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CHAPTER 3**Oncology Nurses Creating a Culture of Resiliency with Improvisation**

Cathy Salit

Cathy Salit is a social entrepreneur, musical comedy improviser, executive coach, and CEO of the training and consulting firm Performance of a Lifetime. She started her career as an innovator and upstart at 12, when she dropped out of eighth grade and started an alternative school in an abandoned storefront in New York City. She's a weekly columnist for Inc.com, and her work and thought leadership have been featured in *Harvard Business Review*, *Fast Company*, *The Wall Street Journal*, *Forbes*, *Wired*, and Daniel Pink's *To Sell Is Human*. Cathy is the author of *Performance Breakthrough: A Radical Approach to Success at Work* (Hachette Books).

“This is a second career for me. I’ve been a nurse for two years, and I’ve come to see that I was becoming a protocol, a machine, and the door was closing on my humanity. I didn’t know if I could continue to do this work. The arts, improvisation and performing are the best way to reconnect us with our humanity, and I feel like a human being again.”

— Oncology nurse, The Johns Hopkins Hospital

It should come as no surprise to anyone that oncology nursing takes an emotional toll on its practitioners. The stress of dealing with gravely ill patients, many of whom don't survive, is easy to imagine. National statistics bear this out, showing that oncology nurses experience higher “burn-out” rates than any other specialty — including emergency nurses — and lower job satisfaction than nurses in general.

Sharon Krumm, Ph.D. has been the director of Oncology Nursing at the Sidney Kimmel Comprehensive Cancer Center at the Johns Hopkins Hospital since 1988, and for her, the statistics told only part of the story. The Kimmel Center is one of the country's preeminent cancer treatment facilities, with a well-earned reputation for being on the cutting edge of cancer care. As a teaching hospital and research center, its cancer patients often arrive having tried everything else, with cases far more complex than the norm. Physicians and nurses there are called upon to make Herculean efforts to save their patients, many of whom still die.

Dr. Krumm was keenly aware of the extraordinary stress her nurses were under, well beyond the fact that burn-out was leading to high turnover and vacant positions. In 2006, she

began conducting focus groups and surveys and found that her nurses needed more support in a wide range of areas, including:

1. Handling the emotional impact of patients dying
2. Greater community and collegiality among staff
3. An improved mental and physical environment — more quiet space, time to eat meals, less clutter, more control of schedules
4. Acknowledgement after successfully managing difficult patient situations

These findings helped Dr. Krumm see that — beyond the structural and environmental issues that had to be addressed — something more personal and developmental was needed. Oncology nursing requires enormous emotional energy, compassion and commitment, and she wanted to give her nursing teams more skills, support and mastery for managing all of the emotional, personal, and social challenges of their jobs. To Dr. Krumm, this meant helping the nurses to develop greater resiliency, which she defined as “a dynamic process in which healthy skills and abilities enable individuals to thrive, maintain, and restore personal and professional well-being.”

Dr. Krumm went to work, spearheading a Bereavement and Resiliency initiative, funded by a Maryland Health Services Cost Review Commission grant. She started small, offering meditation and yoga classes, and providing a quiet physical space for the nurses to take breaks and regroup. It was a good start, but she also wanted to provide an “intervention” that was interactive and dynamic to help nurses address their emotional needs and give them additional tools to handle the demands and stress that they faced every day (and night).

One day in early 2008, Dr. Krumm attended a presentation at a meeting of the Center for Innovation in Quality Patient Care at Hopkins. Karen Davis, at that time the Director of Nursing for Medicine, was reporting on a recent training program for nurse leaders from both the emergency medicine and general medicine departments. The training had been designed to improve the strained relationships between the two departments, who interfaced regularly during “hand-offs” — transfers of patients from emergency to general medicine. The program had been a big success, leading not only to greater efficiency and effectiveness of the hand-offs but also to significant improvements in the working relationships between the two departments’ personnel.

While those results were impressive, they weren’t all that piqued Dr. Krumm’s interest. The program Dr. Davis described was highly unorthodox — it involved play, theatre, and improvisation, and she told stories of nurses who had long been frustrated and angry at each other now playing and laughing together. And in describing all this, Dr. Davis was excited and joyful — which was pretty much unheard of in a data-driven academic setting.

I’ll have what she’s having, Dr. Krumm thought. (She’s a big *When Harry Met Sally* fan.) What Dr. Davis had been “having” was my company, *Performance of a Lifetime*. And that’s where our story begins.

