Theater for Healthcare Equity; A Model for Inclusion and Anti-Bias Training in Academic Medicine

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ABSTRACT

There are no standardized methods for training medical personnel in antiracist action, such as how to be an upstander or how to use micro-resistance. Roleplay and drama-based pedagogy can empower and educate healthcare professionals by providing experiential training and a safe space for antiracist practice and discussion.

The Theater for Healthcare Equity (THE) is an innovative methodology that explores upstander techniques in real time with facilitated instruction. We implemented eight THE sessions at our institution and assessed participant responses via a voluntary survey.

Forty-one participants completed a REDCap survey, and 32 participants completed the Continuing Medical Education survey. Participants appreciated the creation of safe spaces, the practice format, and the learning experience, which provided an honest and open environment for the sharing of experiences, addressing race-based bias, and practicing responses to real-life scenarios. Constructive feedback included changes to session duration, participant discomfort with improvisation, and lack of printed tools.

KEYWORDS: Equity, Healthcare, Theater, Antiracism

INTRODUCTION

Medical providers are not explicitly taught how to combat racism in medicine. However, this skill can be crucial as some practitioners of medicine often face internalized, interpersonal, and structural racism when providing clinical care to patients, teaching in academia, and navigating the work environment. Building antiracist skills can serve to advance health equity.[1] Author Ibram X. Kendi wrote that "being an antiracist requires persistent self-awareness, constant self-criticism, and regular self-examination."[2] In addition to self-reflection, translating beliefs to concrete action via practice of upstander behaviors is necessary among healthcare workers.[3] Upstander behavior requires active effort in allyship through indirect strategies, such as redirection and elevation of the target of a microaggression, or direct strategies, such as communication of impact, raising awareness and establishment of boundaries. Some examples of common upstander behaviors include speaking up for patients, making space for challenging the status quo, or confronting an issue while intervening on someone else's behalf for a particular support or cause, rather than acting simply as a bystander.[4]

There is no standardized method for upstander training in medicine. Courses on diversity offered by many medical schools focus on establishing that racism exists in medicine, rather than educating on how to actively mitigate it. Anti-racist training often involves didactic sessions with little hands-on practice.[5] These techniques, while beneficial, do not replicate the complexities and pressures of real-life interactions within healthcare settings. Consequently, there is a need for innovative, experiential learning approaches that allow medical professionals to practice and enhance their upstander skills in a more realistic and immediate context.

Theater has been used as one way to introduce and reinforce education on racism. Medical faculty who attended workshops with a theater component to explore bias and privilege reported increased confidence when teaching about racism,[6] while medical student participation improved perceptions of diversity and its consequences on individual identity.[7] Theater-based instruction can address a knowledge gap, particularly in the exercise of and comfort with anti-racist practice in medicine. Here we describe feedback from a theater-based workshop targeted to all members of a multi-site health system that took place at Rhode Island Hospital.

METHODS

The Theater for Healthcare Equity (THE) was created in 2019 by Carli Gaughf in partnership with the University of Rochester's Medical Humanities Department and the Office for Diversity, based on the tenets of the Theatre of the Oppressed, to confront bias "while cultivating empathy and practicing effective communication."[8] Theatre of the Oppressed makes use of theater troupes comprised of everyday people and incorporates group challenges to confront inequality and injustice. Eight 90-minute sessions were offered over the course of two days (November 17th and 18th, 2022), to all employees and trainees at our large urban northeast academic health center, which includes seven hospitals and one medical school. Each session, led by expert external facilitators (CA and CG), addressed microaggressions related

Table 1. Examples of Scenarios Presented in Training

Scenario	Concepts Addressed
A mother who is Black brings her child into the emergency department with a broken arm. The doctor who is White is portrayed as curt, making assumptions of child abuse.	Implicit racial biases and lack of proper care evaluation.
A person misidentifies their coworker for someone with a similar race. They initially refuse to acknowledge their mistake. However, when the coworker repeats that it was not them because they were away at that time, the initial person acknowledges the mistake and adds, "You all look alike." A bystander is present for this conversation.	Upstanding, allyship, bystander effect, and recognition of one's own bias

to race, gender, hierarchy, and other facets of discrimination in medicine (**Table 1**). The sessions' format included improvisational theatrical exercises, pre-scripted scenes, and opportunities for participants to create their own scenarios in interdisciplinary teams. Sessions were capped at 25 participants and offered at different time slots to try and accommodate work schedules.

