Workshop Ideas for
"Resilience: A Medical Journey"
(Bharatanatyam Dance | Indian classical Dance)

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Background:

Dance holds immense reflective and therapeutic value for both the dancer and audience members. A wordless artform, dance has been previously shown to promote healing in patients with various illnesses, include stroke and Parkinson’s disease [1-2]. Amongst these dance forms lies the classical Indian dance form of Bharatanatyam, a narrative-based dance that was traditionally used to convey stories of Hindu mythology. More recently, Bharatanatyam has been applied in a therapeutic context, facilitating reflection for survivors of natural disasters and victims of trauma [3].

As medical trainees and Bharatanatyam dancers, we are drawn to the role of dance in processing medical scenarios. Witnessing the rise of masks and Zoom conversations in the hospital, we sought a space to reflect upon the changing forms of communication we saw around us. Here, we share a project and two suggested workshops aimed at understanding non-verbal communication within clinical encounters, as well as the nature of a physician- patient-caregiver relationship.

References:

Workshop 1: The Role of Art in the Age of Telemedicine and Virtual Communication
Total Time: 30 – 40 minutes

Step 1: Watch “Resilience” (10 minutes)
Watch the video “Resilience” here: https://youtu.be/Z-VdQWnI0JE

Step 2: Identifying and Interpreting the Non-Verbal Communication (estimated time: 20-30 minutes; 10-15 minutes for individual discussions and 10-15 minutes for class discussions)
   a. Split the class into groups of three or four
   b. Have each group answer the following questions:
      1) Identify a few medically relevant hand gestures from various parts of the video, and explain their interpretation of what they meant to you.
      2) What are examples of ways in which doctors communicate with patients without the use of words? Were there any points in the video that reminded you of non-verbal communication used in clinical encounters?
      3) What role do these non-verbal communicative strategies play in the patient- doctor-caregiver relationship?
      4) How do we preserve these through virtual communication?
      5) In this narrative, the doctor physically touches the patient a few times. Identify those moments, and comment on the importance (or lack thereof) of the physician’s touch in a clinical encounter.
   c. Have each group share choose one or more questions from (b) and present their discussions to the larger group.
Workshop 2: Delivery of Bad News – A Peer into the Boundaries of Professionalism and Emotional Regulation
Total Time: 40-50 minutes

Step 1: Watch “Resilience” (10 minutes)
Watch the video “Resilience” here: https://youtu.be/Z-VdQWnI0JE

Step 2: Analyzing the Narrative (30-40 minutes)
1. Create groups of “patients”, “doctors”, and “caregivers”. There can be more than one of each.
2. Ask each group to take the time to re-write narrative from the perspective of their group’s character. They may re-watch the narrative how many ever times they need.
3. Have each group answer these questions pertaining to their character:
   a. Doctor
      • When does a doctor’s role as friend/confidant begin and end, if it exists at all?
      • What are the boundaries between doctor and patient? For example, is it okay for the patient to refuse a therapist and to rely on their physician as primary support? Can a patient and physician spend time outside of the hospital together under any circumstance?
      • What difficulties might a doctor, who knows the prognosis of this patient, have in communicating adequately without losing hope?
   b. Caregiver
      • What struggles might the caregiver encounter in both supporting the patient and processing their emotions at the same time?
      • What do you think are the differences in the kind of emotional support given by a physician to a caregiver/family member versus the patient?
      • Might the caregiver and doctor share different information than the doctor with the patient?
   c. Patient
      • What might be the different ways a patient might react to this news, and how might a physician have to respond to those different methods?
      • There are four methods of decision-making: paternalistic, mutualistic, consumerist, and default. Which patient-doctor relationship did this narrative represent? Point to distinct parts of the narrative that made you believe this.
      • Did you feel that the doctor’s portrayal of empathy for the patient was too little, enough, or too much? Why?