A Bit of Background

I'm an improviser, performer, and the CEO of Performance of a Lifetime (POAL), a consulting and training firm that helps leaders, teams, and organizations perform and improvise their way to growth, learning, and development. My company's methodological roots stretch back to the 1980s, when I began working with people who become my lifelong mentors: the developmental psychologist Lois Holzman; the philosopher, psychotherapist and playwright Fred Newman; and the educator, psychologist and community organizer Lenora Fulani. Influenced by the work of the early 20th-century Soviet psychologist Lev Vygotsky, they were making practical-theoretical discoveries in bringing together theater, improvisation, and therapeutics in efforts for social change, education and personal growth, a pursuit that has come to be called performative psychology.

Founded in the late 1990s, POAL employs an approach we call The Becoming Principle[®]. Drawing on the discoveries of performative psychology, the basic idea is this: We humans are all performers, and we collectively create our lives through performing — by simultaneously being *who we are* and *who we're not* — that is, *who we are becoming*. As babies, this comes naturally to us. As children, we're supported (for the most part) in performing, playing, imagining, and improvising; and it's these kinds of activities that account for the rapid learning and development we all experienced when we were young.

Unfortunately, for most of us, “growing up” means moving on from that kind of developmental learning. We're told (explicitly and implicitly) that it's time to learn the rules, behave properly, know what we're doing and how to do it, and figure out (and then be) who we are. Play is relegated to structured contexts (sports, video and board games, party games); performing and improvising are reserved for the professionals. For most adults, “who we're not” is stifled.

Luckily, our ability to perform, play, and improvise — as a fundamental catalyst for growing into who we're becoming — never goes away. At any time it can be reignited, and POAL provides teams, organizations, and leaders around the world the support and direction to do so. We teach them that they are, in fact, natural performers, and immerse them in the language of performance and improvisation (much as I will be explicitly using performance language throughout this chapter). We help them grow, learn, and develop by both creating new performances and helping them to *see* performance — that they can both be in a scene and see it unfold; they can write, perform and direct it simultaneously. They can make creative choices that impact the scene, the characters, and the relationship — all at the same time. As Shakespeare said, “All the world's a stage,” and what makes that world go 'round is our amazing, creative, and unique ability to perform.

A New Kind of Play, for All of Us

Dr. Krumm reached out to us shortly after she heard Dr. Davis speak. Over the spring and summer of 2008, my colleague Maureen Kelly (a brilliant designer, improviser, educator and social therapist) and I had a series of conversations with her and her assistant director, Suzanne

Copperwaihthe, to learn as much as we could about the “play” that was being performed daily in the oncology department. It was our version of a needs analysis — we were the observers (audience) for the everyday occurrences (scenes) taking place in various units (stages). By the fall of 2008, together with Dr. Krumm and her team, we had roughed out a program design.

We were excited and nervous about getting underway. Excited, because our observations and conversations had shown us the enormous stress and pressure that the nurses were under, and we were hopeful that the program could have a meaningful impact on them and this pressing healthcare concern. Nervous, because to have that kind of impact, we had to raise our own game. POAL had been working with businesses and non-profits for about 10 years by then, and the principles I articulated above were always the foundation of our programs. But in improv terms, our work up to this point had been “short-form.” We provided a design, customized a set of exercises to address the client’s needs, and created a supportive environment in which they could improvise, play together and explore new performances. Then, after our day or two together, we all moved on.

This was going to be different. It was “long-form.” We were going to be able to explore and integrate an applied improvisational approach into the day to day activity of nursing at Hopkins over a sustained period of time. There would be multiple touch points that would inform each other and build over time. And like any long-form performance, it would be unpredictable, with each new moment emerging out of what had just been created. It felt risky, challenging, and exciting, and had the potential to make a significant difference for the oncology nurses and to go deeper than anything we (and they) had ever done before.

PART 1: PERFORMANCE WORKSHOPS

We kicked off our “Performance of Resiliency” program in September 2008. The first “scene” was a mandatory half-day performance workshop, attended by about 20 nurses at a time. Over a four-month period, we delivered 15 of the workshops to different groups of nurses, offering an intensive immersion into performance and improvisation. Each session was introduced by Dr. Krumm or Suzanne Copperthwaite, who provided an overview of the Hopkins Bereavement and Resiliency initiative. Then, either Maureen or I would give an opening talk in which we set the stage for an unusual four hours.

We introduced the nurses to our approach, and shared that our focus was twofold — we wanted to both build their resiliency and support them in collectively creating a new “play” for oncology nursing — a resilient, supportive, improvisational ensemble performance of their daily work.

