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1.0 Introduction

This honor thesis seeks to describe a creative project that incorporates both my interests in theatre and medical sciences. There is a distinct connection between the two fields presented in the form of theatrical skills that manifest in, and are applicable to, the acquisition of an empathetic bedside manner in medical doctors. This research is significant in the medical encounter because it can contribute to positive health outcomes and patient satisfaction. The contrast between theater and pre-medical studies taught me that the latter did not convey the importance of empathy in relationships, specifically the doctor-patient. Regardless of how empathy is taught to medical students, this thesis will explain how empathy is difficult to teach in a classroom setting, and how an interactive theatre project is an effective way to work with doctors on their empathetic skills. Often in the scientific community, students are taught the importance of understanding the science behind a problem but are not taught the underlying human emotions and fears. My research has revealed that empathy is an important aspect of successful, face-to-face interactions between doctors and patients.

I have become very passionate about bedside care in the medical field because I think healing people the best way we can is the whole reason to study medicine. To me, medicine is about more than improving science behind the problem, but also improving the emotions and mental state of the person. My future patients will come into my exam room with fears and emotions, and my hope is that I will be able to heal their symptoms and fears. I first became excited about the medical field when I took an anatomy course in high school. Learning how the body functioned was so fascinating to me. So from this moment, I knew this is what I wanted to with the rest my life. However, my love for medicine has not always been so positive. When I

was in 6th grade my mom got diagnosed with stage four breast cancer. I was still really young at the time, so it wasn't until I was older that I really had the chance to discuss her journey through her diagnosis, treatment, and recovery. When having this conversation however, I realized how hard physically and emotionally this journey was for her, and through the process, she had good and bad doctors. When I asked her how she made the distinction she told me the difference was the good one really cared about her and the bad ones seemed like they did not give her the time she needed. This is when I discovered my passion for this project. I saw the toll this illness took on my mother and wondered if her struggle would have been better if she had doctors that cared more for her. Empathically caring for patients does more than can be shown through actual health outcomes, it helps patients understand and heal from the emotional stress of getting a difficult medical diagnosis. So my goal with this project is to develop empathetic bedside and communicative skills in medical doctors and help future patients in their medical recovery journeys.

I aim to convey the importance of empathetic bedside manner in the doctor-patient interaction and its contribution to a positive patient health outcome. This thesis will begin with a review of the literature and establish the components important in an effective doctor-patient interaction. The next section will explain the creative project plan and potential outcomes of this project. I believe that this work is important to the medical field and will help doctors heal and improve patients' experience fighting an illness.

2.0 Research Methods

Throughout this process, the databases of PsycINFO, Web of Science, Google Scholar, and PubMed assisted in finding research studies and articles. I began by reviewing related research and studied components of empathic bedside manner, how it relates to patient health recovery, and why it is important to the medical field. This also included what types of programs there are currently that develop these skills in doctors, and applied theatre programs that aim to improve society such as Theatre of the Oppressed and Theatre for Social Change. I used many different types of research in relation to this project including primary research articles, and secondary resources such as literature reviews, perspective articles, plays, and movies. All of this information can be utilized to find the areas that need improvement in medical interactions, the patient care that is most effective, and the kinds of outcomes that are related to improvements in the medical interaction. In researching how theatre can help improve bedside manner in medical doctors, the focus fell on studying the different components of patient care in order to understand what areas are most effective in these interactions.

3.0 Relevant Research

I found numerous articles that helped me conclude there are many factors that contribute to effective doctor-patient interactions, and more specifically how theatre can help develop these skills. This research is also important because patients come into this interaction with different experiences and for this reason, it can help if the doctor is understanding of the concerns they have, “Patients bring not only their bodily complaints but also the circumstances of their everyday lives—who they are and might hope to be . . . Elicitation of this psychosocial

information about the patient is useful for relationship building, diagnosis, and the tasks of management” (38). Each patient has a unique experience with an illness, some will take it well, while others have emotional or fearful reactions (Platt 1079). For this reason, it is crucial to understand the patient’s circumstances and personal feelings to better understand how to help them deal with an illness. It should be the doctor's responsibility to understand how to communicate with patients about medical illnesses, calm fears so the patient can learn to take care of themselves at home, and identify the best possible treatment method for their lives in order to improve this interaction. This thesis examines the medical interaction through communication, respect, empathy, and health outcomes. It also explains how communication and respect are stepping stones towards increasing empathy and the ways theatre can improve these skills.

3.1 Communication

Effective communication between doctors and their patients facilitates greater discovery of pertinent information. Patients come into a medical interaction with different concerns, and because it is not possible to control the experiences they come in with, it is up to the doctor to learn how to adapt their communicative behaviors to match their patient's needs. An increase in effective communication will lead to the most successful medical encounters, and acknowledging what we can do to avoid any communication problems will help improve these encounters (Platt 1080). Because listening is as important as talking, doctors have to develop listening skills that aid in understanding that patient's life. Effective and thorough

communication is crucial in information exchange, developing doctor-patient relations, which lead to effective decision making.

