

## Bulgakov Moments: Theatrescience at the Royal College of Physicians

### Project Report: December 2013

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#### Introduction

*There was I, all on my own, with a woman in agony on my hands and I was responsible for her. I had no idea, however, what I was supposed to do to help her.*

In 1916, newly qualified doctor Mikhail Bulgakov (who would later write *The Master and Margarita*) was sent to the Russian forest in the depths of winter to run a remote medical practice. His early experiences led him to write *A Country Doctor's Notebook*. Although today's physicians generally do not have to deal with blizzards and wolves, many, especially early in their careers, will experience that same sense of terror and loneliness at times of crisis.

This new Theatrescience project has been exploring, recording and sharing these experiences. In March 2013 we began interviewing doctors about their 'Bulgakov Moments'. The stories cover a range of dates, places and types of experience; what they all have in common is the clinician's experience of being thrown into the often brutal reality of raw clinical practice after the protected and tidy world of formal training and education.

These stories were then transcribed and woven into a dramatic text which was presented as a script-in-hand performance as part of the Conference of Acute and General Medicine at the Royal College of Physicians on Tuesday 29th October. On the following day, Wednesday 30th October, we held a workshop at RCP and invited anyone interested in sharing their own 'Bulgakov moments'.

Over the last ten years, Theatrescience has worked in the UK, India and Uganda and presented at many conferences in the UK, India, South Africa, Switzerland and Argentina. Our productions have previously been seen in the UK, India, Uganda, Brazil and Australia.

#### Interviewees

We interviewed 10 physicians and collected stories from across the world, including Nigeria, USA, India, Borneo, Scotland and many more. Many of these stories date back to the 1960s and 70s and reveal a very different world to today, while a recent story demonstrated that the sometimes overwhelming demand in contemporary British A&E departments can leave physicians feeling as helpless as they might in a foreign war zone.

Jobs of those interviewed included:

- Consultant Dermatologist
- Retired Professor of Medicine
- Retired Renal Physician
- Consultant Anaesthetist (semi-retired)
- Retired Professor of Surgery
- Consultant Physician (x 2)

- Consultant Physician- Acute Medicine
- Retired Professor of Clinical Immunology
- A&E Consultant

The demographic breakdown of interviewees was as follows.

Gender:

Male	9*
Female	1

\*In addition, another male respondent submitted written stories for the project but was not available for interview.

Age:

25-44	1
45-64	3
65+	6

Year of Qualification:

1960-1969	4
1970-1979	3
1980-1989	2
1990-1999	0
2000-2009	1

Interviewees' current locations included London, Cornwall, Newcastle-upon-Tyne, Edinburgh, Bridgend, mid-Wales, Gloucestershire, Sussex, USA and New Zealand. However, they had trained and practised all over the world, which was reflected in their stories.

## Performance

The drama, written by Simon Turley, was structured around an adaptation of Bulgakov's stories from *A Country Doctor's Notebook*, interspersed with three stories collected during the project, which were included verbatim (with interjections from other characters). All of the Theatrescience team provided input into the choice of stories.

The piece was rehearsed with four actors for three days beforehand and directed by the Theatrescience team, and was performed as a script-in-hand piece. The performance was well attended, both by conference delegates and by others invited by Theatrescience, although the timing (5.15pm on a Tuesday) meant that many invitees were unable to attend.

The performance was filmed by RCP technicians for the archive.

### **Selection of audience feedback received**

I enjoyed your presentation at the college last month and have been thinking about it. [...] I am a general physician who trained in the UK but have worked in rural Australia for the last 18yrs. Many of the rural GPs i work with have stories to tell Many are isolated sole practitioners with large distances to the next town. I am also interested in art and literature and how they relate to health. [...] I have told my head of school about your theatre and who knows rural Australia may welcome you.

Thanks for the invitation. I really enjoyed the play, and the library setting was great. I think the whole thing's a really good idea, and congratulations on all your hard work.

I really enjoyed the performance and wish you all the best for future performances. Do let me know the next performance, I'd really like to see the play again and think a number of my work colleagues [at Imperial College Healthcare Trust] would also enjoy it.

The concept is certainly an exciting one and from my experience and knowledge of the way junior medic training has 'gone' in the past 20 years I feel a serious change is needed.

### **Post-performance discussion**

Immediately following the performance, there was a discussion with a panel of the Theatrescience team: an opportunity for the audience to feed back, ask questions and share experiences.