The pedagogy behind the theater techniques used were based on the work by Augusto Boal, a dramatist and political activist, and creator of Theater of the Oppressed. The aim for the first half of each workshop was to warm-up the participants to the process of role play and to begin the process of "demechanization."[9,10] This is Boal's term for disrupting daily patterns of moving and sensing to disrupt normal patterns of thinking, thus allowing for different possibilities. One of several games was chosen at each session. For example, one game asked participants to do the opposite movement of the instruction given (i.e., what they usually do "automatically"); for example, a participant will try to be still when asked to walk or walk when asked to stop. This dissonance between mental shortcuts and the objective of the game allowed participants to temporarily re-activate their thinking and set the foundation for being receptive to new ideas. Sessions also began with participants giving themselves new names for the duration of the workshop – perhaps based on how they were feeling or a name they always wanted to be called. Examples were "Sunshine", "Disgruntled", and "Simon". This helped neutralize hierarchy in medicine (so participants were not solely a "doctor" or "administrator") and provided a fresh palette for the session, particularly among participants who did not know each other.

After the warmup, the participants were asked to partake in roleplay. Facilitators CG and CA created scenarios based on the real experiences of marginalized staff and faculty based on input from providers at the institution (NA, TW and DB). For example, one scenario was of a Black resident being confused for another resident by a White faculty member. The mix-up is witnessed by another faculty member. Participants were given the opportunity to step in as the witness and practice how they might be an ally to the resident. Participants were then asked to work in small groups to brainstorm scenarios and act out situations where microaggressions or systemic bias have affected patients or healthcare workers.

Table 2. 8-item survey

Question Prompt	Question Type
Have you ever done a theater facilitation workshop like this before?	Yes or No
If yes, when did you do a theater facilitation workshop and what was it?	Free Response
What did you enjoy the most about today's workshop?	Free Response
What did you enjoy the least about today's workshop?	Free Response
How did this workshop change your mindset and/or behavior?	Free Response
How will you use what you learned today in the workplace and in your personal life?	Free Response
Would you recommend this workshop?	Yes or No
What do you hope to see JEDI BPI do in the future?	Free Response

All participants were asked to complete a survey on a secure online research database (REDCap), while attending physicians also completed a continuing medical education (CME) survey.[11] Survey results were de-identified, and to encourage participation, minimal personal demographics were queried. The 8-item survey (**Table 2**) included open-ended questions on experience in and usefulness of the workshop.

Open-ended survey responses were analyzed to catalog participant experiences about THE. First, an analytical code book was created that contained both deductive and inductive codes. Next, the open-ended responses were independently coded by three reviewers (NA, DB, and CR) for key concepts and themes. The independent reviewers met regularly to compare codes, add new codes, if necessary, discuss discrepancies and come to a consensus about those discrepancies; TW adjudicated any discrepancies and reviewed coding to ensure consistent use. Framework analysis was applied to final codes. Summaries for all relevant codes were written by reviewers and used to develop the themes reported here. This study was approved by our health system's Institutional Review Board.

RESULTS

Each session consisted of 8-25 participants, for a total of 76 participants over the course of two days. Forty-one participants completed a REDCap survey, and 34 participants completed the CME survey, including 25 attending physicians and representation from multiple departments.

What Participants Liked Best About THE

In reviewing what participants liked best, the following three themes emerged from respondent data: creation of safe spaces, innovative format, and a gained experience in allyship and advocacy.

Theme 1. Creation of Safe Spaces

Participants consistently reported specific attributes such as *"honesty"* [Participant 40], *"vulnerability"* [Participant 31], and *"openness"* [Participant 9], that helped to create *"a safe environment to share experiences and opinions"* [Participant 33]. Similarly, another respondent wrote that the non-judgmental environment aided in *"addressing issues about racism in a non-threatening and practical way."*

Theme 2. Practice Format

The format of the training session was commended for being *"great at demonstrating real-life scenarios"* [Participant 33]. A recurring concept among participant entries was practicing the skills and tools learned. One participant enjoyed *"actually getting the chance to practice what I would say/do in the moment"* [Participant 29]. Another respondent echoed this, writing that they appreciated the ability *"to practice and paus[e] the scenarios multiple times to discuss if [they]... supported the person who the microaggression was against"* [Participant 41].