3.1.1 Information Exchange

Because of its importance in patient care, the exchange of information in a medical interview is studied extensively. Studies performed by Lidia Del Piccolo et al., Donna Berry et al., and Wendy Levinson et al. have found that doctors talked more than patients, interrupted patients, and asked closed-ended yes or no questions. Berry et al. and Levison et al. discovered that the providers did over half of the talking, even when discussing pain and symptoms (Berry, 378; Levinson, 127). This is shocking because the patient is the one who has been dealing with the pain and they know their symptoms more. Also in the research by Berry et al. they measured the number of times physicians interrupted patients in a medical encounter. On average the physician interrupted the patient 1.5 times in a medical interview (378). This is important because every time the patient was interrupted it is likely that information was missed, and it made the patient feel as if they could not fully communicate their concerns (Barrier et al., 212). This research also found that providers asked more closed-ended question versus open-ended questions (Del Piccolo et al., 1872; Berry et al., 378; Levison et al., 128). Closed-ended question prevents the patient from being able to elaborate, whereas a question that requires a patient's full response does.

Proper information exchange in the medical interview allows for the maximum amount of information to be communicated between that doctor and the patient. Working in a clinical setting, I discovered that there are different moments where information exchange occurs; in

these different occurrences the dominant speaker shifts from doctor to patient and vice versa. Meaning that the conversation is not dominated by the doctor. These conversations begin with history, problems, and symptoms; followed by testing, when necessary, next a discussion of results and diagnosis, and finally a treatment plan. In the first exchange the patient should be the dominant speaker, as they know their problems and history. The doctor's role is to listen, ask questions for elaboration, and take note of important information. The next part of the interaction is usually testing, if necessary, for a clinical diagnosis. In this part of the interaction, the doctor is dominant as they understand the testing and can explain expectations to the patient. However, this should still be a time when the patient can ask questions for clarification. This allows the patient to be as active in the encounter as they wish to be. In discussing results of testing and diagnosis the doctor is also the dominant speaker interpreting the results and reaching a conclusion. The patient should still participate if concerns or questions arise. Lastly, the discussion about a treatment plan is a shared exchange between the doctor and patient. Treatments are proposed, but the patient and the doctor should be equally as active to find the best possible solution. Information exchange is important so that both the doctor and patient get the valuable information from the exchange.

Information exchange is a complex area of the doctor-patient interaction and the way it is handled can lead to the success or failure of this interaction. If the patient is unable to express all of their concerns or ask questions, they could walk away from an encounter feeling as though their problems were not addressed. Also important in this interaction is a balance between the dominant speakers. Although the doctor is the expert on the medicine, the patient is the expert on their history and symptoms. Successful exchange of information can lead to positive health

outcomes in relation to adherence to treatment because the patient will better understand their diagnosis and how to care for themselves outside the medical office.

3.1.2 Doctor-Patient Relationship

Communication and the doctor-patient relationship allow for open nonjudgmental communication to occur. If a patient feels comfortable with their doctor they will be more willing to share their concerns. Conversely, a relationship needs to be a collaborative interaction where both the doctor and the patient's concerns can be heard. This relationship is developed the moment that doctor enters the room and understanding who the patient is and what they need from the medical relationship is important. This could even be as simple as asking the patient to explain their expectation. Also, relationships between the doctor and the patient could be short interactions like an emergency room visit or developed over time like primary care physicians (Patricia, Li, and Jensen, 212). Whether short or long term these relationships are important to the doctor-patient interaction.

Allowing the exchange of information to flow from the patient to the doctor during the beginning phase of this relationship will help develop a more positive and open relationship. The American Academy of Physician and Patient recommends using the mnemonic PEARLS for relationship building in the medical consultation. The mnemonic is:

“Partnership, acknowledges that the physician and the patient are in this together;
Empathy, expresses understanding of the patient; Apology, acknowledges that the physician is sorry the patient had to wait, that a laboratory test had to be repeated, etc;
Respect, acknowledges the patient’s suffering, difficulties, etc; Legitimization,

acknowledges that many patients are angry, frustrated, depressed, etc; Support, acknowledges that the physician will not abandon the patient” (Patricia, Li, and Jensen, 212).

This mnemonic is important because it explains how doctor-patient relationships could be developed and facilitates in a more empathetic atmosphere. If the goal of medicine is to help patients heal and developing relationship skills will assist in this matter than it is an important for medical practitioners to learn through use of the mnemonic PEARLS.

3.1.3 Decision Making

Sometimes in medical interactions, the decision is clear and does not require much input from the patient in relation to their values and concerns, other times the decision is life changing and requires more involvement. Therefore the patient's concerns should be addressed and included in the discussion. Dr. Michael Barry and Susan Edgman-Levitan state:

“For some decisions, there is one clearly superior path, and patient preferences play little or no role — a fractured hip needs repair, acute appendicitis necessitates surgery, and bacterial meningitis requires antibiotics. For most medical decisions, however, more than one reasonable path forward exists, and different paths entail different combinations of possible therapeutic effects and side effects. Decisions about therapy for early-stage breast cancer or prostate cancer, lipid-lowering medication for the primary prevention of coronary heart disease, and genetic and cancer screening tests are good examples. In such cases, patient involvement in decision making adds substantial value” (780).

