Hartley Jafine is an instructor of theatre and arts-based courses in the Bachelor of Health Sciences program. He has studied and used applied drama—a form of theatre that is now being used as a tool for social and interpersonal skill development—as an educational medium for many years. The Meducator recently had the opportunity to interview Jafine on the effectiveness of applied drama in helping students regain their passion and health professionals understand their patients.

**Q** Your work focuses primarily on the use of drama as an educational technique. Could you please elaborate on what applied drama entails and how you got involved in this area?

Typically when I tell people that I facilitate drama and arts-based courses in a health science program, I get the same response “Hmmm…how does that work?” Well, the link is very simple and it all started when I was completing my Masters of Arts in applied drama. Applied drama is a field that uses theatre as a tool for personal or social development and growth. As an MA student I started to investigate how theatre could be applied in a hospital setting. The intent was to take a space that is typically very frightening and a place that no one wants to be in and turn it into a space that is a bit more positive. From this idea, I started to think about how theatre could be used in professional healthcare training settings and how theatre could be applied to health science education, and that led me to where I am currently. As a PhD student, I am investigating the role theatre could play in health science education and training to develop transferable skills like communication, empathy, and collaboration skills.

**Q** What are the common expectations of students in medical school?

Students typically enter medical school when they have the most idealistic attitude and the most compassion because they have chosen a career as a healer. They are going into a profession where they are going to ‘do good’ so to speak. The problem arises once they enter third year or clerkship. The idealism and the compassion and the empathy starts to decline a little bit, and that is partly because of the structure that they find themselves in. The pressures and the demands of clerkship do not necessarily allow them to develop skills like compassion and empathy.

Once third-year medical students enter their clerkship year, they begin to discover that their idealistic views are not necessarily compatible with the realities. What typically happens is that medical students become complacent instead of trying to find alternative ways of being. This is where applied theatre directors such as Bertolt Brecht and Constantin Stanislavski come in. Stanislavski created theatre in the form of psychological realism: an audience member would go to his play and leave the play thinking “yes, that is the way it is, I felt that too and that must be the way it always is”. This creates a type of environment that continually perpetuates a problem. Brecht, however, created theatre where audience members leave thinking “wait a minute, life should not be like that, there should be a way out for that person and something needs to change.” Third-year medical students tend to follow Stanislavski’s route where they continue to feed into the systemic problem instead of trying to find new ways to rally against it. The problem is that as medical students begin to lose their compassion and lose their empathy this impacts other spaces such as their collaboration with other healthcare professionals and their communication with future patients.

**Q** What purpose does theatre serve in medical education?

Theatre skills are life skills and the skills that an actor learns in becoming a pro-theatre artist are equally applicable to healthcare professionals. Engaging in these theatre-based mediums allows...
participants to develop transferable skills, like communication, collaboration, the idea of presence and active listening, being in the moment, and empathizing with another human being. Through theatre, participants are able to embody other characters, perhaps characters that are suffering from illness or disease. By living a patient’s experiences, healthcare professionals might be able to learn something new and then use that newfound knowledge when engaging with a future patient in a clinical setting.

Not only can theatre develop important transferable skills that can then be applied to clinical settings, but engaging with theatre and the arts can have another really important effect; allowing one to regain play. Play can substantially improve the mental and psychological health of professionals. As we get older, we tend to play less and less and that’s because play is seen as frivolous, unproductive, and something only children do. But what we do not realize is that through engagement with the act and art of play, we can gain huge benefits. Play encourages individuals to seek out optimism. Play gives the immune system a bounce. Play allows for the development of a sense of community. These roles can all contribute to the mental health of the healthcare professional and studies repeatedly show that through engagement with play, healthcare professionals mark a higher level of psychological resilience.

Q How can applied drama maintain the mental well-being of healthcare professionals working in high-stress environments?

So, in our society, and particularly in the world of health sciences, there is this notion of performing perfection. There are extreme pressures in the healthcare field to be perfect, to not admit mistakes, or to never share any weaknesses or anxieties. Now, this is understandable because healthcare professionals are dealing with important stakes, other peoples lives, but the problem arises when not admitting anxieties or mistakes has a detrimental effect on the health and the psychological wellbeing of healthcare professionals. And so, theatre can allow the space for healthcare professionals to discuss these anxieties, to discuss these fears, to explore alternative ways of being. In a theatre space, it’s ok if people make mistakes, it’s ok if people fail, it’s about celebrating these, and saying “ok, that happened, now what can we do to fix it, what other world exists where this doesn’t happen.” It is through engaging with theatre, hopefully, that they can reduce their anxiety and leave with the mental health necessary to their practice.

Q How is theatre currently being integrated into academic settings?

Today, theatre is being used in health science education in medical schools across Canada, the USA, England, and other parts of the world. A former student of mine, who took my Theatre for Development (HTH SCI 3CC3) course, was accepted into University of Alberta’s medical school. Using the knowledge he gained through this course, he developed his own theatre course within the medical school. A recently conducted study identified that through the engagement in theatre-based games and exercises, these medical students developed empathy skills, communication skills and presence, as well as identified psychological resilience as an outcome of taking the theatre course.

In addition to curriculum-based applied drama, theatre has been used in extracurricular settings as well and for quite some time. The University of Toronto’s medical school has been doing their annual production “Daffodil” for 101 years as of 2012 and the University of Western Ontario, has been doing their medical school show “Tachycardia” since the 1950s. What this says to me is that theatre has a presence and continues to have this presence in medical schools, which are not two things which you typically think would go together. The reason for this success is that these shows typically address fears and anxieties that the medical students are facing at the time. This links directly to the central goals of applied drama; to explore the anxieties and fears that we are currently facing and to explore alternative ways of existence. Creating plays around the fears and anxieties of clerkship, or applying and matching residency programs really resonate with medical school audiences. It is this engagement with theatre that gives them the opportunity to laugh and make fun of the system they find themselves battling and working within.

Q From your personal experience, how is this form of education typically received by students?

I have facilitated theatre and arts-based programs in the Bachelor of Health Sciences program for the past five years. From my lived experience and from my research, I have noticed the importance that students have identified of engaging with theatre. From their personal reflections, from conversations, from research, I have discovered that students who engage with theatre, especially students who are in health science programs—which are very outcome-oriented in their curriculums—identified that through the process of participating in theatre courses and through arts-based mediums, they have developed important transferable skills, skills like communication, empathy and collaboration, as well as being able to develop a strong sense of identity and having the ability to play and have fun, which, as I have said, has huge psychological benefits. Additionally, I have facilitated workshops at the Canadian Conference on Medical Education. The physicians who attended, discussed with me how embodying a character who was suffering from depression, from anxiety, from other illnesses, gave them a better understanding of what those patients and individuals go through. They can then take this in to their practice when engaging with their patients in the future.

The use of theatre in health science education and training has been increasing year by year—which is fantastic—but the problem, the obstacle, is that it tends to only exist on the fringes, as elective courses, as extracurricular intervention. What needs to happen now is that healthcare professionals need to find ways to fully integrate theatre into their curriculum because engaging in theatre offers important benefits that all participants in health science education can grow from.