

Cai F, Ruhotina M, Bowler M, Howard E, Has P, Frishman GN, et al. Can I get a suggestion? Medical improv as a tool for empathy training in obstetrics and gynecology residents. *J Grad Med Educ.* 2019;11(5):597–600.

Supplemental Material

Four Medical Improv Games and Their Descriptions

The following are descriptions of the four medical improv games that were used in this study, followed by the intention of each game as discussed in the debriefs.

The first game is titled, “So This Morning, Right?” This exercise is a call and response game that volunteers play onstage with the help of the audience. The selected resident starts the game by saying, “So this morning, right?” and the audience responds, with enthusiasm, “Right!” The resident then goes on to describe a mundane part of their morning, such as, “I brushed my teeth.” The audience then proceeds to clap and cheer. After the game was played, residents participated in a guided debrief to reflect on what they noticed while playing. This game illustrated how easily rapport can be built, how important making a compassionate connection is, and how impactful a small amount of empathy can be.

The second game is called, “Yes, And...” which is a game that builds on the improv concept for “accept and build.” Selected resident volunteers describe a product as if they were on an infomercial, and each resident builds upon the previous residents’ explanation of the product with, “Yes, and...” Applied to the workspace, it can be a tool for reaching a shared mental model, creating a safe space for critical conversations, and facilitating de-escalation. Following this game, there was also a guided debrief to discuss how residents felt when faced with this situation.

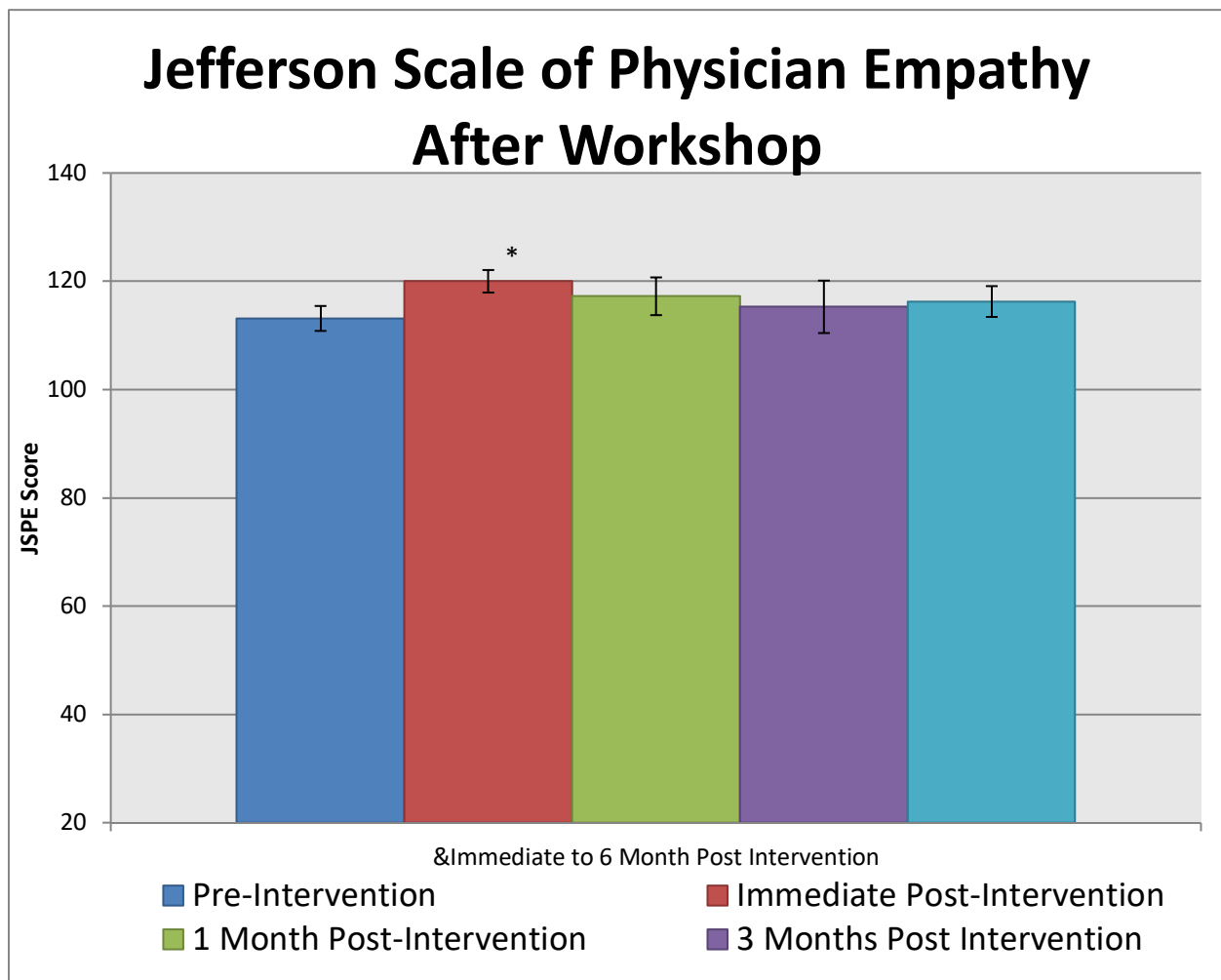
The third game is titled, “Scene Painting,” which all residents participated in from their seats. Led by the MB, the audience worked together to create a location and characters. This seemingly innocuous performance device allowed residents to create something together by all

