

# “Improv”-ing Healthcare using Medical Humanities

*Interview with Hartley Jafine, Medical Improv Facilitator*

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## AUTHOR'S NOTE

Healthcare is not just textbook science; it is a remarkably human-based discipline, and Jafine's work is a testimony to how initiatives in the health humanities can improve outcomes for patients and clinicians alike. Through creating an atmosphere of compassion, empathy, and support, Jafine has made an enormous positive impact on the world around him. Both the SciWise readers and I learned so much and are inspired to incorporate arts into our own lives.

## INTERVIEWEE BIOGRAPHY

An overwhelmed psychiatry resident who hasn't seen her friends in months.

The sibling of a sick child, who always feels “left behind.”

A healthcare provider who can't seem to understand why their patient is hesitant to pursue a particular treatment.

These are all situations that Hartley Jafine, an applied improvisation-in-healthcare-facilitator, has worked to improve through his work in health humanities. Hartley offers theatre and improv experiences aimed at healthcare professionals in training programs and wellness retreats. His work is part of both an academic curriculum for learners and continuing professional development for practicing clinicians. We sat down for a chat about medical humanities, applied drama in health, and our current education system.

### What role do the medical humanities play in healthcare?

“The humanities and the arts bring value to health professional education, because they allow for an embodied and experiential way of connecting with the material. Health humanities is a broad term, including visual art, poetry, narrative, photography, theatre, and more.

“Narrative medicine, a common application, is being used within healthcare training to give healthcare providers a direct connection to their patients' lived experience. It integrates the theoretical concepts of illness and disease into the very real impacts of an individual's journey. This link is very much a way to build perspective,

understanding, and empathy for the healthcare provider.

“My work, applied theatre and improv, can be used to enhance and deepen clinical competencies. It is an embodied way of learning. In a lot of ways, the clinical encounter is a form of improv. My pitch is that the skills you need to be a good improviser are skills that can be applied to being an excellent clinician.”

### What makes learning theatre applicable to medical education?

“Theatre skills are life skills. To really excel in the theatre world, you need to know how to communicate effectively and spontaneously, how to work together on stage, how to be aware of your body language and tone, and how to be aware of your space. All these skills can be applied to any profession.

“And for me, it was thinking about how this could be applied to healthcare. Borrowing from Dr. Suzy Wilson at the Clod Ensemble, ‘If healthcare is a performance, how is it performed, and how can theatre and improv enhance that performance?’

“In theatre, you need to know, ‘who is this character? What are they fighting for? What is motivating them? What are their values?’ And as an actor, you cannot judge the character. You can't say, ‘oh my goodness, this character is a villain, a jerk, or a mean person.’ Objectively, we can say those things. But when you're about to embody that character, you need to be in that character's corner. You have to understand their lived experience and how that informs how they operate in the world of the play.

And that can be easily applied to medicine. It's easy for healthcare professionals to use all sorts of disparaging language, dismissing or framing patients or loved ones as annoying, ignorant, or stupid. The harder thing to do is to identify what their patient is fighting for and what is motivating their behaviour.

"Theatre trains you to get into the character's shoes while staying in your own. By understanding your character, you don't have to agree with them. But, by understanding them, it might add value to how you care for them. It might add value to how you might build and get them on board for a healthcare plan."

#### **What does it mean, and why is it important, to "heal the healer"?**

"Because they're our healers. As I started working more with doctors, residents, and medical students, I witnessed the immense toll that healthcare training can have on learners. The impacts that medical education has on the learner – it can be problematic, and challenging. There is a very famous study by Hojat published in 2009.<sup>1</sup> It's called ***The Devil's in the Third Year***, and it reveals the third year of undergraduate medical education is where empathy decline starts to happen. And it's because the training can be very unsupportive. I also had the opportunity to be involved in a Master's thesis by Dr. Dilshan Pieris exploring moral empathy decline as a medical resident which echoes Hojat's work.<sup>2</sup> And for me, that's why improv is so valuable, because improv by its foundation is a supportive space. It's a "yes, and..." space where ideas that get put out there and are supported. And I keep pushing

