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Verna Yiu, MD, FRCPC, both as Interim Dean of the Faculty of Medicine & Dentistry, and previously as Vice-Dean, Faculty Affairs, and Assistant Dean, Student Affairs, has also introduced curricular innovations which have benefited students. In 2004, she established a Gold Humanism Honor Society (GHHS) chapter in the faculty, the first humanism in medicine program in Canada. She also helped to found the Arts & Humanities in Health & Medicine Program (she was Co-Director from 2006 to 2009).

Ameer Farooq (Med 2014) is currently a second year medical student in the Faculty of Medicine & Dentistry. He is interested in exploring the ways that the humanities can enrich and improve the practice of medicine. His short story Touch, which envisioned what medicine might look like



in 2111, recently won the Canadian Medical Association Journal's 100th year anniversary "To the Essayer" contest.

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Abstract:

Forum Theatre (FT) was created by Brazilian theatre director Augusto Boal (1985) as an approach for promoting dialogue between the audience and those performing on stage for his "Theater for the Oppressed." FT offers an accessible, interactive approach to exploring challenging topics and situations. In FT, a short scene is performed. It is then replayed again and again with audience members invited to intervene and offer different options for addressing various aspects of the problematic situation. Originally directed to helping people address and transform oppressive conditions that characterized their lives, FT has evolved and found expression in many different communities and contexts, including health professional education. Inspired by David Diamond's (2008) "Theatre for Living" model (which approaches living communities as a complex, living entities), we introduced FT in the "Introduction to Medicine & Dentistry" (DMED 511) course offered as part of the Undergraduate Medical Education program in the Faculty of Medicine & Dentistry (FoMD). In this article, we describe how we have successfully engaged first year medical and dental students in discussion and critical reflection of professionalism issues relevant to their experiences of small group learning using FT.

Supporting material:

"DL Fatigue" Script



Professionalism is increasingly being introduced in medical curricula and discussed in the medical education literature. In a recent review, Passi, Doug, Peile, Thistlethwaite, and Johnson (2010) documented a variety of approaches to promoting understanding of professionalism in medical education, but did not identify Forum Theatre (FT) as a method that had been used in medical schools. In this article, we describe how we have used FT in our “Introduction to Medicine and Dentistry” (DMED 511) course at the University of Alberta to promote understanding of professionalism issues related to small group learning, an increasingly integral component of undergraduate medical education in many, if not most, medical schools.

With respect to contemporary educational theory, use of active learning approaches are often described as providing a means for increasing engagement, constructing meaning, and enhancing understanding and learning outcomes. (See Maudsley & Strivens, 2000, in relation to medical education.) In the past decade, medical educators have begun to explore the use of various theater-based approaches to learning (Alraek & Brauner, 2005; Case & Brauner, 2010; Case & Mico, 2006; Csörsz, Molnar, & Csabai, 2011; Dow, Leong, Anderson, Wenzel, & VCU Theater-Medicine Team, 2007; Hammer, Rian, Gregory, Bostwick, Barrett Birk, Chalfant, Scanlon, & Hall-Flavin, 2011; Hoffman, Utley, & Ciccarone, 2008; Kohn, 2011; Koponen, Pyorala, & Isotalus, 2011; Matharu & Howell, 2011; Septu & Gupta, 2011; Shapiro & Hunt, 2003; Rosenbaum, Ferguson, & Herwaldt, 2005; Ünalán, Uzuner, Çifçili, Akman, Hancıoğlu, & Thulesius, 2009). The number of publications in this area suggests increasing interest in experience-based, improvisational approaches to learning, and opportunities for reflection in relation to scripted enactments of medical scenarios (including experience of illness and patient-physician encounters).

Wanting to inspire critical reflection and discussion regarding professionalism behaviors and attitudes among medical and dental students, we were attracted to the interactive aspects of Brazilian theater director Augusto Boal’s (1985) Forum Theatre (FT) methodology. Originally directed to disenfranchised groups with the goal of helping people transform the oppressive social and living conditions that characterized their lives, Boal’s experimental theater has found expression in many different communities and contexts helping people to develop more effective approaches for solving a wide range of problems. A modern adaptation developed by David Diamond (2007), has moved beyond binary notions of oppressor and oppressed, by approaching living communities as complex, living entities.