Then we began performing and improvising together. They passed an imaginary ball of energy around a circle (Workbook 4.1), stood in pairs mirroring each other’s movements, explored different ways of walking (from fast to slow to “normal” to slow again), and improvised different ways of speaking (using gibberish, using English with pauses, making extended eye contact, and adding silence). We introduced them to the improv principle of Yes, And and other tenets improvisers adhere to onstage to collaborate, focus, and create connections.

While the nurses had been informed that the Performance of Resiliency program was going to be “different” — a theatre and improvisation-based creative and emotional outlet/space and a chance to open up and talk about their experiences together — they were still initially taken aback. Workshops or meetings at Hopkins were typically about policy, process, and new or changed requirements. So, at first, they were shy, skeptical, nervous and confused. But as Applied Improvisers around the world can attest, when workshop participants begin to realize that they’re not being judged or tested or “taught,” and that they’re really going to play, an invisible but palpable burden begins to lift. *We’re actually allowed to laugh and play around here? And we’re getting paid to do it? Our (collective) answer? Yes! Not only are you allowed to play, but you need to play — if you want to grow, learn new things, and create some new tools for resiliency.*

Upside Down Introductions

One of our (and their) favorite exercises was Upside Down Introductions (Workbook 3.1). In pairs, the nurses told each other about themselves, including why and how they became a nurse. Then, each introduced their partner to the full group — but did so in the first person, playing the role of their partner. Of course, the nurses told their partners’ stories differently than their partners would have, and often added insight, color, and nuance that the actual person might not. This was a surprisingly touching exercise. Hearing someone else share your story “as you” gives you (and others) a chance to observe how others see and hear you and how they are impacted by you. The upside-down introductions gave the nurses a direct experience of “being who you are and who you’re not,” and it opened doors for them to express their pride and passion about nursing in a new, improvisational, and collective way. And through this simple exercise, we saw a caring, open and collaborative ensemble very quickly coming into existence.

Performing Your Life in One Minute

A centerpiece of each workshop was our signature exercise, the “One-Minute Performance of a Lifetime,” from which we take our name. One at a time, with no advance preparation, we welcomed the nurses onto the stage for 60 seconds to “perform their lives.” The subject matter could be anything: from their entire life, to just the essence of their life, to a single representative moment; it could be important or mundane; about being a nurse or not. The only requirement was that it had to be explicitly a *performance*, not an explanation. We also directed the audience in how to perform the role of audience — as supportive and attentive, with enthusiastic applause.

The nurses’ performances were richly varied: some were slices of everyday life, like rushing to leave for work while getting kids ready; some were expressions of challenges at the hospital, like a young nurse’s struggle to find a vein for an IV, or a veteran nurse’s simple portrayal of caring for a pediatric patient, gently lifting the arm of a toddler and whispering to him tenderly that she needed to give him more medicine. Others went further afield — saying goodbye to a grandmother on the eve of emigrating from the Philippines, or a son trying to communicate with his father who had Alzheimer’s. One nurse, who had shyly insisted that she

wasn't a performer/hated performing/would never perform, told the group she wrote poetry (which nobody knew) and then performed one of her poems.

Following each performance, Maureen and I gave the performer a theatrical direction to improvise and perform beyond what they had done so far. These short "sequels" were inspired by what we saw, and often included another POAL improviser as a co-performer. They weren't designed to resolve the conflict of the scene; instead they revisited, extended, or heightened whatever we wanted to see more of. A few directions we offered were: perform the scene again as a rock and roll song with others providing vocal back up; do it again in your native tongue; try it as a silent modern dance; or play your grandmother this time.

By the end of the performances, the group (including Maureen and me) had traversed the emotional spectrum. Together, we had co-created a supportive environment and structure in which the nurses performed as they never had before. They worked as a performance ensemble—exploring, taking risks together, and giving one another their honest enthusiasm and appreciation.

We led the group in reflecting on their experience — an important aspect of the workshop that helped broaden and deepen their understanding of what they had just been through. Nurses spoke about how they had worked together for years, but today learned more about each other than ever before. They expressed their appreciation for getting to know nurses from other units, and some spoke about the "old days" when there was more camaraderie across the department.

Some talked about how good it was to express their emotions and connect differently with people they work with, side-by-side, usually under tremendous pressure. In one workshop, for example, a nurse shared her one-minute performance about her father and uncle both being treated on her unit, portraying the stress of trying to be a nurse, daughter, and niece all at the same time. In the sequel, we created a "nurse chorus" who sang, "How can we be there for you, now and always?" After, several nurses reflected on how she always seemed so strong, "a pillar of strength," and that they had no idea she had been struggling.

