

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:

1. Demers M, McKinley P. Feasibility of delivering a dance intervention for subacute stroke in a rehabilitation hospital setting. *International journal of environmental research and public health*. 2015 Mar;12(3):3120-32.
2. Earhart GM. Dance as therapy for individuals with Parkinson disease. *European journal of physical and rehabilitation medicine*. 2009 Jun;45(2):231.
3. Rangparia, Rakhi. "Dance/Movement Therapy in India." (2011).

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-VdQWnl0JE>

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-VdQWnl0JE>

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?