We were aware of three articles that described use of FT within a health professional education context (Brown & Gillespie, 1997; Krüger, Blitz-Lindeque, Pickworth, Munro, & Lotriet, 2005; Khoury, Saab, & Haidar, 2010; Kumagai, White, Ross, Purkiss, O’Neal, & Steiger, 2007). FT provides an interactive approach for exploring a difficult situation and possible solutions by having actors perform a short scene, and then inviting members of the audience to come forward with different options for addressing the problematic situation. Audience members, who are referred to as “spect-actors,” are invited to stop the performance and suggest, or act out, an idea for how one of the characters could have acted differently to effect a positive change that would have resulted in a better outcome. Noting several examples in which researchers and health professional educators have utilized interactive theater techniques, Rossiter, Kontos, Colantonio, Gilbert, Gray, and Keightley (2008) have suggested that both patient illness experience and the culture of health care provides “a fertile ground for intervention using Forum Theatre” (p.135).

Methods

We first introduced FT in our DMED 511 course in the Fall of 2008. This course involves both first-year medicine and dentistry students and occurs over a six-week period, beginning in early September. A single, non-mandatory professionalism session is usually scheduled in October. We developed our FT session to complement this session. Our aim was to help our students enhance their understanding of professionalism by closely considering professionalism issues in relation to small group learning. In doing so, we were influenced by statements in different documents prepared by various medical organizations that have emphasized the importance of relationships with colleagues and other health professionals in support of good patient care. For example, a policy update on professionalism prepared by the Canadian Medical Association (2005) states that the “relationship of physicians with their colleagues must be strengthened and reinforced. Patient care benefits when all health care practitioners work together towards a common goal, in an atmosphere of support and collegiality” (p. 2).

Developing the script: “DL Fatigue”

Building on readers’ theater performances we organized in 2007 and 2008,¹ which were open to all interested students, residents and faculty members in the Faculty of Medicine & Dentistry, Dr. Verna Yiu (VY, then Assistant Dean of Student Affairs, and Co-Director of the Arts & Humanities in the Health & Medicine Program at the University of Alberta), originally developed “DL Fatigue” as a script for a readers’ theater presentation. The script focused on a problematic small group “Discovery Learning” session (or “DL” session; at other medical schools these sessions are commonly known as problem-based learning sessions) based on VY’s many years of advising students and facilitating small groups. The original script included five characters: four students (one female character named Sarah, two male characters, Tom and Brad, and another character with the gender neutral name, Dana), and a group facilitator (also referred to as the faculty preceptor), or Dr. Smith. Sarah, a stock character, is a particularly keen and enthusiastic, yet frequently annoying, medical student. The scene begins with Sarah pleasantly greeting the group facilitator as she arrives on time for the small group session. The faculty preceptor responds in kind, but appears to become increasingly annoyed while waiting for the remaining students. After most of the students finally arrive (late), the preceptor begins the session. Dana and Brad appear exceedingly uninterested and disengaged as students. Tom, the last student to arrive, takes this to the extreme, and in fact, falls asleep through part of the performance. The session ends when the faculty preceptor becomes so frustrated with the group that s/he leaves the room.

We discussed the value of using the script VY had created as the basis for a more highly interactive and engaged learning experience. Our colleague, Dr. Diane Conrad, Director of the Arts-based Research Studio in the Faculty of Education at the University of Alberta, introduced us to David Diamond’s “Theatre for Living,” which evolved from Augusto Boal’s “Theatre for the Oppressed.” Diamond’s (2007) approach focuses broadly on difficult issues that may not have a clear oppressor and oppressed group (as occurs in Boal’s work), but rather concern specific communities (Cox, Lafrenière, Brett-MacLean, Collie, Cooley, Dunbrack, & Frager, 2010). Following this, we re-developed the script slightly to include an additional character, the “Joker”/ Director (described in the next section), to introduce and facilitate the performance. Over time, modifications have been introduced in the “DL Fatigue” script by Dr. Pamela Brett-

MacLean (PBM) who has worked with volunteer student actors who bring the script to life each year. The most recent adapted version appears as a complete text in Appendix A.

