

# Improvisation Games in a Pharmacy Communications Course: “It was kind of interesting to get to step out of my science-orientated mind and get to be creative!”

DR. LISA GUIRGUIS

Assistant Professor, Faculty of Pharmacy and Pharmaceutical Sciences, 3126 Dentistry/Pharmacy Centre, University of Alberta, Edmonton, Alberta T6G 2N8, Canada. Tel: + (780) 492-9693; Fax: +(780) 492-1217. Email: lisa.guirguis@ualberta.ca

## Abstract

**Introduction:** Improvisational exercises were integrated into the first year Pharmacy Communication courses to enhance students' ability to listen and develop a conversation without anticipating its progression. Specific objectives were to describe pharmacy students' experiences with improvisation and determine if improvisation influences how students learn communication skills.

**Description of Improvisation:** In 2009-10, pharmacy students were introduced to improvisation games with a communication focus. After an initial training, half of the class used improvisation to prepare for two standardized patient-interactions.

**Evaluation:** Three sources of data were collected over the course of the study: reflection assignments, a focus group, and course evaluation surveys. Four main themes arose: difficulties, pharmacy practice relevance, negative outcomes, and positive outcomes.

**Discussion and Future Plans:** Pharmacy students were ambivalent towards improvisation; identifying both challenges and benefits. In future communication courses, improvisation games will be integrated into relevant lecture time.

**Keywords:** *Communications, Improvisation, Listening*

## Introduction

Patient-pharmacist communication has been shown to be focused on the provision of information and with less emphasis on eliciting patient's concerns or understanding (Dyck, Deschamps & Taylor 2005; Flynn et al. 2009; Tully, Beckman-Gyllenstrand & Bernsten 2011). Similarly, pharmacy students spend more energy learning what to say than developing the skills required listen and adapt information to a patient's needs (Kimberlin 2006). Yet, the ability to relate and understand another's experience is required to develop strong, trusting patient-pharmacist relationships (Shoemaker, Ramalho de Oliveira 2008; Cipolle et al. 2004). The challenge is how to best teach listening to first year pharmacy students. Didactic lectures have not adequately prepared our pharmacy students for active participation in standardized patient encounters.

Improvisation is an active form of learning and has been shown to improve pharmacy and medical students' ability to recognize listen and patient cues (Boesen et al. 2009; Hoffman, Utley & Ciccarone 2008). Improvisation has the potential to address not only what students learn but how students learn. Student's thoughts about knowledge and knowing are referred to as epistemological beliefs and include beliefs about the certainty, simplicity, justification, and source of knowledge (Roex, Degryse 2007; Hofer 2000). Improvisational exercises were integrated into the first year Pharmacy Communication courses at the University of Alberta to enhance students' ability to listen and develop a conversation without anticipating its progression and to

influence students' epistemological beliefs. Specific objectives were to describe pharmacy students' experiences with improvisation and determine if improvisation influences how students learn communication skills.

## Description of Improvisation

In 2009-10, students (n=131) were introduced to improvisation games with a communication focus (Table I). After an initial training, half of the class used improvisation at the beginning of two lab sessions to prepare for their standardized patient-interactions. Reflections assignments were due after the initial training for all students and after the second practice session when applicable.

Three sources of data were collected: reflection assignments, a focus group, and course evaluation surveys. The improvisation reflection questions are available in Table II. A focus group used open-ended questions (Table III). Course evaluations were completed by students at the conclusion both communication courses. Questions were based on prior work (Boesen et al. 2009) (Figure 1). This research was approved by the Health Ethics Research Board at the University of Alberta.

Descriptive analyses were used to characterize course evaluations. Qualitative thematic analyses were used to develop a rich description of the information from the reflections and focus groups (Varela Dupotey, Ramalho de Oliveira 2009).