This shows the importance of including the patient in the medical decision-making process, and furthermore solidifying the need and use of communication between doctors and patients is invaluable. This shared decision making is important to the medical interview when the right decision is not clear.

Shared decision making incorporates both the doctor's treatment plan and patient values “The growing number of publications concerning 'shared decision-making' can be seen as a result of a growing interest in doctors and patients as equal 'partners' in the relationship” (Ong et al., 904). Equal partners are important because finding common ground can result in patient adherence to a treatment plan (Stewart, 2). If a doctor were to make a decision that affected a patient's normal daily routine without consulting the patient, then the treatment plan will probably fail because the patient's values did not align and the changes were harder to impose. Improving the shared-decision making skills can be as simple as learning to ask the patient what seems reasonable to implement in their life. This is not to say that doctors have to agree with the patient. However, the doctor should ensure that the patient has all of the necessary information to make the decision and understands the doctor's recommendations. As Barry and Edgman-Levitan perfectly explain “Each participant is thus armed with a better understanding of the relevant factors and shares responsibility in the decision about how to proceed” (781). When different treatment plans are available and explained, the patient is given the option to choose the best plan of action.

I propose that the process of shared-decision making may be hard for doctors at first because presumably doctors care about their patient and great deal and they want to see improvements in their health. So, for that reason, a patient coming to a decision that was against

medical advice may be hard to accept, but I think an important concept here is that patients have the right to decide what treatment fits into their lives the best. Also, patients typically have more than themselves to consider in making a decision. They may have families or other loved ones that will be affected by the decision they make. A particular decision may not make sense to the doctor, but shared-decision making is still necessary because it allows both parties to have a say in the treatment plan.

Communication, whether that be through information gathering, relationship building, or shared decision-making, is important in the collaborative interaction between the doctor and the patient. Taking time to understand the patient and their medical concerns helps the doctor assess the best possible treatment plan. Something that may be a concern for doctors would be more communication would lead to increased time spent in a consultation. Most doctors are pressured by the need to see a certain amount of patients. However, as Jacqueline Small discussed in her book *Improving Your Bedside Manner*, taking time to get to know a patient does not significantly increase time spent in a medical interview. In fact, doctors that spend a few more minutes with their patients are sued less often than those who don't; even a few more minutes will help an interaction (Small, 30). Therefore, increased communication improves the medical interaction and does not significantly increase the length.

3.2 Patient-Centered Care

Patient-centered care takes all the foregoing components of communication and incorporates them into an interaction that is personal to each patient. The patient-centered approach is about understanding the patient and the disease, not just the disease (Tanenbaum, 275). This method

allows each patient to have an exchange with their doctor that is unique to their circumstances. It may seem like a self-explanatory notion that the patient is the center of focus in a medical encounter because the interaction is not possible without the patient. However, this term means not only that the patient is the focus but their unique problem is too.

Numerous studies have attempted to associate patient-centered care to health outcomes (Richard and Savage, 968, Robison et al., 351, Stewart et al., 9, Street et al., 609), and some of these studies found a positive correlation (Robison et al., 351, Stewart et al., 9). One study coded videotaped consultation and scored the interaction for patient-centeredness (Robison et al., 351). This study found a significant correlation between these behaviors, patient satisfaction, and reduced levels of hopelessness (Robison et al., 357). Another important study by Stewart et al. also scored interactions for patient-centeredness but they used audiotapes and also asked the patients perceived scores (1). This study found that patient-centered practice was associated with improved health outcomes of lower levels of discomfort, better mental health, and less concern (Stewart et al., 9). The studies show that there is an important correlation between patient-centered care and improved health outcomes.

There is a couple of studies that have found different preferences when it came to the doctor's control in an encounter. One study researched the preference between a doctor-centered physician and a patient-centered physician (Street et al., 609). This study discovered that some of the patients that preferred the shared control were more active participants compared to the ones that preferred the doctor control. This reveals that patients preference is dependent on their personal expectations and involvement in a medical encounter. In response to this study, I agree that patients will have different preferences in medical consultation, however, it is important for

the doctor to allow the patient to have the control, which is the bases for the patient-centered care. If the patient's preference is to ask fewer questions and take the doctor's advice about treatment this is possible through the patient-centered approach because the doctor is able to get to know the patient as a person rather than just another case.

Another interesting study that looked at patient preferences was performed by Richard Savage and David Armstrong. In their study, they found that some patients preferred the directing style of consultations versus the sharing style (968). In response to this study I would say that this could be a difference of time because this study was performed in 1990; also it could have been related to the sample of patients they took, which was from the inner city area in London; or even how the study was performed. In any effect, different patients may have the preference of doctor control in consultations. However, I argue that the patient-centered care approach lends itself to be accommodating of this preference because the patient has more control over the encounter.

An important area that patient-centered care will improve, is addressing the emotional concerns of patients diagnosed with a terminal illness. If a patient receives bad news about a diagnosis from their doctor that patients needs in a medical consultation will likely differ from one that requires a simple treatment. Patients may have a more emotional reaction to this type of diagnosis, and with that the patient-centered consultation allows these concerns to be addressed. “These doctor/patient conversations lead to deepening the rapport between the doctor and patient-which will be so crucial if the patient is indeed entering into a death process” (Small, 33). An emotional response is inevitable when discussing life or death and the patient-centered approach allows for the different needs of patients in these interactions to be addressed.