Rehearsal: Exploring the potential of the script

We usually begin to recruit first-year students for the FT performance just as they are becoming familiar with their new curriculum routine, in mid-to late September. Although we initially worried about students being interested in participating, we have not had any difficulties recruiting student actors. Some examples of students' responses have included:

I don't have a background in acting, but I think I'd do a good job and am interested in doing it.

Let me know if you can use me and I'll be there; I am definitely interested in volunteering ... I've had some background experience in acting in skits once or twice a year for the last four years.

Looking forward to this fun opportunity!

Typically, the student actors meet two to three times with the Joker/ Director (PBM) over a one- to two-week period to: 1) become familiar with the structure of the script (setting, characters, plot, conflict, climax); 2) develop a sense of their own character, including their motivation, or "back" story; and 3) rehearse the script. Although minimal staging is involved, the students consider the use of inflection and gesture, as well as the clothes they will wear on the day of the performance, and other props, such as chewing gum, books, computers, iPods, etc. Together, we imagine the performance space at the front of the lecture theater and consider basic blocking, including where different characters might sit. Entrances and exits are rehearsed. As they become more familiar with the script and its dramatic arc, the student actors discuss possible changes to the script that usually reflect new interpretations they have to offer (usually based on situations and events they have experienced in their year to date). We discuss voice projection. Finally, we carefully review the process of "opening the stage" to the students in the class. We improvise responses to various interventions that might be proposed by their fellow students, the "spect-actors," who will be invited to come forward to act out a change in the scenario. We discuss actions that might be more or less effective in positively intervening in the various problematic turns of the script. We also discuss how these interventions will provide an opportunity for reflection and discussion for those on the stage and the audience.

The performance

The one-hour lecture on professionalism that students attend just prior to the performance covers the social contract that exists between health professionals and society, as well as definitional terms, behavioral standards, attitudes, and values. Reference is made to professionalism statements and codes of ethics developed by various medical and dental professional organizations. Challenges to professionalism that may be experienced in practice, as well as pitfalls and challenges relevant to medical and dental students, are also described. Although professionalism issues relevant to group learning in a large class setting are often covered (e.g., respect of fellow learners and instructors, arriving on time), these are not specifically discussed in relation to learning in small groups. Rather, the "DL Fatigue" performance that follows this lecture provides an opportunity for students to extrapolate information covered in this introductory lecture to their experience of small group learning.

Following the lecture, the actors quickly set up a "stage" at the front of the large lecture theater, making use of a single table with five chairs positioned around it. Although information

about the FT session is posted as part of their online repository of curriculum materials, and despite pre-distribution of e-mail messages about the session--via our recruitment notices-- many of the first-year students are often taken by surprise by the performance that follows the lecture. After welcoming the students, and introducing the cast, the Joker sets the stage, and the performance begins. The first iteration of the scene is performed without interruption. The “surprise” ending that we have used in previous years has involved one character, Brad, who does not contribute anything to the group process until the very end when he states: “I have no idea what any of this has to do with dentistry!”ⁱⁱ The initial run-through of the performance, along with the overview of the FT process that follows, typically takes about 10 minutes.

Role of the Joker. The facilitator is called a Joker to reflect the neutrality yet power of the character (similar to the “Fool” in a deck of Tarot cards or the “Joker” in a deck of playing cards) as s/he attempts to lead a “leader-less” process. Cohen-Cruz and Schutzman (2006) describe the Joker as a character that attempts to frustrate the notion of leadership itself. They offer the following description:

... He or she is everywhere, standing in-between, keeping things as fluid as possible, and inevitably serving as a translator, an interpreter. The Joker, regardless of how he or she exercises her authority, is in the position of authority and must take responsibility for how much he or she affects the workshop process. While the spect-actors intervene for one another in various anti-models, the Joker intervenes in the structure (less obviously, but just as significantly), continually revising the context within which spect-actors are working. The Joker walks the fine line between providing a container (being responsible) and refusing authority (hesitant to answer any questions definitely).