**Table I: Improvisation Menu**

Improvisation Games	Objectives/Skills	If you excel in this game, you are likely good at...	If this game challenges you, you may need to work on...
<b>Whoosh!</b>	<ul style="list-style-type: none"> <li>to take comfort in failure</li> <li>to build energy</li> <li>to listen and react without anticipating</li> <li>to take risks</li> </ul>	<ul style="list-style-type: none"> <li>picking up on verbal and/or non-verbal cues</li> <li>remembering / memorizing important details and/or information</li> </ul>	<ul style="list-style-type: none"> <li>being flexible and adapting your response to fit the situation</li> <li>taking comfort in failure and/or learning from your mistakes</li> </ul>
<b>Mirroring</b>	<ul style="list-style-type: none"> <li>to listen &amp; observe and react/respond accordingly (empathy)</li> <li>to 'be in the moment'</li> </ul>	<ul style="list-style-type: none"> <li>showing empathy by reflecting emotion</li> </ul>	<ul style="list-style-type: none"> <li>learning how to 'follow' if you have a tendency to 'lead'</li> </ul>
<b>Word at a Time</b>	<ul style="list-style-type: none"> <li>to listen</li> <li>to think creatively</li> <li>to accept and then make an appropriate response</li> </ul>	<ul style="list-style-type: none"> <li>being creative</li> <li>quick thinking</li> <li>problem solving</li> </ul>	<ul style="list-style-type: none"> <li>avoiding "umms" and "uhhhs"</li> <li>being meaningful in your response</li> </ul>
<b>Yes And...</b>	<ul style="list-style-type: none"> <li>to build on a response</li> <li>to agree with another person</li> <li>to advance a conversation/story</li> </ul>	<ul style="list-style-type: none"> <li>quick thinking</li> <li>cooperating to achieve a goal</li> <li>picking up on verbal cues</li> </ul>	<ul style="list-style-type: none"> <li>focusing on the words/story of another person</li> <li>being flexible</li> <li>active listening</li> <li>responding purposefully</li> </ul>
<b>(Open) Questions Only</b>	<ul style="list-style-type: none"> <li>to use open-ended questions in context</li> <li>to creatively change a closed-ended question into an open-ended one</li> </ul>	<ul style="list-style-type: none"> <li>tailoring information (or in this case, a question)</li> <li>quick thinking</li> <li>problem solving</li> </ul>	<ul style="list-style-type: none"> <li>being flexible</li> <li>adapting your response</li> <li>practicing using open-ended questions</li> </ul>

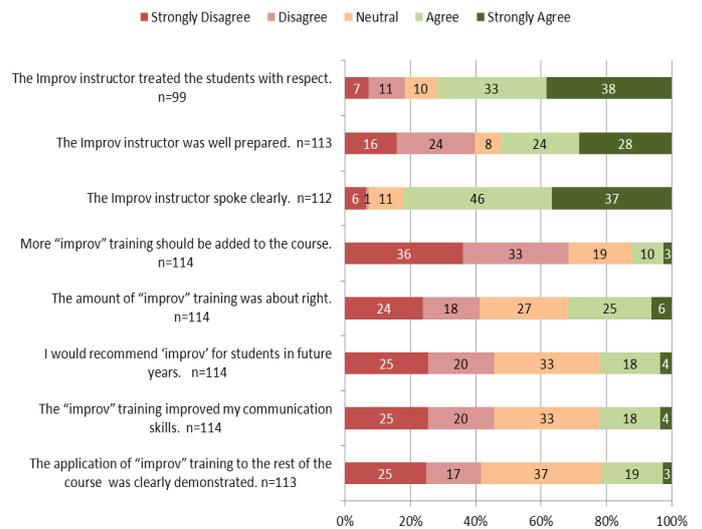
**Table II: Reflections Assignment Questions**

1. What did you like the like AND dislike about improve? Please explain.
2. What about improvisation (if anything) surprised you the most?
3. When during the improvisation did you have the most difficulty? Please explain.
4. In your opinion, how (if at all) will improvisation techniques impact your future patient interactions?

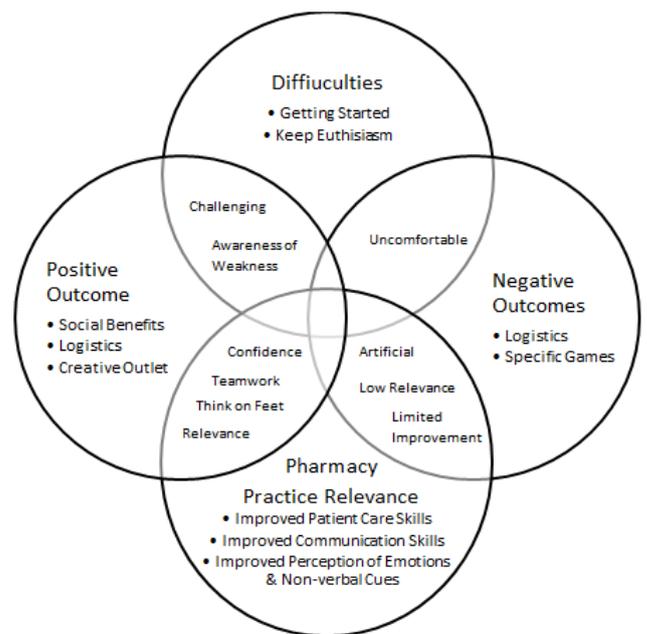
**Table III: Focus Group Questions and Prompts**