Table 3. Major Themes with Participant Affirmations

What Participants Liked Best	
Themes	**Participant Quotes**
Creation of safe spaces	"Honesty", "vulnerability", and "openness" of facilitators, creating "a safe environment to share experiences and opinions" [Participant 40, 31, 9, 33]
	Non-judgmental environment aiding in "addressing issues about racism in a non-threatening and practical way" [Participant 37]
Practice Format	"Great at demonstrating real-life scenarios" [Participant 33]
	"Actually, getting the chance to practice what I would say/do in the moment" [Participant 29]
	Ability to "practice and pause the scenarios multiple times to discuss if [they]... supported the person who the microaggression was against" [Participant 41]
Learning Experience	"I will say it has challenged me to speak up more as an individual of color as I tend to be more passive and non-confrontational in those issues." [Participant 25]
	"I learned how to be a stronger ally." [Participant 15]
	"Learning different approaches to dealing with various situations" [Participant 14]
	"I learned some good language to use when witnessing an uncomfortable situation." [Participant 19]

Theme 3. Learning Experience

Participants felt they gained confidence in navigating encounters with microaggressions and *"learned how to be a stronger ally"* [Participant 15], *"learn[ed] different approaches to dealing with various situations"* [Participant 14], as well as *"learned some good language to use when witnessing an uncomfortable situation"* [Participant 19]. (See **Table 3.**)

What Participants Liked Least About THE

Themes, including session length, discomfort with improvisation, and lack of concrete tools acquired after participation, were among the response of what participants liked the least.

Theme 1. Timing/Length of Training

Several participants noted the timing was *"too short"* [Participant 1 & 13], while one participant reported: *"In some ways it was too short and some ways too long. I recognize it is difficult to arrange many people into sections, but I wonder if two one-hour sessions would [be a] better fit [for] these topics than one 90-minute session"* [Participant 13].

Theme 2. Discomfort with Improvisation

Five participants described their own discomfort with the improvisational format. For example, one participant recognized, *"I feel like I had to get over my initial hesitation to do things in front of the group"* [Participant 41].

Theme 3. Lack of Concrete Tools Acquired After Participation

Five participants hoped for *"more concrete examples of how to respond"* [Participant 42], or *"a handout to reinforce specific language we learned"* [Participant 43], and others reported: *"I was looking for some more concrete action plans, tools, or techniques to respond to micro-aggressions. The session was creative, and I enjoyed it, but I don't feel confident that I gained any new skills"* [Participant 44]. (See **Table 4**.)

Table 4. Major Themes with Participant Qualms

What Participants Liked Least	
Themes	**Participant Quotes**
Timing/Length of Training	Timing being "too short" [Participant 1 & 13]
	Suggestion for two one-hour sessions instead of one 90-minute session [Participant 13]
Discomfort with improvisation	Initial hesitation to perform in front of the group [Participant 41]
Lack of concrete tools acquired	Desire for "more concrete examples of how to respond" [Participant 42] and "a handout to reinforce specific language learned" [Participant 43]
	Feeling that the session was creative and enjoyable but not confident in gaining new skills [Participant 44]

How THE Changed Participants Mindset and Behavior

Participants evaluated how this workshop may have changed their mindset and behavior. Themes that emerged related to mindfulness of one's own bias and behaviors; importance of upstanding; and skill development.

Theme 1. Mindfulness of One's Own Bias and Behaviors

During role playing exercises, participants discovered how lived experiences impact perspective such that *"everyone views the same scenario different[ly]"* [Participant 1], which *"made [them] more accepting that discrimination and prejudice experiences are even more common than [they] realized and happen every day, despite the best intentions"* [Participant 33]. This led to realizations among participants about their daily conduct and its effect on patients as described by this respondent: *"daily clinical work develops into a rote way of conducting yourself; if we do not take into consideration how behaviors, works, actions can be perceived by our audience we will miss opportunities to engage our patients who are marginalized and they will suffer health consequences from our actions"* [Participant 35].

Theme 2. Recognizing the Importance of Upstanding

There was improved recognition and understanding of the importance of upstanding. Participants recognized that *"I am not doing as much in the moment and to stand up more for colleagues and learners"* [Participant 29]. One respondent acknowledged the power dynamics surrounding a microaggression and the impact of upstanding: *"Upstanding: saying anything/all attempts were better than standing up/doing nothing. Keeping in mind that the feelings of the vulnerable person who has been microaggressed against before are higher order than the pride of the micro-aggressor"* [Participant 24]. Participants also reflected on why they may not have been upstanding in the past: *"I will say it has challenged me to speak up more as an individual of color as I tend to be more passive and non-confrontational in those issues"* [Participant 25].

Theme 3. Skill Development

Five participants felt they gained comfort and skills because of the workshop. Participants learned how to *"to intervene, learn to be more comfortable intervening in uncomfortable situations"* [Participant 17], as well as learned *"effective skills to diffuse microaggression"* [Participant 16]. From this, participants felt *"more empowered to interrupt bias"* [Participant 18], and *"learned how to be a more proactive ally in the moment"* [Participant 15].