(p. 143)

In the midst of rolling, ironic laughter (and applause!) that follows the conclusion of the first iteration of the script, the Joker begins to describe the interactive nature of the FT process, emphasizing that the scene will be repeated until someone from the audience yells, “Stop.” Members of the audience are encouraged to consider taking the place of one of the characters to demonstrate an approach that might resolve the difficult situation, or they can suggest an idea that the actors then play out. To encourage participation, the Joker shares that s/he may also stop the action to ask the audience if something could have happened differently at various points to effect a change that would result in a more positive outcome. Easy solutions that fail to take into account the reality of the staged scenario are discouraged. Throughout, the Joker maintains a stance of neutrality. S/he does not offer a final decision on whether an action was effective or not. Rather, the Joker maintains a questioning stance throughout, always asking audience members to weigh in on whether an intervention succeeded or not.

Usually an audience member will volunteer to take the place of one of the characters relatively quickly after the performance begins a second time. The remaining actors stay in character and improvise their response to the intervention that is introduced. Typically, they do not easily give in to the solution proposed by the spect-actor. More or less effective interventions provide a mirror for the transactions and dynamics that shape group outcomes (for good and bad). In turn, the Joker invites the student actors and the spect-actors to comment on how effective they feel an intervention was, and why. The Joker also invites the audience to reflect on the solution proposed and consider other new solutions for that particular situation or another difficult situation portrayed in the scene. Volunteers from the audience are then invited

to come forward with other interventions. And so the performance continues for another 30-40 minutes.

Active reflection. FT promotes dialogue between the audience and the performers acting on the stage. The overall process is intended to be dialogical, rather than didactic. The focus is not placed on determining a single correct solution, but rather enhancing student understanding of professionalism within the context of both small group learning, and also their beginning socialization into their profession. Students have suggested interventions in relation to how a character entered the space (arriving on time, with a positive attitude, with coffee in hand, if needed!), and also at various points during the escalation of the conflict. Each character, including the character of the faculty preceptor, has provided a focus for the students' participation.

We have explored how the unique personalities and social locations (power and privilege) of individuals, varying relationship histories, and other relevant factors, such as place, time, and circumstance might influence professionalism. As noted by Monrouxe, Rees, & Hu (2011), "Professionalism is not solely the property of individual motives, systems and policies, but arises from an inherently complex synergistic interplay of multiple factors" (p. 588). While recognizing power dynamics at play, we have discussed how we are all responsible for contributing to an environment in which professionalism thrives as a core value.

Discussion has focused on agreements that may be initiated (or negotiated) that could guide actions directed to ensuring a positive, cooperative small group experience. "Ground rules" that can help ensure safe, open and productive communication have been discussed. Verbal and nonverbal warnings that can serve to signal the deterioration of group process, and also the potential of respectfully and effectively intervening early on to enhance the success of the group have been considered. We have considered how sharing one's experience and exploring other viewpoints in the midst of strong emotions and opposing standpoints can enhance communication in different situations, including small groups. Strategies for developing a sense of safety and trust, communicating respect, and remaining in dialogue through active listening and developing common ground, have also provided a focus for discussion. The topic of dress and self-presentation has been considered with a view to extending an understanding of professionalism beyond image management to consideration of context and core values.

Although not explicitly addressed, we have incorporated different aspects of group functioning and dynamics, as described by Tuckman's (1965) four-stage "forming, storming, norming, performing" model. We have considered whether being close to the end of first year may have contributed to a renewed period of *storming*, as different students in the scenario challenge the accepted norms and dynamics of the group. Discussion has considered whether the small group had ever found a cohesive identity, or *normed* in the first place. We have talked about how effective communication not only fosters the growth of individuals, but also contributes to the success of the "team," including its ongoing viability and productive potential.