Some nurses spoke about their strong commitment — both at work and at home — to always being the "helper," and their inability to ask for help from others. They said their "nurse identity" provided a strong sense of self-worth but was also a source of stress. Others talked openly about how, after a patient died, the need to "turn the bed" did not provide time for grieving, or that grieving at work was simply not possible: "If I let myself go I may not be able to pull myself back together. It's better to buck up and move on."

While many of the nurses expressed appreciation for the intimacy of the session, others expressed strong discomfort. When the one-minute performances portrayed personal or emotional events, some nurses said that what their colleagues had shared was "too much" or was inappropriate in the work environment. These discussions began to show us how high a value many nurses placed on the performance of "being strong" and "keeping it together," and the resiliency-diminishing cost — physical, emotional, spiritual — of these choices. Several nurses insisted that compartmentalization and emotional detachment were in fact practical strategies for

resilience. From our years of working in healthcare, we knew that this was a very common outlook, one that couldn't be ignored. Moreover, we were attempting to create a different culture that could include more voices, so we certainly didn't want to shut any down. We would later see some shifts in these attitudes as the nurses observed their colleagues' growth, but at this early stage, we wanted to make sure everyone was heard.

Post-workshop follow-up

At the end of each of the 15 sessions, we gave the nurses “resiliency performance homework” — exercises to help them improvise, perform, and play in their day-to-day lives, as well as to experiment with some specific new performance choices. Homework included:

1. Walk down the hall very slowly, at least three times a week
2. When a problem comes up write a poem about it instead of trying to solve it
3. Invite a colleague you don't know to have coffee together
4. When something goes badly with a co-worker, a loved one, or a friend, say “let's play that scene over again,” and then perform it in a different way

Dr. Krumm also circulated an evaluation to the participants, and on the standard questions about the effectiveness of the instruction, format, and content, the nurses gave 95% positive scores. We were especially interested in the comments the nurses provided when asked what they liked most and least about the work. Surprisingly, the same workshop elements — performing, exploring emotions, being pushed out of their comfort zones, and playing games — showed up in equal numbers in both the “most liked” and “least liked” columns. In several instances, nurses listed these activities as what they liked both most *and* least. I had to smile at that result — anyone who's ever gotten onstage to perform recognizes that abject dread and profound exhilaration can and do really exist side-by-side!

PART 2: PERFORMANCE COACHING GROUPS

Performance coaching groups offered ongoing support in developing greater resiliency. They were designed to provide the nurses with a space — a “stage” — for reflecting on their work and lives, and to receive (and learn how to give) ongoing support. Participation was voluntary, and nurses could attend as many sessions as they wanted. For two hours, once a month for six months, groups ranging from six to fifteen nurses from different units gathered with Maureen or myself. Sessions were loosely structured, allowing us to improvise based on the nurses' needs, and — perhaps most importantly — create the conditions in which we and the nurses could build the group into an ensemble.

A typical coaching group session began with warm-up games to help the nurses to transition from the intensity of work on their unit to a creative environment. One exercise that always had a big impact was I Made a Mistake! (Workbook 3.2), in which participants learn one another's “superhero” names, attempt to fluidly and correctly identify others' names, and when

they make a mistake, they bow, proclaim “I made a mistake!,” and receive an enthusiastic round of applause.

When we debriefed the activity the nurses talked about the ways in which they and their units related to mistakes. Some described efforts that had been made to provide a space to talk about and not hide mistakes. Others spoke about a culture of fear — where there was no way one could admit a mistake, big or small. They described “beating themselves up” (and their colleagues) in response to life-threatening mistakes but also for the little stuff — being nasty to a colleague, getting frustrated with a patient, or not doing something perfectly — and the toll this was taking on their resiliency.

Improvisational and Emergent Conversations

Following the warm-up games, we asked the nurses what they wanted to talk about, get help with, or simply share — the topics were entirely up to them. We explained that we would create the conversation together, and do exercises or improvise scenes as the need or opportunity arose. At first, most nurses were surprised by how open-ended this was. They had expected the performance coaching to be more like a class, and found the loose structure very challenging.

We meant it to be. We were asking nurses to be both who they were *and* who they weren't. *Who they were* was professional caregivers — highly skilled and empathetic. *Who they weren't* (yet) was people who felt comfortable not knowing what to do and asking for help. Performing and improvising both the form and the content of the coaching group sessions would develop their skill and comfort with listening, being open, building their relationships, creating trust, and asking for, giving, and accepting help. In this way, it would be part of their becoming more resilient. It was an improv workout for us as facilitators as well! We had to vigorously practice what we were preaching: Yes, And everything the nurses said and did; relate to their (and our) mistakes as gifts; and be willing to “go into the cave” of subject matter that was often unexpected, uncomfortable or emotionally demanding.

