Your Voice is an Instrument
Enhancing Communication Skills with Acting Philosophy and Exercises

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BACKGROUND
• Medical professionals require advanced communication skills on a daily basis
• How to best teach these skills remains unclear
• Vocal Technique: practice-based method initially developed for actors that teaches communication skills to clinical and pre-clinical medical students using exercises, performance, and group feedback
• Vocal Technique is adapted for a medical context by:
  • Introducing reproducible exercises that isolate and improve physical components of communication
  • Offering safe space to practice communication skills with performance of a monologue
  • Allowing constructive group feedback that increases performer and audience understanding and reinforces components of communication
• Debrief exploring relevancy to clinical experience

VOCAL TECHNIQUE TEACHING APPROACH

Warm-up/Exercises
Physical components of communication are taught along with reproducible exercises that isolate and develop components

Breathing

Posture

Volume and Pace

Inflection

Components of Communication

Performance
Participants volunteer to perform monologue, receive group feedback, and then adapt feedback into performance

Group Feedback
Group uses new vocabulary of components of communication to critique performer and offer constructive feedback

Debrief
Discussion of how communication plays a role in and outside medicine, efficacy of vocal technique exercises, translation of performance to practice

ActivitiesFocusedOn:
• Teachable breathing technique that acts as foundation for communication
• Posture communicating openness, empathy, and strength
• Slow and low volume often more effective than fast and loud
• Using upward inflection and well-supported voice to carry message

METHODS
• We offered four 1 ½ hour vocal technique workshops to pre-clinical medical students
• Sessions facilitated by a medical student with theater background
• In the third and fourth workshops, participants were encouraged to present and receive feedback on a 100-word monologue
• Sessions had between six and twenty-three participants

POST COURSE FEEDBACK

Post-Course Survey Data with 5-point Likert Scale (n=14)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>I would attend more workshops like this</td>
<td>4.8</td>
</tr>
<tr>
<td>I plan to incorporate what I learned into my life</td>
<td>4.7</td>
</tr>
<tr>
<td>I found value in this workshop</td>
<td>4.8</td>
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• Narrative comments were broadly positive identifying the course as effective in “increasing awareness of what my voice conveys,” “[offering] tools to improve how I communicate,” and a “safe space to get advice on becoming a better public speaker.”

NEXT STEPS
• Develop quantitative and qualitative metrics of communication skills targeted by Vocal Technique
• Expand workshop offerings to clinical students and residents
• Offer workshops at national conferences
• Increase facilitators comfortable leading workshops

ACKNOWLEDGMENTS
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MONOLOGUE
I’m like a student and this is the final exam and I don’t know what to put down because I don’t understand the question and I’m running out of time. Susie says that I need to begin aggressive pain management if I am going to stand it. “It”: such a little word. In this case, I think “it” signifies “being alive.” They have to do something. I’m in terrible pain. Say it, Vivian. It hurts like hell. It really does.

-Wit, Margaret Edson