Discussion points included:

- What difference has been made by the introduction of clinical skills training in the past 25 years?
- As a non-physician, it is terrifying that doctors aren't scared all of the time!
- The pressure of doing a pericardial tap with relatives outside asking if you've done this before
- These days, are Bulgakov Moments more likely to be around drug errors?
- Theatre as a way to explore the art rather than the science of medicine

### **Workshop**

Two physicians attended the workshop on the following day. We had a very interesting discussion and both gave their contact details to be interviewed should a second round of interviews take place.

Full workshop notes available as a separate document. Discussion points included:

- The core of the play – it is OK to be afraid. Are physicians afraid of being afraid?
- The importance of self-awareness, emotional intelligence, and awareness of own vulnerability as a physician. Are softer skills sufficiently valued within medicine?

- Importance of the art of medicine as well as the science. In Victorian times the science of medicine wasn't much use so the art was very important. Now it is far more evidence-based – is the art neglected?
- Those who go into medicine tend to be academic high achievers. Is that necessarily the best reason to enter the profession? Does the education system itself push people towards medicine who may not be best suited to it? How do you decide who has the potential to make a good doctor?
- The importance of listening to patients and letting them tell their stories is often neglected.
- How could we collect more contemporary and less 'processed' stories? Anonymously within a hospital?
- Could Bulgakov Moments be incorporated within the curriculum for medical students? Via Deaneries?

### Social media engagement

Twitter is a place where many high-level and democratic discussions take place between those in various medical professions. The morning after the performance we 'tweeted', asking: "Fascinating post-show debate last night, does training today protect young physicians from feeling fear?"

This was 'retweeted' by RCP to their followers, and provoked a lively discussion among several contributors. You can read the full discussion here:

<http://storify.com/jesstinderbox/bulgakov-moments-twitter-discussion-1>

Some interesting comments included:

Amal Hassan @oh\_amalhasan: @RCPLondon @jesstinderbox I think med training would be putting a foot wrong if it didn't allow some element of fear - nature's red flag!

Elin Roddy @elinlowri: @AcuteMedEd @kesleeman @Danielf90 @beans2er @RCPLondon @jesstinderbox I made some bad mistakes as junior because afraid to ask for help :(

Daniel Sommer @Danielf90: @beans2er @AcuteMedEd @RCPLondon @jesstinderbox Feeling fear?! I've never been more terrified than when faced with some sick patients in job.

The high level of engagement with this suggests that this could be a worthwhile avenue to pursue as and when we want to recruit more interviewees. It is also a good way to reach younger, Minority Ethnic and female doctors..

### Archive

The transcriptions and audio recordings of the interviews will be added to the RCP archive for reference and training for physicians. Some anonymising may need to take place (this will be more complex for the audio recordings than for the transcripts).

## The Future

### What have we learned?

- We have learned that the project is broadly on the right track. People, both physicians and non-physicians, are willing to engage with, and are interested in, the questions raised by the project.
- There are more people with interesting and relevant perspectives who are willing to engage, but perhaps in different ways. We need to explore more ways to speak with a more diverse audience. Currently practising physicians may be reluctant to be interviewed, either because of fears of appearing incompetent or even opening themselves to litigation. Psychologically it is easier for those who are retired to tell stories which have had many years to be 'processed' and reflected upon. Also, more prosaically, they may not have time to read the Commentary article/President's Bulletins due to workload
- Some people we spoke with interpreted the 'Bulgakov Moments' idea in a narrow way: for example, as simple as 'encountering a new medical scenario for the first time'. We need to help people see that, while some of the scenarios from the past are about particular skills etc, the related issues are much wider, and the fears now are just as real and important, but are more subtle, more hidden, less easy to articulate or admit. Some material already gathered, but not used in the October performance, could be revisited to explore this broader interpretation.
- The issue of physicians being afraid plays out rather differently with an audience of physicians and with lay people/patients..

## Acknowledgements

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Cast: Colm Gormley, Hywel Morgan, Brennan Reece, Jonathan Rigby.

Sound design: Mark Cunningham.

Technical and general assistance: Morse Walker and Amy Llewellyn from East 15, Southend.

Transcriptions: Gwilym Lawrence.

Thanks to all interviewees for contributing their time and telling their stories.

The Theatrescience Team: Rebecca Gould, Jessica Mordsley, Anthony Pinching, Jeff Teare, and Simon Turley