3.3 Respect in the Medical Encounter

Another area of the doctor-patient interaction worth noting is respect. Respect is understanding that the patient knows their symptoms and how their body normally functions. For this reason, some patients come into an interaction with an idea of what is causing their illness. It is important to listen to the patient; even if their personal diagnosis is incorrect because it is likely that they will tell the doctor other important information. For example, symptoms they have and treatments they tried at home. Interrupting the patient, or anyone for that matter is disrespectful because it shows that the physician does not have time to listen to the patient. It also can show that the doctor does not think the patient's opinion is valid. This can close the door on open communication and the patient will not want to communicate further. Showing respect can be as simple as: “Leaning slightly toward the patient, nodding, making eye contact, and using facilitative hums and murmurs all shown interest” (Platt 2001). It is important to always be respectful and allow the patient to express all concerns related to their illness for best outcomes.

3.4 Empathy in the Medical Interview

Respect in medical encounters is one way to improve patient care, another way is through empathy. Empathy is described as “someone connecting with the part of oneself that has or had felt that way too” (Brown). Empathy facilitates a safe place to talk and allows the patient to express emotional concerns. If a physician makes a statement or asks a question that closes the door on a patient’s concerns, the patient will feel insecure when expressing their true feelings. “Patients bring fear, anxiety, and self-pity into the exam room. It has always been the doctor's

responsibility to calm their fears and provide hope” (Silverman). For these reasons, it is important that physicians manage patients fears and concerns by empathetically communicating with them in a medical encounter.

There are a few studies that research the association between empathy and improved health outcomes. Hojat et al. examined this correlation on health outcomes in diabetic patients (359). The Jefferson Scale of Empathy (JSE) is a scale that gives an empathy score based on certain criteria. The JSE was used in this study to clustered physicians into categories based on that score (360). Patients who had higher scoring physicians had improved health (361). Thus illustrating the role empathy plays in the medical encounter, patient health, and its importance to the medical field.

A different study performed by Hojat et al. examined the scores from the JSE in relation to interpersonal trust and adherence to treatment (83). The results of this study were patients who had higher scoring physicians had better adherence to treatment (83). Furthermore, this study concluded that empathy correlates to trust between the doctor and the patient. If the treatment imposed was correct for the disease, then a better adherence to this treatment will demonstrate better health improvements. This study highlights the relationship between empathetic care and improved health outcomes.

A concern doctors may have about empathy in the medical encounter is that they will become a therapist instead of what they trained years to do, which is diagnose and treat diseases (Small, 22). Being an empathetic listener does not mean the doctor is a therapist rather that he/she listens and can relate empathetically to someone's experience. Understanding and acknowledging the patient's emotional reaction can help the doctor develop the best treatment

plan, and may identify the underlying illness that otherwise would have been missed. Some doctors may fear that acknowledging a patient's emotions will violate the professional relationship, but Small states “Being one's genuine self never has to violate one's professionalism” (Small, 33). A good physician will model emotional health with the need for physical wellness.

Another important point related to empathy is that it encompasses all aspects of the doctor-patient interaction mentioned in this thesis, which are communication, patient-center care, and respect. If a doctor learns how to communicate more effectively than that patient will most likely feel as if their concerns were heard, if the patient-centered approach is utilized they may feel like the interaction is catered to their needs, and if they are respected their concerns are validated. All of these individual aspects of the doctor-patient interaction are important, but cannot be achieved without empathetically engaging with the patient.

To conclude most researchers and doctors have come to a consensus that empathy is important. Doctor's empathy will help ease the patient's nerves and allow the patient to trust them through the tough road ahead. “Clinical empathy skills allow doctors to recognize a patient's emotional status and to respond to the patient's needs” (Gresham). Empathy is vital to the success of the doctor-patient interaction, and encompasses many aspects of this interaction.

3.5 Health Outcomes

Empathy is one way researchers have measured health outcomes, but it also important to mention all studies that found improved health outcomes (Fogarty et al., 371; Thomas, 1200; Trummer et al. 299; Vogel et al. 391; Hojat et al., 359). Although they all discovered

improvements in health, they all had different methods of coming to this conclusion. Fogarty et al. researched compassion and its association with reduced anxiety. They accomplished this by showing a sample of women two different standardized videotapes one was a “standard” interaction and the other was an enhanced compassion video. The results of this study indicated that women who watched the engaged compassion video had less anxiety. A different study performed by KB Thomas designed consultations to be conducted in a positive and non-positive manner. The subjects were studied on improved health and satisfaction, and those who had the positive consultation were more satisfied with their consultation and were more likely to recover.