Theme 4. Gaining Experience

While most participants (n = 37, 84.1%) had not participated in a theater-facilitation workshop before, the majority of participants (n = 41, 93.2%) reported they would recommend the workshop to others. (See **Table 5**.)

Table 5. Major Themes in Participant Mindfulness

Changed Mindset and Behavior	
Themes	**Participant Quotes**
Mindfulness of one's own bias and behaviors	"Realizing how lived experiences affect perspective, how everyone views the same scenario differently" [Participant 1]
	"Made me more accepting that discrimination and prejudice experiences are even more common than I realized and happen every day, despite the best intentions" [Participant 33]
	"Daily clinical work develops into a rote way of conducting yourself; if we do not take into consideration how behaviors, works, actions can be perceived by our audience, we will miss opportunities to engage our patients who are marginalized and they will suffer health consequences from our actions." [Participant 35]
	"More attention to how previous overt racism can affect day to day interactions and result in miscommunication and further marginalization. make every effort to overcome these situations with grace, confidence and compassion" [Participant 35]
Recognizing the importance of upstanding	"I am not doing as much in the moment and need to stand up more for colleagues and learners." [Participant 29]
	"I would speak up more and be an ally in all situations when I can…it takes a lot of courage and confidence to speak up about issues that need to be addressed." [Participant 25]
	"Upstanding: saying anything/all attempts were better than standing up / doing nothing. Keeping in mind that the feelings of the vulnerable person who has been microaggressed against are higher order than the pride of the microaggressor" [Participant 24]
Skill development	"Learning to intervene, learn to be more comfortable intervening in uncomfortable situations" [Participant 17]
	"Learned effective skills to diffuse microaggression" [Participant 16]
	"Feeling more empowered to interrupt bias" [Participant 18]
	"Learned how to be a more proactive ally in the moment" [Participant 15]

How Participants Will Incorporate THE Experience into Daily Lives

When reflecting on how participants will use what they learned from the workshops in the workplace and in their personal lives, the themes related to improved mindfulness of situations and a commitment to practice skills and upstanding emerged.

Theme 1. Mindfulness of Situations

Participants noted that participation in THE encouraged them to pay *"more attention to how previous overt racism can affect day-to-day interactions and result in miscommunication and further marginalization"* [Participant 35].

Theme 2. Practice Skills and Upstanding

Participation in this workshop highlighted the importance and prevalence of microaggressions and the need for resistance at the individual level. This increased awareness propelled this participant to want to *"make every effort to overcome these situations with grace, confidence and compassion"* [Participant 35]. One participant wrote that they *"understand the need to engage doesn't have to be perfect or brilliant, it just has to be"* [Participant 23]. And to engage, they need to practice their words and behaviors. Another respondent wrote: *"I am a firm believer that we all need to have an idea of what words to say when we encounter micro- and macroaggressions; I think knowing how to respond takes practice and doesn't come naturally, and so the opportunity to practice responding is helpful* [Participant 32]. (See **Table 6**.)

Table 6. Major Themes for Future Practice

Incorporating THE Experience	
Themes	**Participant Quotes**
Mindfulness of situations	"Paying more attention to how previous overt racism can affect day-to-day interactions and result in miscommunication and further marginalization" [Participant 35]
Practice skills and upstanding	"I want to make every effort to overcome these situations with grace, confidence, and compassion." [Participant 35]
	"I understand the need to engage, it doesn't have to be perfect or brilliant, it just has to be." [Participant 23]
	"We all need to have an idea of what words to say when we encounter micro and macro aggressions; I think knowing how to respond takes practice and doesn't come naturally, so the opportunity to practice responding is helpful." [Participant 32]

DISCUSSION

Here we describe an in-depth qualitative review of the Theater for Healthcare Equity. In this curriculum, participants were provided a controlled, safe, multidisciplinary environment to role-play uncomfortable real-life scenarios, taking in different perspectives, while pausing, reflecting, and practicing the same scene with different verbal and non-verbal approaches. Overall, participants found the theater-based learning led to increased mindfulness of their own biases and the importance of interrupting microaggressions while developing and practicing the skills to do so. Theater-based workshops where medical students re-enacted and observed difficult encounters has been shown to increase empathy scores, which is closely associated with improved clinical outcomes for patients and lower physician burnout.[12] Similarly, attendance at theater-based workshops is positively correlated with confidence and comfort in a medical environment.[13] Our study adds to the current literature by expanding the participation to all employees and trainees of a large healthcare setting, thereby providing increased opportunity for interdisciplinary dialogue and practice through an innovative format of THE that may be implemented at any healthcare site.

