A way to facilitate students' reflection on action?

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SUMMARY *The aim was to give the individual student a group-based opportunity to reflect on possible consultation strategies as the consultation was evolving. An actress acted as patient in the consultation training for a group of 30 students. The consultation was stopped at each critical incidence, and time-out given to allow the students to reflect on possible continuation strategies, and then to carry out one of them. The project was evaluated adopting a pragmatic version of the reflective practitioner research strategy as developed by Taylor. The evaluation was based on tutor and actress's field notes, students' written free text evaluation and students' evaluation through two focus groups. The qualitative analysis resulted in the three categories: the fiction created, temporality manipulated, and students' learning through reflection. Implications for students' learning process are discussed. We conclude that our way of creating fiction and manipulating temporality in the consultation training was paralleled by most students' report on substantial learning feed-forward abilities from reflection on action.*

Introduction

Training medical students in consultation techniques has become an essential part of the medical curriculum world-wide. Actors are being used for training and assessing consultation skills of medical students or doctors (Hazelkorn & Robins, 1996; Glassman *et al.*, 2000). Usually, students or trainees run the consultation or sections thereof with the actor as the patient, and then get feedback, or are evaluated afterwards (Smith *et al.*, 2002).

The problem is that feedback is always given retrospectively. A consultation, however short, is a complex performance. For the student to gain full benefit from the feedback given to them, it is essential for them to be able to recall the total situation being addressed. In most training situations and for most students this is not the case.

We have aimed to stimulate the students' feed-forward abilities. The concept of feed-forward is used in gait studies (Patla, 1998). In this context, feedback is the information our motor system receives when the foot hits the ground. In a rough terrain this information is insufficient for planning the next step. The concept of feed-forward implies that we manage walking by letting our senses, mainly the eyes, feed the motor system information on the forward properties of the ground. When trained, we manage to negotiate a rough

path using just occasional glimpses of the terrain to feed info to the feed-forward system.

Rough terrain used as a metaphor may indeed be valid for difficult consultations. By letting the students reflect on actions to adopt between periods of being in action, we hoped in this project to facilitate their training of consultative feed-forward systems. That is, not only training specific consultation skills, but also learning to anticipate likely short-term outcomes of possible strategies adopted at any point of the consultation.

In the present study, we aimed to describe the actor's and tutor's reflections during the learning sessions, and the students' evaluation of it.

The learning sessions

The project was developed early in spring 2003. It was used as part of a consultation course for final year medical students at the Medical School, the University of Bergen, Norway. Students at this medical school are subjected to three courses with a total of 63 hours consultation training through their six year study. Specific aims have been set for each of the three courses.

One of the main problems with curriculum-defined aims is that we never know how many of the students are really in a position to benefit from the aims defined. In a recent controlled study applying an established educational model, students exposed to the intervention scored 5% higher (on a 0–100 scale) for communication skills compared to a non-exposed control group (Yedidia *et al.*, 2003). A substantial proportion of the exposed students must then after the course have scored fairly equally to unexposed students, having not in any measurable way benefited from the teaching.

We therefore decided that the present project should allow each student to develop her consultation style from the skill level presently mastered. To achieve this, we aimed to create training conditions as stimulating as possible for the students, explicitly stating that we expected them to work from their individual starting points, modifying their personal consultation style.

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In large groups, we let the students take frequent time-outs at any point in the consultation process, in order to reflect on the process from this point onwards with her peers and the tutor. He/she or another student might then go on with the consultation from the break point, or an earlier one, choosing a strategy for further action, elaborated during the reflection process.

Evaluation

The sessions were evaluated adopting a pragmatic version of the reflective practitioner research strategy as described by Taylor (Taylor, 1996). We decided on three unrelated data sources for the project:

- The tutor and actress's reflections during the sessions put down in field notes.
- The students' written free-text evaluation of the course.
- A semi-structured group interview of students after each session.

The resulting texts from the two last sources were transcribed when necessary, and analysed together, using the phenomenological method described by Giorgi and modified by Malterud (Malterud, 2001). Citations are given as illustrations of categories found. Actress (TJA) and teacher (AB) analysed data independently and condensed the categories presented from the combined results.

Results

The tutor's and actress's reflections during the sessions

During the teaching sessions, the students concentrated fully on the consultation techniques used, becoming both intellectually and emotionally involved. For example, when we declared at the beginning of the session on breaking bad news that blood samples from the patient showed lymphatic leukaemia, one student cried spontaneously: "Oh no, didn't she have enough to cope with!"

At this point, the actress introduced the concept of fiction. This concept stems from the grand old man of theatre, Constantin Stanislavsky (1863–1938). He relates fiction to the magical *as if* (Stanislavsky, 1973). In the theatre, fiction means the scenic context and performance created by the actors, making the audience experience it *as if* it was real. The students' reactions indicated that they reflected and reacted within the context *as if* it was real. Some students stated that the context was more real than reality.

Students' free-text evaluations and group interviews

Believable fiction. The students reported that the sessions felt very realistic. They experienced emotional situations with first-hand intensity, which they had never experienced elsewhere in their medical study, even in actual clinical work with patients.

- Something happened!
- More realistic than with a real patient!

Manipulating temporality. Most students appreciated the frequent time-outs. Time-outs gave them the opportunity to rethink the situation and reflect on possible next steps, alone or in discussion with others. Moreover, many students appreciated being counselled as they progressed, instead of merely getting feedback at the end of the training session.