In addition to these research findings, three more studies researched the correlation between communication and improved health outcomes (Vogel et al., 39, Trummer et al., 299, Hojat et al., 359). Vogel et al. found that improved communication and information exchange decreased depression in breast cancer patients (395). Trummer et al. found in their research study that implementing a training program that taught health care providers how to improve their communicative skills resulted in the decreased length of hospital stays, reduced incidences of post-surgery tachyarrhythmia, faster transfers to less invasive care units, and patients rating for communicative quality of care increased (299). Lastly, a study performed by Hojat et al. saw increased control of LDL-C and hemoglobin A1c in diabetic patients. This study, mentioned earlier as well, used the Jefferson Scale of Empathy to group physicians into high, moderate, and low empathy scores (359). These scores were compared to patient outcomes, and a positive correlation between empathy in the medical encounter and improved health was discovered. These studies show the correlation between bedside manner and improved health outcomes, however, they obtain these results from different methods. From this research, it can be

concluded that bedside manner may improve health outcomes. However, this research may not give enough convincing how to accomplish these outcomes because of their difference in methods and varied outcomes.

In addition to this evidence, there are doctors that feel like they have helped their patients deal with their disease even if they did not recover. Not every illness can be cured with bedside manner. Some disease such as cancer requires treatment and action. However, this does not mean that bedside manner is not important in these encounters. In fact, bedside manner can contribute to improved mental health, acceptance, and a positive outlook which is critical to a patient's success. Whether positive patient care contributes to measurable health effects or not, patient care is important in medical interactions and is the reason I seek to improve this skill. My passion to help people in the most effective way contributes to my belief that bedside manner helps patients in medical interactions more than realized by medical professionals.

3.6 Theatre and Empathy

Applied theatre can be a great way to exert social change on societal problems. There are many applied theatre projects that focus on questioning, discussing, and addressing societal issues. This is one reason why I believe theatre techniques can be used to work with doctors on their bedside manner skills. Also, I assert that improv can be another method that can teach doctors to listen and engage better. Improv in the classroom setting can be utilized to teach listening and responding skills and is unlike comedy clubs usually associated with improv.

Anu Atluru explains how improv can help medical doctors with patient interaction. She discusses the spontaneity in a medical interaction, especially in the ER, and how teaching doctors

how to deal with those situations through improv is effective. Atluru states: “while physician-patient encounters may be structured, every interaction is, to some extent, improvised” (Atluru). Improv is all about listening and reacting, for these reasons it would be a great way to teach medical doctors how to listen and respond to their patient so they learn how to address each patient's needs.

Alan Dow et al., have researched how theater can help develop empathetic skills in doctors through an intervention study. This study's method was a controlled trial featuring an intervention group of doctors that had a six-hour classroom instruction and workshop with four theater teachers, compared to a control group that was given no intervention. This study found that the intervention group's patients had significant improvements in all six categories, empathy, relation, nonverbal, verbal, respect, and overall impressions. This research not only shows that empathy can be taught, but that theater can aid in the teaching process.

Johanna Shapiro and Lynn Hunt showed a theatrical performance to audiences of medical students, faculty, community doctors, staff and patients (922). There were two different performances showcased to the different samples of the audience members. The first performance began with a one-person show followed with stories and songs that dealt with Steve Schalchin's personal experience dealing with HIV and AIDS. This show was called *Living in the Bonus Round: A Perspective on HIV and AIDS*. The other performance was also a one-person show titled *Deep Canyon* by Ann Paterson an ovarian cancer survivor. This performance discussed her journey through cancer diagnosis and treatment. Both events were followed by a talk-back that discussed the performances with the audience (923-924). This study found that after the talk-back the audience members had increased understanding of the illness experience,

greater empathy towards patients, and respondents developed new ways of thinking about their situation. Theatrical performances that make the audience think about problems in our society is an effective way to improve empathy in doctors. Live performance has the ability to show people the problems in the world rather than simply telling or teaching. The talk-back gives the audience the opportunity to talk about what they just witnessed and see how others in the room felt. Theatre performance is an effective way to improve empathy in medical doctors and is the bases for my proposed creative thesis project.

There are also a number of theatrical scripts and films that aim to address empathy in doctors. *Wit* by Margaret Edson, *Bedside Manners: The Play* by Suzanne Gordon, and Lisa Hayes, and *Patch Adams*, screenplay written by Steve Oedekerk. Edson's *Wit* is a beautifully written play that follows the character Vivian Bearing, Ph.D., through her diagnosis and ultimately her death from an cancerous epithelial carcinoma. While this play is not specifically about bedside manner and improving empathy it does serve this purpose, via how Vivian is treated by the medical staff throughout the play. She is treated as a patient and not a person; they ask about her pain, but never about how she is doing emotionally. Vivian is going to die and she knows it yet the doctors treat her like she a robot not a person. "I want to tell you how it feels. I want to explain it, to use my words. It's as if ... I can't ... There aren't ... I'm like a student and this is the final exam and don't know what to put down because I don't understand the question and I'm running out of time" (Edson, 56). Vivian wants to talk to someone and have them listen, but no one is there and she doesn't know how to express her concern.

Gordon and Hayes' *Bedside Manners: The Play*, discusses interprofessional relationships between doctors, nurses, and other staff members, and how these relationships affect patient

care. It explores the relationship between doctors and nurses. Nurses and doctors have to exchange information efficiently because they are not always in the room at the same time. If these relationships do not function, important information could be lost.

Patch Adams is about Dr. Hunter “Patch” Adams and his life ambition of healing patients through the science of medicine, connection, and human emotion. This movie perfectly explains and demonstrates how important empathy is in the medical interaction.