Our study possesses limitations, including being a single-site study and soliciting self-reported data. All sessions were not filled, and this may be due to multiple reasons, including scheduling conflicts (especially due to length of sessions), improper/inadequate advertising and nature of the topic. Our next steps will be to examine the long-term effects of THE and participant commitment to mindfulness, upstanding, and application of the skills acquired during the workshops in both their professional and personal lives. This commitment is critical to building a more equitable healthcare system both for patients and for healthcare workers. Implicit bias not only contributes to propagate healthcare disparities for marginalized patients but also contributes to high prevalence of workplace discrimination.[14] Workplace discrimination among physicians can lead to career dissatisfaction, burnout, and job turnover.[15] Thus, innovative educational curricula that require introspection, reflection and advocacy within safe spaces are critical to mitigating healthcare inequity and promoting a diverse workforce within a healthcare system.

CONCLUSION

An interactive, theater-based antiracism workshop can be a useful tool in practicing upstanding in medical clinical environments.

References

1. Nunez-Smith M, Pilgrim N, Wynia M, Desai MM, Bright C, Krumholz HM, et al. Health care workplace discrimination and physician turnover. Journal of the National Medical Association. 2009;101(12):1274–82. https://doi.org/10.1016/S0027-9684(15)31139-1
2. Kendi I. How to be an antiracist. Bodley Head. 2019.
3. Lawrence E. What Doctors Aren't Always Taught: How to Spot Racism in Health Care. KFF Health News. 2020. https://kffhealthnews.org/news/racism-in-health-care-what-medical-schools-teach/
4. Ehie O, Muse I, Hill L, Bastien A. Professionalism: microaggression in the healthcare setting. Current Opinion in Anaesthesiology. 2021 Feb 23;34(2):131–6. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7984763/
5. Edgoose J, Brown Speights J, White-Davis T, Guh J, Bullock K, Roberson K, De Leon J, Ferguson W, Saba G. W. Teaching About Racism in Medical Education: A Mixed-Method Analysis of a Train-the-Trainer Faculty Development Workshop. 2021. Fam Med, 53(1):23-31. https://doi.org/10.22454/FamMed.2021.408300
6. Ivory KD, Dwyer P, Luscombe G. Reactions to Diversity: Using Theater to Teach Medical Students about Cultural Diversity. 2016. J Med Educ Curric Dev, 3. https://doi.org/10.4137/jmecd.S37986
7. Gaughf C. Theatre for Healthcare Equity. https://www.carligaughf.com/theatre-for-healthcare-equity.
8. PA Harris, R Taylor, R Thielke, J Payne, N Gonzalez, JG Conde, Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.
9. Raynor R. (De)composing Habit in Theatre-as-Method. Geo Humanities. 2017;3(1):108-121, https://doi.org/10.1080/2373566X.2016.1258321
10. Boal A. Games for actors and non-actors. United Kingdom: Routledge. 1992.
11. Sevrain-Goideau M, Gohier B, Bellanger W, Annweiler C, Campone M, & Coutant R. Forum theater staging of difficult encounters with patients to increase empathy in students: evaluation of efficacy at The University of Angers Medical School. BMC Med Educ. 2020;20(1):58. https://doi.org/10.1186/s12909-020-1965-4
12. Ravindra P, Fitzgerald JE, Bhangu A, Maxwell-Armstrong CA. Quantifying factors influencing operating theater teaching, participation, and learning opportunities for medical students in surgery. J Surg Educ. 2013;70(4), 495-501. https://doi.org/10.1016/j.jsurg.2013.02.011
13. Farley J, Gallagher J, Richardson Bruna K. Disrupting narrow conceptions of justice: Exploring and expanding "bullying" and "upstanding" in a university honors course. https://doi.org/10.1177/1746197919853808
14. Filut A, Alvarez M, Carnes M. Discrimination Toward Physicians of Color: A Systematic Review. J Natl Med Assoc. 2020;112(2):117-140. https://doi.org/10.1016/j.jnma.2020.02.008
15. Nunez-Smith M, Pilgrim N, Wynia M, Desai M, Bright C, Krumholz HM, Bradley EH. Health care workplace discrimination and physician turnover. J Natl Med Assoc. 2009; 101(12):1274-1282. https://doi.org/10.1016/s0027-9684(15)31139-1

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