At time-out you can have a breather, take a step back and look at what you have been doing.

A few stated that the time-outs made it all too abstract: they lost the feeling of continuity and became disinterested.

Don't chop up all the consultations. I'd rather watch one as a whole.

Learning through reflection. Students stated that they had gained greater insight into their personal consultation style and how it might be improved. They learned from seeing the consultation evolve step by step over time, from repeatedly discussing 'what next', being challenged on possible outcomes of their proposals, and by experiencing how their personal consultation style worked.

To try and fail in safe surroundings.

Some students also gained a better insight into how the patient was thinking and feeling during this session than in other forms for teaching or clinical work.

I was inspired to be a better and more human doctor.

No right answers. Many students appreciated that there was no absolutely right choice at any one moment. They learned from seeing different approaches carried out by fellow students with different personal styles, and from seeing how the direction and development of the consultation depended on choices made and actions carried out.

The consultation may take many directions depending on what you do.

Not all agreed.

There wasn't much advice from you experts. When asked, you just threw the ball back.

Discussion

Our results indicate that our pedagogical strategies resulted in intensive individual learning of consultation strategies, even in fairly large groups.

According to theatre science, the actors create fiction in co-work with the audience. By inviting the students to reflect on possible ways forward in the consultation, we consequently also invited them to participate actively in the creative process of further development both of the consultation and the fiction. This is a learning-intensive situation often used in drama (Taylor, 1996).

We took time-outs at critical incidences and started the verbal reflection among the students. Time-outs are periods for reflection outside the time of the fiction, which temporarily has been stopped. As can be seen from our results, the majority of the students attributed much of the

learning potential of the project to the time-outs and the ensuing peer-based reflection.

We also manipulated temporality by creating the opportunity for the students of rewinding the consultation. This was used when one student had tried out a strategy, and another wanted to test an alternative. As may be seen from the students' evaluation, many stated they learned a lot from observing how different actions and consultation styles resulted in widely different outcomes.

The concept of reflection-in-action dates from Schön in 1983 (Schön, 1983). Reflection among students as a learning tool is most often positioned between longer periods of exposure to relevant stimuli, as in role-play or by a video of a consultation (Smith *et al.*, 2002; Ang, 2002). By putting the reflection process frequently and repeatedly within the training session, we aimed at working as close as possible to the individual learning process in each student, thereby stimulating the individual reflection process, training their feed-forward abilities.

Results of qualitative analysis are always subjected to the preconceptions of the researchers. We developed the learning strategies used in the early planning phase of the project. However, as the planning and implementation of the project went on, we gradually acquired a further understanding on how concepts from theatre science, as fiction and manipulated temporality, could be used in the planning and for giving us increased understanding of what we were doing. At analysis, we were not at all surprised that we ended up with the same categories in the results. Consequently, the categories must be regarded as being developed during our reflective practitioner research strategy, while their context-based content was extended by the qualitative analysis of the students' evaluation.

As in any qualitative research, the validity of our data is pragmatic. At most, our results indicate that the basic structure of the teaching sessions which we adopted, and the supportive and permissive pedagogic used, may be worth while for others to explore in practical applications.

In conclusion, our way of creating fiction and manipulating temporality in the consultation training was paralleled by most students' report on substantial learning feed-forward abilities from reflection on action.

Practice points

- In an actor-created fiction, time may be manipulated, and reflection and action combined.
- Most students reported substantial learning from reflecting on and in action.

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Conflict of interests

None.

Ethical approval

We did not find it necessary as no personal integrity was violated.

Notes on contributors

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References

- ANG, M. (2002) Advanced communication skills: conflict management and persuasion, *Academic Medicine*, 77, p. 1166.
- GLASSMAN, P.A., LUCK, J., O'GARA, E.M. & PEABODY, J.W. (2000) Using standardized patients to measure quality: evidence from literature and a prospective study, *Joint Commission Journal on Quality Improvement*, 26, pp. 644–653.
- HAZELKORN, H.M. & ROBINS, L.S. (1996) Actors play patients. Using surrogate patients to look into general practice. *Public Health Reports*, 111, pp. 129–132.
- MALTERUD, K. (2001) Qualitative research: standards, challenges, and guidelines. *Lancet*, 358, pp. 483–488.
- PATLA, A.E. (1998) How is human gait controlled by vision? *Ecological Psychology*, 10, pp. 287–302.
- SCHÖN, D. (1983) *The Reflective Practitioner*, (New York, Basic Books).
- SMITH, P.E.M., FULLER, G.N., KINNERSLEY, P., BRIGLEY, S. & ELWYN, G. (2002) Using simulated consultations to develop communications skills for neurological Trainees, *European Journal of Neurology*, 9, pp. 83–87.
- STANISLAVSKY, C. (1973) *An Actor Prepares* (London, Geoffrey Bles).
- TAYLOR, P. (1996) Doing reflective practitioner research in arts Education, in: P. TAYLOR (Ed.), *Researching Drama and Arts Education*, pp. 25–58 (London, Falmer Press).
- YEDIDIA, M.J., GILLESPIE, C.C., KACHUR, E., SCHWARTZ, M.D., OCKENE, J., CHEPAITIS, A.E. SNYDER, C.W., LAZARE, A. & LIPKIN, M.J. (2003) Effect of communications training on medical student performance, *JAMA*, 290, pp. 1157–1165.

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