

Do You Do Improv?

YES, AND MEDICINE!



In this improv game, I played the "host" of a "panel show". Each "panel member" either had a particular quirk or was a niche subject matter expert, and had to bring that across in their responses to audience questions

Text and photo by Dr Cheong Cheng Jun

What comes to mind when the word "comedy" is mentioned? For many, this would often be sketch comedy (eg, *The Noose*), situational comedy (eg, *Phua Chu Kang Pte Ltd*), stand-up comedy (eg, Kumar) or even slapstick comedy (eg, Stephen Chow movies). Improvisational comedy (otherwise known as improv), however, is perhaps a less well-known child within the comedy family.

What is improv?

Improv may be split into "scenes" or "games". Both normally start off with two improvisers, with the host requesting from the audience certain prompts – a location, an object or a relationship between the two.

In a "scene", improvisers formulate a humorous story with the given prompt. Scenes can be categorised into "short form" or "long form". Short form typically lasts a few minutes and often features just one scene. In contrast, a long form involves multiple scenes (all somewhat related within the same universe), and therefore might involve more improvisers. Professional improv troupes are known to improvise an entire play, for as long as 30 minutes, just from something as little as a title! In fact, the sleekness with which it is done have sometimes led first-time audiences to suspect that the play was rehearsed.

In contrast, "games" are less rigid on story structure, but they therefore come with other constraints. For example, a

common improv game involves starting a story, but with the caveat that the host can shout "New choice!" at any time. The improviser with the most recent line or action produces something new, and the story carries on from there. Other games might limit improvisers to adopt characters with particular quirks (eg, only speaking in four-word sentences or changing their emotions based on their location onstage).

My journey with improv

Despite attending speech and drama lessons from an early age, I only learnt of improv in 2013 when I stumbled upon *Drew Carey's Improv-a-Ganza* online, a taping of a series of live improv shows. From there, I learnt of other works like *Whose Line Is It Anyway*, whose American adaption is still on air after 20 seasons, following a 2013 revival!

When I moved to Manchester, UK for medical school in 2017, I tried to further this interest by joining the university's comedy society. Sadly, I was unable to keep up with all the social and political references used in scenes. ("Who did my scene partner just mention, and why is the audience chortling?") As such, I put it on pause, at least on the performing side.

After graduating in 2022, I moved again to Sheffield to commence my Foundation Programme (the UK equivalent to housemanship). I decided to give improv another try, with much more positive results, in part from better cultural

understanding. After a year of semi-regular sessions, I increasingly noticed the similarities between improv and medicine, and how improv might in turn benefit one's clinical practice.

How is improv akin to medicine?

Expecting the unexpected

The central beauty of improv lies in its unpredictability; you never know what the audience will offer as a prompt. A good host might occasionally do some curation, but often you get what you are given. Therefore, an improviser has to rely on fundamental techniques to get the story started, flowing and funny.

Similarly, in medicine, you never know what presenting complaint the next patient will walk in with, especially in the A&E department or general practice. Therefore, a doctor relies on his/her diagnostic and clinical reasoning frameworks to see undifferentiated patients.

Sharing a common goal

Unless one is part of a professional troupe, improvisers often collaborate with a variety of people, who by extension come with a mix in skill – some might be seasoned veterans, while others are still finding their footing. Nevertheless, improvisers share a common goal of bringing humour and entertainment to the audience.

In medicine, doctors often collaborate across specialties, especially for patients



with complicated comorbidities. This includes working with other healthcare professionals across grades of varying skillsets. Nevertheless, everyone strives to provide the best possible care for the patient. Improv reinforces my teamworking abilities, which I utilise daily in the workplace.

Working within constraints

In improv, constraints present themselves in the form of audience suggestions or game rules. For example, the audience sets the scene in a park, or the improviser can only respond by asking questions. The improvisers thus have to work within these constraints to complete the scene. This forms a core idea of improv – “**yes, and**” – where improvisers take on existing ideas (or constraints) and work with them going forward.

In medicine, “justice” is one of the four pillars of medical ethics and in an ideal world, every patient should receive the same level of treatment. In reality, there are health inequalities, and the care of patients is constrained by healthcare resources, financial ability, staffing levels, and patients’ existing comorbidities or preferences. Thus, doctors equally have to work within these constraints, sometimes formulating out-of-the-box solutions, which is a skill that may be honed indirectly through improv.

How has improv benefitted my clinical practice?

Relieving stress

It is well known that medicine is a stressful job; patients may be in life-or-death scenarios. Even for those who are stable, there can be emotionally draining moments, such as when breaking bad news to the patient and/or their family. This is particularly so when caring for patients from more deprived backgrounds, who experience more health inequalities. While I have largely been able to compartmentalise and not be too personally affected, improv nevertheless provides a source of stress relief.

Cultivating active listening

Because of improv’s unpredictability, improvisers must pay attention to their scene partner, so as to respond meaningfully to what was just said or done. It is especially obvious when an improviser was not actively listening, as they may respond to what they *presumed* would be said, rather than what was *actually* said.

During our day-to-day clinical practice, we might explain the same spiel to multiple patients (eg, seeking consent for procedures), but we forget that they are often hearing it for the first time. Improv reminds me to actively listen for any concerns or questions patients have, rather than assume or anticipate these and rely on stock phrases. Patients notice and appreciate when we truly engage them, and this builds better doctor-patient relationships.

Meeting people from different backgrounds

In the UK, doctors often hang out with fellow doctors when starting work at a new hospital, even if they graduated from different medical schools. This is understandable, given their commonalities and shared experiences, much like how ex-full-time National Servicemen often gather to reminisce about their army days of yesteryear. While this nevertheless provides a source of social support, it is easy to unintentionally insulate ourselves into a bubble of fellow doctors.

Through improv, I have met people from a range of occupations. While some work in the arts, I have also met a physicist, a property developer and a civil servant, among others. As we trade stories about our jobs, they sometimes raise different perspectives to my anecdotes, which I might not get from fellow doctors. Thus, this broadens my horizons, beyond a bubble of fellow doctors.

Beating isolation within my schedule

Most National Health Service hospitals in the UK utilise the night float on-call system – a three- or four-day stretch of 12-hour day or night shifts. While

I have got closer to some doctors, it can be difficult to meet up because of our varying shift patterns, at least not without some advanced planning. As such, it is easy for isolation to brew, especially alone in a foreign land.

Improv serves as a good solution; not only do I enjoy constant social contact, I also entertain the audience and feel fulfilled, which is a win-win scenario! And unlike other creative arts, such as theatre or dance, improv does not require a fixed period of commitment, unless one is rehearsing for a ticketed show. Therefore, I can always attend sessions as my schedule allows and give them a miss when I am on call.

Conclusion

In summary, improv is a less well-known form of comedy that shares several similarities with medicine. My involvement with improv has, over time, benefitted my clinical practice directly and indirectly, and I would love for more people to experience improv, whether as an audience member or an improviser. ♦

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