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**Title: The drama of communication**

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## **The drama of communication**

It is our opinion that communication skills, in and outside the world of medicine, are important in this digital age as these skills are crucial to the consultation and care-giving.<sup>[1,2]</sup> In this paper we will reflect on the importance of ‘the basics’ of communication and consider how educators can draw on drama to help postgraduate specialty trainees explore and develop their interpersonal skills. Such learning is intended to heighten trainees’ capacity for insight, as well as being entertaining and enlightening.

There are many similarities between a doctor’s communication skills and an actor’s performance abilities: a doctor is likened to an actor and “each consultation is a one-act play.”<sup>[3]</sup> This implies no lack of authenticity, rather an acknowledgement of the dynamic inherent in the consultation interaction.<sup>[4]</sup> The doctor adjusts role intuitively to match each new patient with tact, subtlety and, above all, authenticity. Like actors, doctors must achieve this with rehearsed discipline, using a tool-kit they already possess, but which, in the case of many trainees, remains largely under-employed. To help trainees achieve this we aim to enable them to develop their own bespoke heightened professional persona by focusing on different aspects of the person.

### *The face*

This is the core element of what we term ‘The Great Duet’ – the vital interaction between face and gesture. We start at the very top of the human being with the face: brow and eye-brows, eyes, eye-contact, the set of the mouth, one’s *mien* in general and micro-expressions; the way the head nods serially, at different paces, or ‘ducks’ in acknowledgement.

If the face is like a small theatre, our eyes are a whole lighting rig, shining on the audience, the patient. Through the play of the eyes, the play of the face itself, a

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smile of acknowledgement, of encouragement, the curtain goes up and the 'play' begins. If truly engaged, the face lights up with interest and genuine connection, but if the power of the orbital area - the brow, eyes, the whole upper part of the face - is not used, the professional might as well be wearing a sign reading 'the doctor is out.' Full and half neutral masks can be used to divide up and demonstrate the power of the face, through a series of exercises to show the potential damage that cutting off elements of facial expression can have on our interactions in the consultation.

### *Gesture*

Gesture is the second aspect of 'The Great Duet,' and we seek to help trainees to develop an authentic gestural repertoire in tandem with exercises on facial expression, to build their professional persona. The working of the face with gesture is actually an orchestra and much competent professional interaction is orchestrated. If an uninvolved, neutral pose is adopted, even to the extent that one is figuratively or actually sitting on one's hands, patients are denied a large quotient of warmth and engagement. Two-handed gestures can offer the patient a reassuring apothecary of abstract cures. Hands are like subsidiary actors which are employed just below our sightline to broker, systemise and extend intentions. The gestural echo of a patient accentuates the vital ingredient of body language in the consulting room. Gesture, therefore, is integral, not simply an add-on, to language.<sup>[5]</sup> Facial and gestural immobility amongst trainees can lead to poor rapport building in the consultation.

### *The voice*

Voices must have variation. Too frequently in exams nerves can lead to poor, shallow breathing techniques and strangulated vocal sounds, causing the speaker to 'devoice,' stutter or lose vocal power. If a trainee has a strong accent or dialect, then vocal intelligibility may be further compromised. A 'voice-off' can be helpful here.

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This looks at various aspects of vocal modulation such as clarity, tone, pitch, emphasis/stress and lively vocal responses. A focus on breathing, relaxation and a variety of vocal techniques can assist in building the confident voice.

### *Physicality*

The professional persona must appear relaxed, confident and in control; this is where professional competence is rooted and it starts with the body. The body must not be left out of the consulting room. Doctors deal with the workings of the body and mind, so they need to be mentally and physically present on their own 'stage.' Doctors offer a healing presence: facing forward, leaning in, giving their attention actively. When active listening is discussed at length, why then is active body language, active gesture, active facial expressions and voice-tone not discussed? A range of exercises can be explored to bring the body into the room with poise and professionalism. In simulated assessments nerves are contagious, as is confidence. In the presence of a confident professional, patients relax and unfurl, they feel ready to discuss concerns in safe hands.

### *Conclusion*

Enabling trainees to examine their communication skills using drama can be powerful and enlightening, and is an approach that clinical teachers can draw upon for a 'micro level' perspective on interpersonal skills in the consultation. Drama has been used in other ways and we have included some additional resources in the text box below.

[Insert **Text box 1** here]

### **References**

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## Insertions to the text

### Text box

Deloney LA, Graham CJ. Wit: using drama to teach first-year medical students about empathy and compassion. *Teaching and Learning in Medicine: An International Journal* 2009; **15**: 247-251. DOI: 10.1207/S15328015TLM1504\_06

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**Text box 1:** Additional readings about the use of drama in medical education

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### Photo insertions

The following 3 photos are unedited



**Text for photo 1:** session facilitators illustrating how masks can be used to draw attention to specific aspects of communication.

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**Text for photo 2:** GP trainees wearing masks to experience the importance of the face in communicating with another.