1. Tell me about your experiences with "improv"?
  - a) Likes or dislikes
2. Any embarrassing or awkward moments?
  - a) Group size
  - b) Improv Leader
  - c) TA involvement
3. What games were the most useful? Which were not and why?
4. What changes do you think would make this experience better for you?
  - a) Practice time
  - b) Training time
  - c) Reflections
  - d) Delayed Training
5. What similar experiences do you have?
6. In your opinion, how will improvisation techniques impact your patient interactions?
7. Should this be continued for other students? How come?
8. What would you like to tell me about your experiences with 'improv'?

**Figure 1: Course Evaluation Questions Relevant to Improvisation**



**Figure 2: Qualitative Themes on Improvisation**



**Evaluation**

Seventy of 130 (53%) students consented to share their reflections for research and six participated in the focus group. The qualitative data was pooled as similar themes were found in the reflections and focus groups. Four main themes arose: difficulties, pharmacy practice relevance, negative outcomes, and positive outcomes (Figure 2) with overlap of the subthemes.

Under the main theme of difficulties, students found it challenging to get started in this new task and to keep up with the enthusiasm. Some students were uncomfortable in mirroring each other's facial expressions and body movements while another stated:

*"I enjoyed the challenge of improvisation - having to read and react by communicating appropriately without preparation."*

A positive outcome of the students' difficulties resulted in a nascent awareness of the need to improve their communication skills.

Pharmacy students provided examples of pharmacy practice relevance whereby improvisation improved their patient care skills, communication skills, their ability to think "on their feet", teamwork skills, and perception of emotions and non-verbal cues:

*"I think the activity where we paid close attention to facial expression was really good. Being a guy I know that this is something easily missed and will be beneficial when dealing with people professionally."*

Students also felt improvisation helped them develop confidence in communication skills. *"Being yourself and having confidence when engaging in patient interactions is, I think, the most valuable skill you can possess."* Improvisation assisted the advancement of two-way dialogue skills:

*"[Impov game] helped me realize that I had to stop expecting a certain response from my partner and to simply listen FIRST before responding."*

On the other hand, some students disclosed that improvisation was artificial, not relevant, and provided little improvement in their communication skills.

Students listed several practical negative outcomes. Some disliked the time or space allotted. The use of the physical movement did not appeal to apply to pharmacy students:

*"While I understand that mirroring someone in a conversation is important to an extent, I found this exercise to be a bit over the top."*

Other found discomfort was a stimulus for learning.

*"The mirroring game played during the session taught me about paying attention to details and facial cues."*

The positive outcomes of improvisation included the social benefits of interacting with classmates, a creative outlet, and logistical benefits such as the break from didactic learning.

Improvisation influenced students' epistemological beliefs. Many students described a shift in the source of knowledge. Students became aware that they could learn through improvisation.

*"I was very impressed with this bit of knowledge [value of open-ended questions] I acquired through the improv game."*

Students also realized that they themselves could be the source of knowledge.

*"It teaches me to trust in my own judgement and to remain confident about myself in all my undertakings."*

A few students expressed discomfort with a new source of learning and indicated a preference for more familiar didactic lectures. Students' expanded their understanding of the complexity of verbal and non-verbal communication:

*"We need to make sure we are not only listening to what our patients are telling us, but also pick up on non-verbal cues including body positions and facial expression."*

One student demonstrated a shift in justification of knowledge in moving from the authority of science to more active processes for learning:

*"It was kind of interesting to get to step out of my science-orientated mind and get to be creative!"*

Examples of changes in the certainty of knowledge were not found.

In the course evaluation, students were below neutral towards improvisation, its impact on communications skills, and future utility. This was not an artefact of the teaching style, as students agreed that instructor was effective (Figure 1).

### Limitations

This study was limited to one class, in one school and with a 53% participation rate which limits its generalizability. Students experienced between two and three hours of improvisation. Social desirability, whereby students provide the responses they feel are acceptable to the instructor, could have influenced the student self-reflections. To limit social desirability, students were informed that reflection grading was based on completeness not content.

