



Published in final edited form as:

Med Educ. 2008 May ; 42(5): 537–538. doi:10.1111/j.1365-2923.2008.03077.x.

Improving medical student communication skills through improvisational theatre

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Context and setting

Developing strong communication skills is integral to becoming an effective health provider. In recent years good doctor–patient communication has been linked to improved patient satisfaction, better patient care and a decrease in malpractice lawsuits. Having recognised its importance, medical schools have strived to teach students not only the science of medicine, but also the art of communication. Unfortunately, creating methods for teaching communication skills that are effective and enjoyed by most students is challenging.

Why the idea was necessary

Our medical school teaches experiential communication skills to Year 1 and 2 students in the setting of patient interviews and standardised patient experiences with on-the-spot feedback. These methods, however, are imperfect. Real patient interviews can end up too focused on clinical matters. Standardised patient interviews are costly, often artificial, and typically performed under high-stress testing situations. The feedback given in these circumstances runs the risk of being overly specific to the observed interaction and peer feedback is often limited by the amount of student investment in the exercise. We sought to teach communication skills in an interactive environment with effective feedback driven by a concrete framework for discussing personal interactions.

What was done

Two students taught a quarter-long elective for Year 1 medical students with three themes: portraying ourselves; perception of others, and interpersonal interactions. The elective focused on exercises derived from improvisational theatre (improv). Practising improv teaches quick thinking, a valuable skill in the practice of medicine. Students actively participated in weekly improv exercises that coached specific skill sets: portraying varied social status; improving and directing attention; telling stories, and working as a team. The exercises themselves were not related to clinical scenarios. Instead, the tenets and vocabulary drawn from improv provided a structure for applying lessons learned in the communication exercises to the doctor–patient relationship. Each session included ample time for students to comment on what they saw and experienced in their ‘performances’, as well as how they could utilise their new skills in the clinical realm. A subset of sessions were led by improv experts as well as doctors who provided personal experience and clinical scenarios in which the students engaged in more traditional role play.

Evaluation of results and impact

End-of-course evaluations ($n = 18$) using a 5-point scale produced the following positive responses: that the course improved communication skills (mean 4.12); that it increased confidence in patient interactions (mean 4.01), and that it was worth repeating (mean 4.55). All participants responded that the course was enjoyable (mean 4.69). One student commented that improv storytelling 'helped with active listening and appreciating other people's train of thought'. In a debriefing session, groups of students worked together to summarise the lessons of the course through improv exercises, stating that the course taught them 'to listen and be more human'. By providing participants with a practical and fun approach to communication – as well as the vocabulary to discuss their interactions – the course created a more effective environment than traditional approaches to delving into the nuances of the doctor–patient interaction.