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leaning into biases that they already had. While playing, residents created a location or person and assign characteristics using logical jumps and assumptions. The intention of the game is to reveal how biases and stereotypes color decision making. This activity is also debriefed to highlight and discuss the issues brought to light by the game: that biases are a part of our culture and, though these biases are not always immediately apparent, we make many decision based on these often misguided assumptions. Residents were then guided through a discussion on how to navigate their biases and how to reduce their power over situational assessments.

The final activity is called, “Late for Work.” Resident volunteers acted out a scene in which an employee, who is late for work, is trying to figure out the perfect excuse for being late as described to them by their co-workers, who are trying to do pantomime behind their boss’s back. This game is designed to show participants how they are function under stress. In the debrief, residents discussed the dynamics of body language and how position in a room can affect the patient’s perception of power.

Supplementary Figure: JSPE scores immediate to 6 months post intervention

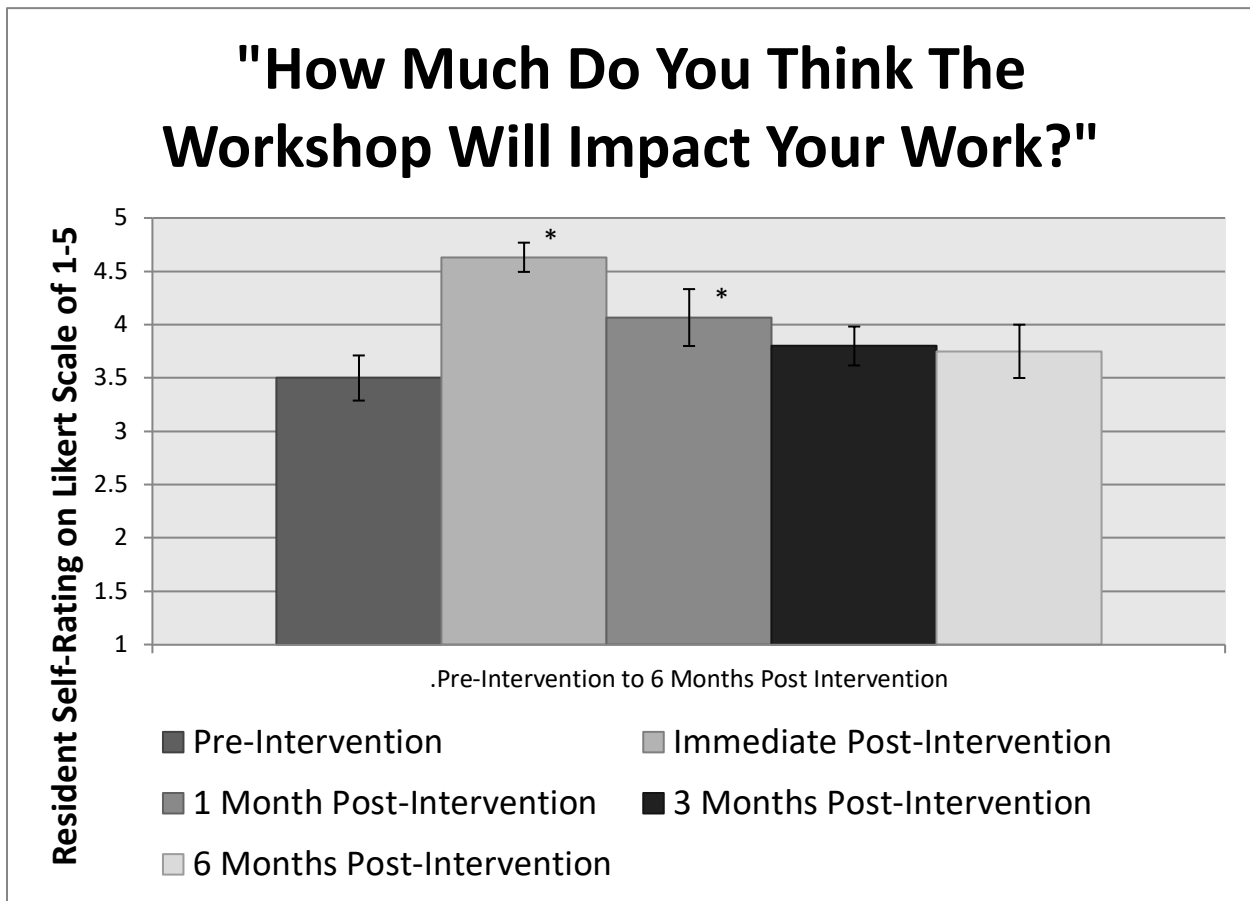


* $p = 0.03$

Other p-values were not significant

Range of JSPE: 20 – 140

Supplementary Figure 2: Resident Self-Rating of Impact of Medical Improv Workshop



*p < 0.001 immediately post-intervention

*p = 0.04 1 month post-intervention

- 1 – Not at all
- 2 – Slightly
- 3 – Moderately
- 4 – Very
- 5 – Extremely

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Impact of Workshop

		Score (1 – 5)	P-Values
Pre-Intervention (n = 21)	Mean (SD) Median (Min – Max) IQR (Q1-Q3)	3.5 (0.95) 3 (2–5) (3–4)	--
Immediately Post- Intervention (n = 22)	Mean (SD) Median (Min – Max) IQR (Q1-Q3)	4.6 (0.59) 5 (3–5) (3–5)	<0.001²
1 Month Post- Intervention (n = 17)	Mean (SD) Median (Min – Max) IQR (Q1-Q3)	4.1 (1.0) 4 (1–5) (4–5)	0.04²
3 Month Post Intervention (n = 10)	Mean (SD) Median (Min – Max) IQR (Q1-Q3)	3.8 (0.45) 4 (3–4) (4–4)	0.35 ²
6 Month Post Intervention (n = 15)	Mean (SD) Median (Min – Max) IQR (Q1-Q3)	3.8 (0.87) 4 (2–5) (3–4)	0.37 ²

Note: For this data, residents were asked in addition to the JSPE to rank on a scale of 1–5, “How much do you think this workshop will impact your work?”

²Wilcoxon rank-sum