Close to the end of the performance, as a supplement to the standard FT format, we invite faculty members in attendance to contribute their insights into various aspects of professionalism within the context of DL. We also ask the students to consider what they might personally do to improve their DL experience, and also ask them to imagine how they might generalize their expanded understanding of professionalism to other learning contexts, including their future practice, as well as their relationships with patients and family members, and also their colleagues.

Observations and feedback

In the three years that we have performed the “DL Fatigue” script, we estimate that between 500-600 students, including both medical and dental students, have attended our FT session. At the end of each performance we invite students to share their reflections and feedback using anonymous, completely open-ended forms.ⁱⁱⁱ Over 100 (n = 102) students have voluntarily submitted their feedback by returning these forms in boxes provided for this purpose.

Student feedback has been very encouraging. Many students have offered only positive comments (67.6%, or 69/102). Another 26.5% (n = 27) offered positive feedback, while also suggesting a change for improving future performances. Positive responses to the performance have primarily been conveyed in single word responses or short summative sentences. Examples include:

Awesome!

This was excellent and applicable.

Great program – very demonstrative of its point.

This was fun. ... I wasn't sure what to expect but this was a great first experience with Forum Theatre.

Thought the play was very well done.

Great! Really great way to think about professionalism.

Some feedback we received was primarily directed to recognizing the contributions of the student actors:

Actors were very impressive.

Kudos to the actors!

What a fine group of talented artists! The actors and impromptu volunteers were brave and funny.

Excitement/ Team-building

We believe that some of the very positive feedback we have received simply reflects a sense of excitement and enthusiasm that is generated by the performance. When students have referred back to the FT session at different times, even a year or two later, they have recalled the sense of heightened awareness and anticipation they experienced (e.g., “Remember when we had that session, and no one knew what was going to happen next?”). The involvement of the entire class has been viewed as significant. One student shared, “This DL simulation was very well structured and incorporated the entire class constructively.” Other students shared:

It was good to discuss as a whole class.

It gave the students a great opportunity to support one another and learn how we need to build our relationships as professionals.

Not only good for discussion and getting multiple perspectives; but also for team-building.

The fact that their fellow students rehearsed, performed and intervened in the scenario contributed to how well the play was received. One student shared that, “Seeing our own classmates act and play the characters really made it easy to relate to them and reflect on the behaviours they portrayed.” Likewise, students were interested in the suggestions of their fellow students, and invested in what they accomplished through their interventions. One student shared, “It was interesting to see how different options presented by various students played out.”

Engaged, interactive learning

Within the context of a large lecture hall, the “performance space,” we have found FT to be effective in involving a substantial number of students (we estimate 170-200 students per performance) in a process of brainstorming and critical reflection. Student feedback suggests that they have found FT useful in heightening “interactivity,” and enhancing discussion. Some comments included:

Great for our overall class interaction.

It was really fun, everyone was engaged.

The fact that it was interactive seemed to help maintain my interest.

I thought this was very useful as this would have been a hard topic to cover through a lecture or Powerpoint. It made people think and was fun.

One student shared, “Good way to get us thinking about issues we all encounter everyday but may be afraid, or feel tentative talking about with each other.” Another wrote, “Getting the class involved in discussing ways of managing/ avoiding these issues this way is very effective (rather than listening to a lecture format).”

Valuable insights/Rehearsing the future

With respect to DL, one student offered the following: “Very insightful in understanding the importance of professionalism even at the student/ DL level.” In many ways, FT offered the students an opportunity for imagining and rehearsing approaches to deal effectively with professionalism issues they face in their small groups:

Good suggestions to enhance future DL sessions for both medical and dental students, and facilitators.

It was helpful to view a DL group from an observer’s point of view. It made me appreciate the steps that we students can and should take to help DL move smoothly and constructively.

It was a valuable tool to visualize problems that may arise, and make clear in our minds methods to overcome challenges we may face.