### Discussion and Future Plans

Improvisation games were introduced in a first year pharmacy communication skills course. In focus groups, course evaluations, and written reflections, students were ambivalent towards improvisation; identifying both challenges and benefits. For some students, improvisation enhanced their skills in two-way communication, such as active listening, not anticipating responses, and observing non-verbal communication. Other students felt improvisation had little relevance, was uncomfortable, and the logistics were not practical for a communications course. Berger called for pharmacists to move away from paternalistic communication models and improvisation may help develop those skills for some students (Berger 2009).

Improvisation allowed some students to explore new ways to construct knowledge. Some students appreciated that knowledge about patient communication can be attained from multiple sources including themselves, learning can be an active process, and communication is a complex and often multifactorial process where one needs to attend to not only what is being said how it is said. Improvisation may be a stimulus to initiate students' understanding of the complexity of professional knowledge and learning.

In future communication courses, improvisation games will be integrated into lecture time. Most games in Table I could be played while sitting. Second, games will be introduced with the complementary lecture. For example, the "Mirroring" game will be played during a lecture on empathetic responding.

### Acknowledgments

Thank you to Vanessa Butt and Kory Mathewson for their talent and enthusiasm in teaching improvisation. Thank you for Darren Pasay and Mona Murad for help in preparing this manuscript. Thank you for the Faculty of Pharmacy and Pharmaceutical Sciences for funding the assessment. Thank you to the Pharmacy Class of 2013 for their participation in improvisation and this research project.

## References

- Berger, B.A. (2009) *Communication Skills for Pharmacists: Building Relationships, Improving Care*, American Pharmaceutical Association, Washington DC.
- Boesen, K.P., Herrier, R.N., Apgar, D.A. & Jackowski, R.M. (2009) Improvisational Exercises to Improve Pharmacy Students' Professional Communication Skills, *American Journal of Pharmaceutical Education*, vol. **73**, no. 2, pp. Article 35.
- Cipolle, R.J., Strand, L.M., Morley, P.C., Cipolle, R., Strand, L. & Morley, P. (2004) *Pharmaceutical Care Practice: The Clinician's Guide*, 2nd edn, McGraw-Hill Medical.
- Dyck, A., Deschamps, M. & Taylor, J. (2005) Pharmacists' discussions of medication side effects: a descriptive study, *Patient education and counseling*, vol. **56**, no. 1, pp. 21-27.
- Flynn, E.A., Barker, K.N., Berger, B.A., Lloyd, K.B. & Brackett, P.D. (2009) Dispensing errors and counseling quality in 100 pharmacies, *Journal of the American Pharmacists Association : JAPhA*, vol. **49**, no. 2, pp. 171-180.
- Hofer, B.K. (2000) Dimensionality and Disciplinary Differences in Personal Epistemology, *Contemporary educational psychology*, vol. **25**, no. 4, pp. 378-405.
- Hoffman, A., Utley, B. & Ciccarone, D. (2008) Improving medical student communication skills through improvisational theatre, *Medical Education*, vol. **42**, no. 5, pp. 537-538.
- Kimberlin, C.L. (2006) Communicating With Patients: Skills Assessment in US Colleges of Pharmacy, *American Journal of Pharmaceutical Education*, vol. **70**, no. 3, pp. Article: 67.
- Roex, A. & Degryse, J. (2007) Introducing the concept of epistemological beliefs into medical education: the hot-air-balloon metaphor, *Academic Medicine: Journal of the Association of American Medical Colleges*, vol. **82**, no. 6, pp. 616-620.
- Shoemaker, S.J. & Ramalho de Oliveira, D. (2008) Understanding the meaning of medications for patients: the medication experience, *Pharmacy world & science : PWS*, vol. **30**, no. 1, pp. 86-91.
- Tully, M.P., Beckman-Gyllenstrand, A. & Bernsten, C.B. (2011) Factors predicting poor counselling about prescription medicines in Swedish community pharmacies, *Patient education and counseling*, vol. **83**, no. 1, pp. 3-6.
- Varela Dupotey, N.M. & Ramalho de Oliveira, D. 2009, "A qualitative glimpse at pharmaceutical care practice", *Pharmacy world & science : PWS*, vol. 31, no. 6, pp. 609-611.