**20** to apply that ethos into medicine. "How do we create an environment

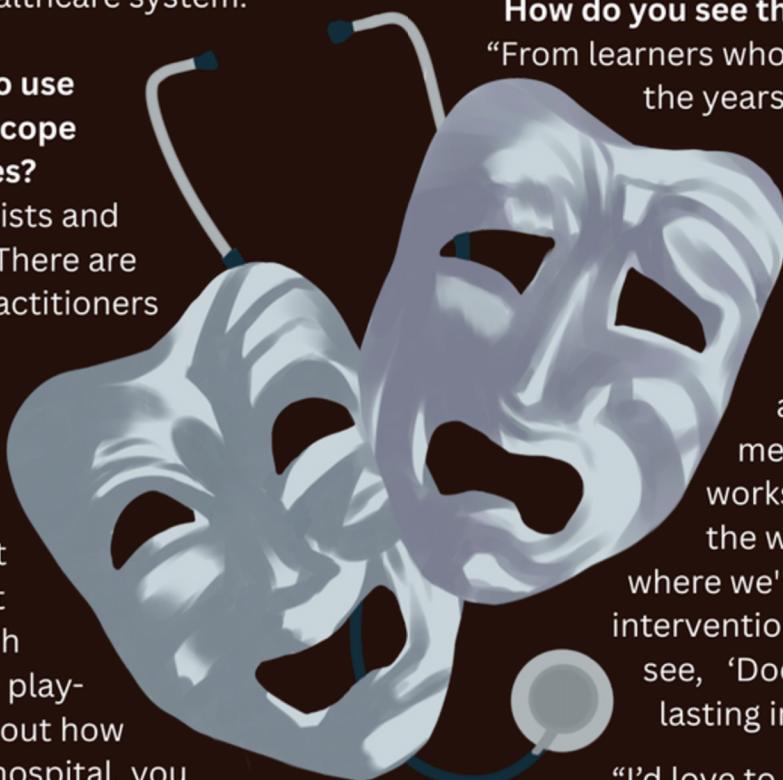
where, as a learner or educator, you are 'yes, and-' ing, and you're supporting everybody else? That's a wonderful space to live and work in. So, for me, the health of a healer is so valuable because oftentimes, whether real or self-imposed, there is a competitive learning environment that gets created and the improv world allows us to try and respond to that. I'm part of a project right now at U of T that is looking at improv to antidote the impostorhood that gets developed within residency training.

"And improv is a valuable tool to do that because the goal is there is no competition within the improv space. There are no mistakes, only gifts. On our end (as patients), our social expectations of health care providers are not realistic, and we need a recalibration of what our expectations are, because it will continue to add to the burnout and compassion fatigue that we are witnessing within our healthcare system."

#### **What work is out there to use theatre to help patients cope with hospital experiences?**

"That work absolutely exists and is enormously valuable. There are many applied theatre practitioners that work with patients.

"It is especially valuable when you're working with children. I learned during grad school about the Great Ormond Street Hospital in London, which does a lot of theatre and play-based work. They talk about how when you're a child in a hospital, you have no agency. You are being told where to go and what to do, and theatre can be valuable for their well-being in the hospital



space. It's a distracting, playful break from the normal humdrum of getting tested, and poked, and prodded.

"Theatre is a way to give patients a voice. There is a lot of theatre work that's been done where we have researchers interview patients and then use the research data to create theatre to perform for healthcare providers as a way to allow them to connect with the patient experience.<sup>3</sup>

"It can be valuable for the patients, and also their loved ones. For example, some humanities work focuses on the siblings of sick children. Understandably, most of the parents' energy and focus is on that sick child. The siblings often feel left behind or invisible. There is a lot of theatre work that allows reconnection between parents and children that are feeling left out."

#### **How do you see the impact of your work?**

"From learners who have reached out over the years. Academically, I do qualitative interviewing post-workshop intervention. There was a paper that we published in 2023, where we did some work with psychiatry residents and measured the impact of our workshops on them.<sup>4</sup> Some of the work is more longitudinal, where we've done interviews post-intervention and six months later to see, 'Does improv have a long-lasting impact?'

"I'd love to do a longitudinal study to look at impact over multiple years. This work, like any skill, needs to be not just a one-and-done experience. Education really sticks when it's a continual engagement

with the work. What I have yet to see from my own work and other literature is, 'Does it translate into patient care? Do patients feel like they are better heard?' And that is still a gap in the literature."

**Why do you think life has such a 'confirmation bias'? Why are people so afraid to make mistakes that they avoid trying new things?**

"The education system rarely allows for it. Traditional education systems are structured to not support failure or experimentation. What we see in most education systems in Ontario, Canada, is: learn the material, follow the rubric, and get rewarded for that. There's not a lot of opportunity to say, 'I'm going to try something and if it doesn't work, as long as I can articulate what I learned from the failure I will still be rewarded.' In improv, there are no mistakes, only gifts, which is a lovely philosophy."

#### **How do you see the impact of your work?**

"My answer is pretty basic. Just find and seek it out. The arts is kind of pushed to the side because it's not as, quote, 'impressive' on a CV, but there is immense value in engaging with the arts, both in terms of one's own skill set and what it can bring to the undergraduate space.

"Health humanities is a testament to the value of engaging with the arts. The arts can learn a lot from science, and science can learn a lot from the arts. We've arbitrarily put them into silos. Creativity is a skill like anything else, and if you don't use it, it atrophies. So, find ways to reignite one's engagement with creativity. Find ways to engage as a viewer, as a spectator, as a participant. Just seek out those opportunities to engage with creativity in the arts and reflect on how that learning can be applied in non-artistic spaces."