Very helpful in brainstorming ideas on how to get DL sessions back on track.

Students reported that they considered different perspectives and expanded ways of thinking about professionalism based on the performance. A specific observation that a student shared was that it was “helpful to see how dominating personalities can affect the entire group.”

Another student wrote, “I think it was a great way to get us thinking about professionalism, both verbal and nonverbal.”

Dissenting views

While the students were very appreciative of the efforts of both the student actors and the spect-actors who volunteered to intervene at different points in the scenario, not all of the students appreciated FT as an approach to exploring professionalism. One student shared,

I think this is rather useless the way it is set up. As you can see from the audience, we all know how to behave, but it is inevitable that eventually we will get tired and ignore what we should be doing. I think it’s far more important to worry about how not to get complacent, or reminders when we are getting complacent rather than teaching us what we learned in kindergarten.

Another wrote, “This was a little too basic to warrant this much time (basically about group participation and respect).”

In a recent publication, two medical students described being frustrated with the “student-centered” nature of professionalism discussions, especially when they witness problematic

behaviors among their medical professional role models. Leo and Eagen (2008) suggest that the “negative language surrounding professionalism causes students to expect to be scolded or told that they are not living up to expectations. This becomes extremely frustrating as most students do not personally engage in unprofessional behaviors” (p. 510). To some extent, we have attempted to meet the interests and needs of the students with respect to this concern. We end the “DL Fatigue” script with the character of the small group facilitator becoming so frustrated by the students that s/he leaves the room, stating “When I was a medical student, we took our studies a lot more seriously.... I’m wasting my time,” a plot device that offers an opportunity to discuss professionalism behaviors across the faculty, recognizing that professionalism is realized both as an individual and collaborative achievement.

Other lessons learned

We have learned a few lessons along the way. There will always be a proportion of students who aren’t comfortable with, or are dismissive of, experiential or humanities-based teaching (Shapiro, Coulehan, Wear, & Montello, 2009), who may only be impressed when a performance is “flawless,” which is not always easy to enact during a live FT performance. A few students have questioned the management of the FT process. One student wrote, “Discussion was thought provoking, but the discussion of certain points may have run on a little long.” Another student was concerned that the rules for engaging in the performance were not always clear, sharing that “It should be stated at the beginning that we should keep the characters personalities in mind as a guideline.” This suggestion has since been incorporated in information that the Joker shares at the end of the initial run-through of the scenario. While positive suggestions for changing the scenario are made throughout the performance, another student suggested: “One thing I would like to see in the future would be a wrap-up or run-through of the script at the end with all the changes we suggested incorporated.” We plan on including this in our next FT performance.

There have been mixed views regarding the duration of the session, with some students suggesting that the session be longer:

Excellent, but needed more time.

I think it was great, but I would recommend 1.5 hours at least for the process to develop.

Other students have questioned “the use of taking an hour of time for this exercise.” With respect to our transition to the interactive component of the performance, we attempt to effect a balance between spending enough time describing the FT process, although not too much time, which would risk losing the attention of the students, or too little time, and fail to provide sufficient information to help students feel comfortable participating in the evolving scenario. It is challenging to know when one has gotten it right.

In our third year, we went overtime which frustrated some students. One student wrote, “It would be helpful to recognize that these classes start on the hour and end 10 minutes prior to the hour/ half hour.” In addition to a renewed commitment to ending on time, we are taking care to ensure the session occurs on a date when no quizzes are scheduled! We have also learned that it is helpful to have a roving microphone to ensure that students can hear both the performance and also the comments shared among the student actors, spect-actors, audience members, the Joker and other faculty members. With respect to FT, we have learned that student learning is enhanced when a base comfort-level is assured and the learning environment optimized.

Just as “DL Fatigue” is a working script, our FT session has been, and continues to be, a work-in-progress. The anonymous feedback we have received from students has been invaluable in developing our FT session over the past three years. We have also learned about the value of

this approach from the stories our students have shared with us about how their experience of FT impacted them. In the next section, we present a reflection by one of our recent student actors, Ameer Farqoor (Med 2014), that may help to convey the relevance of FT as an approach to enhancing one's sense of being a professional and understanding of professionalism as a student.