“What's wrong with death sir? What are we so mortally afraid of? Why can't we treat death with a certain amount of humanity, and dignity, and decency... and, God forbid, maybe even humor. Death is not the enemy gentlemen. If we're gonna fight a disease, let's fight one of the most terrible diseases of all indifference. Now, I've sat near schools and heard people lecture on transference... and professional distance. Transference is inevitable, sir. Every human being has an impact on another. Why don't we want that in a patient-doctor relationship? That's why I've listened to your teachings, and I believe they're wrong. A doctor's mission should be not just to prevent death... but also to improve the quality of life. That's why you treat a disease, you win, you lose. You treat a person, I guarantee, you win, no matter the outcome” (Patch Adams).

In medicine, death is going to happen. Sometimes there is nothing medically that can be done, but if you treat the person and help them in the dying process, you win because it is the process that matters. Medicine is about treating the person and the disease, it important that medical practitioners do not forget that. This is the reason creative pieces like this, *Wit*, and *Bedside Manners: A Play* are so important. Learning how to address the patient's fears and emotions through empathy treats the patient not just the disease.

Studying and learning empathy can be very difficult requiring that doctors tap into their emotions to help a patient with a diagnosis or through treatment. Even harder is learning the different emotional cues of patients in a medical interaction. However, treating the fears and emotions of a patient tells them that their doctors care about them and want to see them improve. As stated by Atluru “From the moment I met that patient in chronic pain, I sought to understand what he wanted and didn’t want—another visit to the hospital and still no relief. I wasn’t only recording his answers, but also his emotions, expressions, and mannerisms. With all this in mind, I spoke extempore and was rewarded with a smile and a willingness to proceed” (Atluru). The patient in this encounter smiled because Atluru was truly listening to his concerns and responded accordingly. This explains that recording emotions, expressions, and mannerisms help identify the underlying emotional concern of the patient. Healing patients should be more than science, it should incorporate all aspects of being human because it improves outcomes.

I have argued that shared information exchange and decision making, as well as patient-centered care and respect, all contribute to empathy and better medical outcomes. While medical schools have recently acknowledged the need to teach bedside manner, I would like to argue that the classroom is not the optimal setting. Instead, in the next section, I present a sketch of a superior approach that relies on theatrical techniques.

4.0 Design of the Creative Project

Effective empathetic bedside care is important in the medical encounter in relation to patient satisfaction, adherence to treatment, and health outcomes. To illustrate my theory, I developed a script that will use applied theatre techniques, like discussion and the spect-actor to foster

education and enact change. Applied theatre uses theatrical techniques to address an issue or societal concern and focuses on discussing, questioning, and addressing the issues (TDF Theatre Dictionary). Applied theatre allows the audience to recognize and have a conversation about ineffective bedside manner. The idea of applied theatre is also desirable because it allows the audience to be actively engaged. This workshop will present two scenes and allow a discussion to take place afterward. After the second scene discussion, I will have audience members tag one of the actors out and change the scene with a better alternative. This is will create the spect-actor, which is when an audience member who has been a spectator steps into the scene and becomes an actor. This was created by Augusto Boal, and it gets the spectators more involved in improving the outcome. The immediacy and intimacy theatre is more effective than film in this project because it allows for this live interaction between audience members. Also, I assert that empathy is hard to teach in a classroom setting, and that interacting and discussing is more effective.

4.1 Overview of Project

In presenting my program I think it would be useful to focus my creative project on one area of bedside manner. A specific area of concentration will have a greater chance of success at implementing change, versus a vast array of techniques to improve. The area where I decided to focus my creative project was empathetic patient care because it encompasses many aspects of the doctor-patient interaction. Also, empathy can be hard to teach in a classroom setting because it is not an algorithm that can be applied to every patient. Each patient needs different degrees of empathy and the doctor's ability to adapt that care, will increase the effectiveness of these

encounters. I also feel that empathy is one major area of care that is lacking. This project, after it has been established, could expand creating more scenes and workshops that work with doctors on other important interactive skills. The intended audience for my creative project will be mostly doctors but could include other medical professionals and patients. I would leave the invitation open to everyone because I think that even patients could benefit from this performance/workshop because it will help adapt their personal perspective about what a medical encounter should be.

A workshop will be composed of two scenes with talk-backs and a improvised revisions of the second scene. I think the setting of the project could be at any theatre, conference room, or even at a hospital or work setting. The benefit of applied theatre is that it can be set in any location that is most convenient for the audience. My plan to get this workshop out into the community of doctors and medical practitioners is to pilot this workshop to a few doctors in the community to receive feedback. Once I have finalized and established this workshop I will then reach out to customer relations representative at hospital and medical offices, find different medical conferences to submit my workshop to, and also reach out to medical schools to implement this training for new doctors. I think customer relations representatives in various clinical settings would be a good place to discuss implementing my workshop with, because they are the ones tasked with keeping patients happy. If I could gain their interest and explain how patients will benefit from this workshop I think it's likely that they would implement it in their hospital. I also think this project would be effective at medical conferences where different skills are workshopped. This would be a good place for my workshop because doctors go to these conferences expecting to learn and develop their skills. Lastly, medical schools are an

exceptional setting because medical students have different courses that teach them bedside manner, and this could be a program attended in a class session. These different venues would be valuable in developing a workshop, but it could also be successful at an outside venue in order to invite the public.

