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Structured Observation and Analysis Rubric (SOAR) for Medicine at the Opera

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Summary

This Structured Observation and Analysis Rubric (SOAR) has been developed as part of a project to teach clinical observation and empathy skills to undergraduate medical students through the use of opera as a dynamic, multisensory art medium. The SOAR gives learners the opportunity to watch a particular scene of opera and helps them structure their analysis on 22 different aspects of the production, including those related to the libretto, music, performers, staging, and audience. The SOAR enables learners to look carefully at aspects of the performance that they might otherwise overlook and assists them in translating their skills into observations of dynamic clinical encounters.

Rationale

There has been a movement within medical education to train students to carefully view visual art, which has been shown to be useful in helping learners become more skilled in using diagnostic imaging. But there have not been similar studies to consider whether students can learn how to become better observers of complex clinical interactions (such as family meetings or team interactions) through the use of similarly complex, multisensory artistic media.

We developed the Medicine at the Opera program to engage medical students and other learners in working with the artistic medium of opera to study their observations using a structured format so that they could best consider all of the different aspects of opera or clinical encounters, as well as to instill an appreciation of opera as an artistic medium that has long engaged with medicine, health, and the “big stories” of life.

The program began in 2015 when the Oakland University William Beaumont School of Medicine and the Michigan Opera Theatre engaged in an initial partnership to bring a newer opera, The Passenger, to the medical students, faculty, and staff. The partnership then grew as we began to bring students to the opera for performances and discussion, and grew into a selective seminar for second-year medical students to engage immersively in opera and careful observation of scenes, both in recordings of operas and in live performance. This program has continued to grow and is now brought to students each year.

Learning Objectives and Accreditation Standards

In using this resource, learners should be able to do the following:

1) Analyze an opera scene using specific, standardized criteria across a range of aspects
2) Describe how the various aspects of a scene are interconnected

3) Utilize the same set of criteria to examine a complex clinical interaction

This resource supports the following accreditation standards:
1) LCME 7.7 – Medical Ethics
2) LCME 7.8 – Communication Skills
3) LCME 7.4 – Critical Judgment / Problem-Solving Skills

Description of Resource

This Structured Observation and Analysis Rubric (SOAR) assists and guides learners in developing careful observation of an opera (or clinical) scene. It has five sections: Script / Libretto, Music, Performers, Staging, and Audience. Each of these sections then contains subsections for the students to be aware of as they observe a scene. The goal is for the learners to be able to complete all sections of the rubric in order to most fully understand the complexities of what is going on in a given scene.

The subsections are as follows:
1) Script / Libretto
   a. Lyrics
   b. Language
   c. Plot
   d. Characters / Interactions
2) Music
   a. Style / Genre
   b. Instrumentation
   c. Tempo
   d. Pitch
   e. Rhythm
3) Performers
   a. Voice
   b. Motion
   c. Characterization
   d. Perspectives
4) Staging
   a. Set design
   b. Costumes
   c. Lighting
   d. Chronology / Transitions
   e. Background
5) Audience
   a. Emotion
   b. Focus
   c. Clarity
   d. Tone of Performance
The learners can then adapt their findings to different situations, such as a very different staging of the same scene, in which the artistic choices made by the director, performers, designers, and audience members contribute to a very different experience of what is, on paper, the same. Learners should also be able to utilize the format, in slightly modified version, to analyze complex clinical interactions. In such clinical interactions, many of the same factors apply: there is the spoken aspect, or script, of the interaction; the background sound, or music; the performers involved; their movements and positioning, or staging; and the perspective of the audience observing the scene.

**Implementation of Resource**

The SOAR can be used with individual students as well as in small groups or teams. It functions best when learners have a chance to use it iteratively, so that they hone their skills at observation, as well as using the resource for both opera and clinical scenes. We have used the rubric primarily with small groups of learners who begin by working individually and discussing it together to gain insight from the observations of others in the small group. A similar format could be used with larger groups, in which individuals or small groups could observe the scene and fill in the rubric and then discuss their findings with others in the larger group.

The SOAR has been used primarily with undergraduate medical students, though we are in the process of expanding it to be used with residents and in CME settings. Learners need very little background knowledge in opera or medicine to find the resource to be useful, though they do need an introduction to the resource and opportunity to practice in order to become proficient.

The leader helping the learners use the SOAR should have some background in opera in order to help learners identify, disambiguate, and describe each of the aspects that the learners are observing using the tool. It may help to get an explanation of what was going on in the opera prior to a particular scene in order to orient viewers who are not as familiar with the operatic canon.

Most learners find that they benefit from watching a scene at least twice in completing the tool: once to get a broad sense of what is going on in the scene, and a second time to catch details they might have otherwise missed. In some instances, we have had learners watch the same scene in two very different stagings so that they can observe the differences between them, even where the same “script” is used.

The opera scenes being used to complete the SOAR should be no more than 5-7 minutes long, and shorter scenes are helpful for learners to carefully observe details. A single aria or recitative is generally appropriate for observation using the SOAR, which takes 10-15 minutes to complete after watching a scene twice. Faculty should prepare with several viewings of the same scene in order to be able to effectively discuss learners’ observations about the scene.

We have used the SOAR primarily with undergraduate medical students who signed up for a selective course on medicine and opera. Nearly all of the students had some background in
music or opera when they entered the course, so the discussions about the music and staging happened at a fairly high level. When we had physicians without strong backgrounds in music participate in a discussion, though, the result was similarly positive.

**Evaluation and Reflection**

Students in the course were given the option to complete a narrative survey regarding the course and the SOAR after the course was complete, and the about half of the students in the course chose to do so. Most found that the SOAR was helpful for structuring their observations, though a couple of them said it was more limiting, as they felt there were specific items that they were expected to consider that made the observation less organic. Most of the participants also believed that the course and use of the SOAR were helpful in developing their observation skills in complex interactions.

We found that the SOAR was most useful for watching recorded videos of opera scenes so that the learners could benefit from repeated viewings of short sequences. The limitation of this model, however, is that the recordings are limited to a single perspective of the video camera and what the videographers choose to focus on or not within the stage. Having a high-quality video system is key to helping learners engage in careful observation, including large screens and higher definition recordings of both audio and video.

We used a modified model to discuss a live staging of an opera in which the conversation was broader (not limited to a specific scene) but also less structured and reflected primarily on learners’ ideas and emotions following the performance. The discussion of the live performance benefitted from the learners’ interactions with some of the performers and other members of the opera company, so they could learn from their reflections on preparation and production of the opera.

We also learned from working to translate the observation techniques to clinical interactions. Learners reported feeling less comfortable using the tool to observe clinical interactions, but we found that they became more careful observers of dynamic clinical interactions, particularly with regard to the “staging” aspects, such as lighting, background sound, and placement of individual participants in relation to one another.

**Suggestions for Expansion**

We are continuing to develop and hone the use of the SOAR for work with future learners, both in undergraduate medical education as well as in continuing medical education. We are in the process of developing a test for careful observation of clinical scenes to use before and after learners participate in the Medicine at the Opera program to better identify whether and how their skills of observation improve.

We are also testing using only part of the SOAR at a time with a new cohort of students in the program this year, to better understand whether that kind of specific focus on a particular aspect of the performance aids in observation. We will use repeated viewing of the same scene to consider different aspects of the production and will use the SOAR to guide
learners in carefully observing different aspects one at a time. This may also be applicable in working with other dynamic, multisensory media as well.

**Ethics**

The author has no conflicts of interest to disclose.

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