One student's perspective: Ameer Farqoor

Starting medical school was a momentous event in my life. There was a whole culture that I was slowly being inducted into and a new sense of self I had to create. One of the things that we all struggle with as medical students is the idea of developing a personal professional identity – who are we as physicians? What is expected of us? What does it mean to be a professional? This confusion can often be exacerbated by the fact that we are often not explicitly told what it means to be a professional, and are often expected to “pick it up on the fly.”

At our school, we participate in small group Discovery Learning (or DL) sessions. Similar to problem-based learning, we discuss “patient cases” that pertain to what we are learning in class. Members of each DL group work through facts presented in the case over the course of a week, and come up with an individualized diagnosis and management plans for each case. Each group, along with the faculty preceptor, has their own set of group dynamics and this can often present challenges depending on the composition of the group.

What was so refreshing about the concept of Forum Theatre (FT) was that it provided us with a way to explore the tensions that we all experience as budding professionals in a non-threatening and yet effective manner. As someone who has acted for many years, I really appreciated the concept of using drama to perform a socially important function. This is what I think really good drama is all about. What we never could have said out loud could be expressed in a non-threatening and non-judgmental way through drama. FT offered us an opportunity to discuss some of the issues we had experienced in our DL groups that we needed to address as students.

One of the most unique aspects of this style of theatre for me was having other students swap in for different characters in the play. We as the actors were instructed to continue to play our role, but we were supposed to be flexible enough to adapt to the interventions that other students introduced to correct the problems that occurred during the play. Many of the students in our year traded places with the DL preceptor, and tried to change the course of the play through the power of authority, rather than trading places with another student. This reflected another truth about the way we viewed our own roles in the small group sessions: we saw ourselves as being under the control of our faculty preceptor, rather than being active participants in our own learning and in our own group dynamics. It was only after recognizing this, however, that I feel we actually began the process of taking ownership of our own learning.

Discussion

In this article, we have aimed to provide insights into the use of FT in promoting discussion of professionalism issues in the first year of our undergraduate curriculum. We believe our FT session has offered our students an innovative approach to exploring professionalism, not only as a competency (cognitive understanding, attitudes), but also as a “capability,” reflecting a dynamic, reflexive, action-oriented dimension of professionalism (Fisher & Greenhalgh, 2001). Monrouxe, et al. (2011) distinguish between students “merely

acting professionally (an individual activity) to *becoming* a professional (an interpersonal, complex activity)” (p. 588). We have wanted to encourage students to take ownership of their learning and have hoped that they might also act on, and *transact*, an expanded understanding of professionalism within the context of the many different learning settings in which they are immersed, as well as their emerging sense of personal, professional identity (see Clandinin & Cave, 2008).

Overall, our students have enthusiastically responded to our recruitment efforts, suggesting that they are receptive to new learning approaches, including interactive, performance-based approaches to learning. Feedback offered by our students suggests that they value having a forum and means for engaging in an enlivening and enriching discussion regarding professionalism. They have recommended that we perform “DL Fatigue” in the introductory course for all incoming years. They have also suggested that theater-based approaches be introduced in other course blocks, to explore how to deal with various communication challenges. For example, issues related to cultural differences in medical education settings have been effectively explored through FT (Kumagai, et al., 2007).

Of course, there is an element of risk when introducing different approaches to interactive learning. In the past three years, both anticipation and anxiety have propelled our efforts forward in undertaking a theater-based approach to active learning. We have worried about recruiting a sufficient number of student actors to rehearse and perform the script. We wonder if together we will have the requisite skills to effect a successful interactive performance, which, by its very nature, will always be uniquely manifested, depending on the response of the students in the audience. We wonder if the students will find the performance engaging. Will they participate? Each year, we wonder if our current cohort of first year students will view the session as a valuable learning experience.