4.2 Script

Interaction 1: Empathetic Listening

This first scene will present a drastic example of non-empathetic listening and patient care. I argue that a drastic example would help the audience identify poor empathic skill, and increase the chance that later they pick up on the more subtle cues. I also argue that this will build the practitioner's confidence and prevent them from feeling attacked because of their empathic skills, presumably are better.

The Scene starts with a patient alone in the performance area nervously adjusting in her/his sit. The patient never takes her/his eyes off the doctor/area where the doctor will enter. A few seconds pass and the patient becomes more and more anxious.

DOCTOR

(Enters looking down at the clipboard he/she is holding)

Hello Miss./Mr..... Ber-ner *(the doctor says stumbling over her/his name)*

PATIENT

Actually it is pronounced Bearing-

DOCTOR

(interrupting the Patient)

I see here Miss./Mr. Berner that you have been having some severe back pain.

PATIENT

Yes it started last month. It has made it really hard to walk and go to work...

DOCTOR

(Still looking down at the clipboard)

Yeah personal problems aside. What other symptoms are you having?

PATIENT

Um well it seems to be worse in the mornings and when I do a lot of lifting at work.

DOCTOR

I see have you considered that you maybe shouldn't be lifting heavy objects. You are only further aggravating your back symptoms.

PATIENT

Um well my job requires me to do a certain amount of heavy lifting. I do work in construction after all.

DOCTOR

Just a suggestion. I think you should probably go see a chiropractor it sounds like you have an alignment issue.

PATIENT

Well I have actually seen two and I think one of them only made the problem worse...

DOCTOR

Hmmm... interesting. Is the pain localized?

PATIENT

I'm not sure what that means. It is mainly in the middle of my back.

DOCTOR

Does it hurt when you sit up?

PATIENT

Yeah it hurts when I move it at all. I have been taking Advil and Aleve four to five times a day and I am really trying to figure out what is going on...

DOCTOR

Well I think this problem could be a herniated disc, and I am going to need some scans. The X-Ray office is open 9-5 Monday thru Friday. I recommend getting there early.

PATIENT

Umm what does a herniated disc mean, and also I work during those times. Is there another office that has more flexible hours?

DOCTOR

Well you can do some research on that. I only send my patients to this one office. Also if it is a herniated disc we will need to get you schedule with a surgeon. I would recommend starting to research one that takes your insurance since this can be a costly procedure.

PATIENT

Wait, I may need surgery? I thought we were talking about getting scans. How long will all of this take? I am in a lot of pain and don't know how much longer I can manage.

DOCTOR

I see well I can't work around your work schedule. You are really going to need to make this a priority if you expect to get this pain resolved. I will write you a script for a mild pain killer. This should help the symptoms.

(The NURSE walks in interrupting the scene)

NURSE

Hello Dr. Bryant I have Dr. Segal on line one. She said it is urgent.

DOCTOR

Alright thank you nurse. Sorry Miss./Mr. Berner, but I must take this. Here is your scrip for the pain killer. Please schedule an appointment with us once you have those scans. Try to take an easy on that back. No sense making the problem worse. See you soon.

(DOCTOR hands the piece of paper to PATIENT and walks out)

PATIENT

(The PATIENT starts to say but the DOCTOR does not hear her/him)

Wait... I am allergic to this medicine... Okay, well, I guess this appointment was a waste of time...

Questions for Discussion:

- What do you think went wrong in this interaction?
- What specific areas did the doctor not address the patient's concerns?
- How would you improve this scene?
- Why is this not an effective way to address doctor-patient interactions.
- How do you think the patient felt in this interaction?

In this example, the doctor is not listening to the patient's personal concerns and only treating the symptoms. This is not an effective way to go about a medical encounter because the patient's concerns and values are not being heard. In this scene, the patient leaves feeling like they were in the same place they were when they came in. They are frustrated, anxious, in pain, and the doctor does not take the time to listen to the patient and help them heal in a way that makes sense for both of them. The next part of the workshop will be a discussion about the scene. I wanted to start the workshop off this way because I think it will get everyone in the room more comfortable before asking them to improv by jumping into scenes and resolving them.

Interaction 2: responding empathically to patient emotion

This next scene will be a more subtle example that will address responding empathetically. It will have a few moments where the doctor's empathy is good and areas where it needs improvement.

The scene begins with a patient quietly pacing and whispering to her/himself.

DOCTOR

(enters giving a small smile a PATIENT)

Hello Mr./Mrs. Peterson. It is good to see you again.

PATIENT

Yes Dr. Goodwin it is good to see you. I wish we were meeting on better circumstances.

DOCTOR

I agree Mr./Mrs. Peterson. Please sit. *(PATIENT and DOCTOR sit)* So I got your the results from your scans in today. I'm very sorry to tell you this, but I found an abnormality on the scans that concerned me.

PATIENT

What did you find?

DOCTOR

I found a small mass in the superior lobe of your left lung.

PATIENT

What! Really? Is that why I have been having these coughing fits? Well is it cancerous?

DOCTOR

It is hard to tell at this point we will need to do some more testing to know for sure.

PATIENT

(the emotion is clear in his/her voice)

Wow I can't believe this. Are you sure?

DOCTORS

Absolutely. Look we do not know how serious this is yet. What is important is that we start treatment soon.

PATIENT

(PATIENT stares at his/her hands for a minute)

Okay yeah sure. I just... wow... this is really devastating. What am I going to tell my family?

How could this be happening to me?

DOCTOR

Look I understand this is really hard but this could be worse news. All we know now is that there is a mass. I think we should schedule you an appointment next week to get further testing done.

For now Mr./Mrs. Peterson try not to worry too much until we understand what is going on.

PATEINT

Um yeah... So we don't know what the next step is?

DOCTOR

Unfortunately not yet. We need to get more testing. So, it is hard to say what the next step is. I wanted you come in today because I felt this is something I needed to tell you in person.

PATIENT

Right I understand. So we do not know anything yet...

DOCTOR

No this news is hard to swallow I am sure, but go home and try to remember that there is nothing to worry about yet. You can schedule an appointment with our receptionist for your further testing on your way out, but take your time you can stay in here as long as you need. Again

Mr./Mrs. Peterson I am really sorry...

PATIENT

(trying to calm him/herself down)

Okay doctor thank you.

(DOCTOR exits)

Okay there is nothing to worry about yet...

(PATIENT slowly sits up takes a deep breath and exits)

Questions for Discussion:

- What is your initial reception of the scene?
- What good things does the doctor do?
- What went wrong in this scene?
- Was this scene an improvement from the last one?
- What do you think the patient needed from this interaction?

In this example, the doctor is more engaged with the patient and does a better job listening to their concerns and addressing them. However, there is still a problem in this interaction which is the doctor never acknowledges the patient's emotions. The doctor may be listening and answering questions, but the doctor only responds to the patient's emotions in a sympathetic manner, instead of empathetic. The response: "but this could be worse news" was sympathetic because in telling the patient that there is worse news downplays the patient's concerns and makes them feel like their emotions were not valid. An empathetic response would have been "I hear the concern in your voice and I can only imagine how hard this news must be for you. I want to let you know that I will be here for you throughout this process. As for telling your family to let them know the situation and the plan we come up with today. Also be sure to tell them that we still do not know how serious this is and that we will all get through this together." The doctor acknowledged the patient concern and helped reassure him/her that they are in the fight together. Empathetic responses are important because it helps the patient feel like their concerns are valid and they are supported by their doctor. Empathy connects the doctor and the patient whereas sympathy distances the relationship. Empathy is connecting with the part of

oneself that feels that way too and is important to allow the patient to express their concerns fully.

After this interaction, I will open up another discussion similar to the last to talk about what went wrong. I would then invite audience members to come into the scene and rewrite a section providing an alternative outcome. After each rewrite, I will ask the audience to explain whether or not that revision was better. Through this trial and error process with the audience, my hope is that we can all come to a consensus on the best rewrite that makes this interaction empathetic. If the audience is having a hard time coming up with the problems in this interaction my plan is to probe them with questions: If you were the patient here how do you think you would feel about the doctor's response? How did the doctor not fulfill this? What do you think the patient needed from this interaction? If the audience is full of doctors I suspect that they may initially see this scene from the perspective of the doctor, but all doctors have been patients before and plan to use that to adapt their perspective. I hope by changing their perspective they can see how the interaction could be improved.

4.3 Potential Outcomes

The outcomes that I hope to achieve with this creative project is to help improve bedside care in medical doctors, and specifically empathetic skills. Bedside manner is not a skill that doctors automatically gain from receiving a medical education. This is a skill like any other that has to be learned and practiced, the difference here is there is not set way of applying it to patients.

However, I assert that an effective way of teaching and practicing these skills is through an applied theatre workshop that helps doctors identify and practice good empathetic patient care.

Also if nothing else I hope an outcome my audience walks away from this experience with is thinking about how they personally interact with their patients. That maybe the next time they have to tell a patient difficult news or are dealing with an emotional patient that they will think back to what they learned at my workshop, and know how to better handle the situation.

Furthermore this creative project will help raise awareness of empathetic bedside manner, as well as encourage further research regarding its relation to theater. Bedside manner may be a well known and researched subject, but little has been evaluated in relation to how theatre can be a catalyst in honing these skills. Additionally, on a broad spectrum, the outcome of this work will improve bedside manner in doctors everywhere, and establishes this type of patient care as the standard medical practice.

5.0 Discussion

The importance of the doctor-patient interaction is prevalent, and there is many factors that contributed to its effectiveness. These include communication, patient-centered care, respect, and empathy. Researchers have discovered that these factors can contribute to positive health outcomes like improved anxiety and depression. Likewise, theatre can play a crucial role in developing this empathetic communicative competence in medical professionals through the use of performed plays or improv. Medicine is about healing the disease as well as the patient, and advancing a doctor ability to improve the patient's' experience in a medical interaction is important just as the curing the disease is.

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