We believe that careful planning, as well as limiting the session to an hour or so (but not much longer), has helped to contain the level of risk – it never hurts to have (at least some of) the audience wanting more. In addition, the DL script has been viewed as being both credible and humorous. Characters in the scenario are familiar, if bordering on stock or stereotypical. We believe that these factors, along with the rehearsal process, have enhanced the student actors’ ease and comfort with their roles and the overall FT process. Finally, although we considered hiring professional actors who would have more theater experience than we or any our student volunteers would likely ever have, we feel involving students has been integral to the success we have experienced.

Although student feedback has been encouraging, we are unable to guess the immediate or long-term impact of our FT session on professionalism, as might be indicated by measured attitude or behavior change (Perry, Muffalli, Willson, & Morissey, 2011). In addition to outcomes research, we propose that process-oriented inquiry is needed in this area to guide arts-based approaches to teaching professionalism to students in the health professions. For example, it would be useful to explore changes in our students’ conceptualization of professionalism following the FT performance, including how they make sense of their behavior in different learning settings, including small and large groups, and hospital and community-based sites. It would also be interesting to assess the impact of the session on how students’ view their personal and professional identities. Our hope is that our students will have an enhanced commitment to creating environments that support positive and productive learning and health care outcomes, through their own individual and collective actions, including helping to develop or influence policy.

Based on their study of medical students' conceptualization of professionalism, Monrouxe, et al. (2011) recommend providing "active sense-making activities ... [that] can encourage an embodied and sophisticated understanding of professionalism" (p. 585). We believe that FT offers an effective approach to teaching professionalism, in part because *the process reflects its intended function*. Augusto Boal developed FT not only to address concerns of oppressed communities (which is relevant in relation to contemporary social justice concerns in medicine), but also because he believed that traditional theater involving passive spectators was itself oppressive. A similar observation may be made in relation to traditional approaches to medical education. In their text, *Medical education for the future: Identity, power, and location* (2011), Bleakley, Bligh and Brice suggest that learners should be invited to participate in interactive forms of democratic learning. They suggest that learners should "be invited to participate in such a manner that oppression is neither invited nor condoned" (p. 114). Referring to ideas developed by Dewey, Schon, and others, they suggest that learning and professional identity can most fruitfully be realized through collaboration.

Passi et al. (2010) suggest that awareness of a wide range of pedagogical approaches can be helpful in planning varied, evolving or progressive, learning experiences regarding professionalism. In this paper, we have highlighted FT as an innovative method that can effectively foster a personally relevant, yet collaborative, discussion amongst students regarding professionalism, even early on in their undergraduate curriculum. In relation to the distinct contributions of theatre in this context, we would propose that expanded cognitive understanding and heightened awareness of one's tacit knowledge and range of responses regarding professionalism is realized through *conative striving, which can be facilitated through the arts* – and which may only continue to expand and develop over time.

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ⁱ We acknowledge Dr. Todd Savitt's (2002) excellent resource text, "*Medical readers' theater: A guide and scripts*" which guided our planning for these sessions.

ⁱⁱ When we first introduced FT, many of our first-year small groups included a majority of medical students (seven to nine) and smaller number of dental students (two to three) who were often the silent minority. Brad provided a voice for our dental students, pointing to a reality that for many was not funny at all. Currently, our medical and dental students are organized in their own small groups, but attend many of the same lectures in DMED 511, which, for some students, in relation to at least some of the lecture content, still sometimes begs the question, "What does this have to do with dentistry?" This is a unique ending that may not be relevant in other medical school settings. It has also become less and less relevant in our setting as well; we are currently considering an alternate ending for our next FT performance. Other medical schools interested in adapting the script may likewise want to consider introducing another "surprise" ending that is relevant to their particular setting (perhaps an ending informed by a contentious issue, or similar tension that might inspire needed, or otherwise worthwhile, discussion).

ⁱⁱⁱ We obtained approval from the Human Research Ethics Board (HREB) at the University of Alberta to summarize feedback we obtained from students (Pro00015235).