With the freedom (and responsibility) to co-create the coaching groups, nurses began to bring many different issues and challenges they wanted help with, and Maureen and I functioned both as coaches and improvisational/theatrical directors. We asked the nurses to talk about their experiences when they did the “performance homework” we had assigned in their initial workshop. Some had tried new performances and made valuable discoveries, others had tried and “failed,” still others had lost their nerve. Whatever the outcome, these were offers, and we directed the nurses to respond like improvisers, to explore and build on (Yes, And) whatever their colleagues shared, in order to create greater intimacy and support, learn more about one another, and not rush to problem-solving. We worked with the group as we would with a performing ensemble, and treated their conversations as an improvised play-in-the-making.

In an early group session, nurses from both the outpatient and inpatient units were talking about their week. Within a few minutes, it became clear that neither unit knew what the other one did, or had even been on the other half's floor. They lamented that they felt isolated and didn't have a feel for the bigger picture of oncology nursing. So I made what seemed to be the

obvious directorial choice (though they initially thought I was nuts). I suggested we do some “research” by taking a tour of their units, a field trip in which they’d perform as tour guides for each other in their departments.

I assigned characters and roles to each of the nurses. The newest nurses on their unit led the tour, with the direction to speak up with confidence and authority. I gave others the role of “the friendly one,” whose objective was to say hello to as many patients and co-workers as possible along our way; and the “curiosity captain,” whose role was to ask questions and help the group learn more as they toured. On one stop of the tour, the 30-year veteran nurse who handled all phone inquiries from chemotherapy outpatients showed us the closet-like office where she managed what she calls “central command.” The nurses had no idea how many patients called every day or that one person handled all of the calls. For the veteran nurse, this was the first time her colleagues had ever acknowledged, let alone expressed appreciation for, her work. When the tour was done, the session ended with the nurses spontaneously giving each other a standing ovation, hugs, and thanks for their hard work.

Now what?

In March of 2009, the official program was nearing its end, and we could clearly see how the process had impacted the nurses’ resiliency, development, and growth, both individually and as a community. A core group of nurses had attended the coaching sessions regularly, eagerly bringing in challenges and new performances they wanted to work on. They were now using the language of performance and improvisation — Yes, And, accepting and building on offers, asking for help, “take two” scenes — and developing close relationships across units. These nurses told us they felt stronger, more empowered, and happier at work and in life.

But at the same time, participation in the coaching groups had been relatively low. Only about a third of the nurses who had attended a performance workshop came to one or more group sessions, and only about 15% (a core group of about 30) attended all sessions that were offered.

We met with Dr. Krumm to discuss possible next steps, if any. Should we continue Performance of Resiliency in some way? If we did, what could we do about the low participation? We didn’t want to make it mandatory or pressure people to come — the last thing these nurses needed was more pressure! We realized — in keeping with the improvisational nature of the program — that if we wanted to build on the offers coming from the nurses, we needed to ask them what they wanted to do. We started by inviting our core group of actively participating nurses, along with Dr. Krumm, to a meeting to talk about the resiliency program. Did they want to continue? What were their thoughts on the low participation? Did they want to do anything about it, or should we wrap it up at this point and support them in continuing on their own with the organic relationships that had evolved? Here are some of the responses:

1. “Nurses are constantly in problem-solving and helper mode, and we need a place to stop to see and feel what’s happening, to not ‘have to have it all together,’ to share our various emotions. Doing a different kind of performance was both very challenging and helpful.”

2. “I feel more aware of the unit’s performance, and not just my little scene. I work to be more aware of how I talk to colleagues, and see things from the other person’s perspective, so I’m not as speedy and reactive in tense situations.”
3. “Each unit has a different culture and it was helpful to hear how other units handled things, and really nice to know that you were not the only unit struggling with a particular thing. It helped to build a sense of solidarity, a connection, across all of Oncology Nursing.”
4. “These performance coaching groups are very important to me. I don’t know if I would have made it through my first year without the support I got here.”

Stress relief, emotional support, enhanced community, better teamwork—those had been Dr. Krumm’s goals from the start, and we were touched and gratified to hear those goals were met. The nurses also told us that the program was stimulating conversation beyond the coaching groups, across the entire department, about what it means to be an oncology nurse, the level of openness that was acceptable, and the kind of emotional support that was needed.

The nurses also shared several reasons for the low participation in coaching groups. For many nurses, they said, it was just too difficult to get off the unit to attend group sessions, and they spoke candidly about the lack of support from some of the managers. “If you’re looking for more emotional support but you feel judged by your unit and your manager for that, it’s really hard,” one commented. They also said there were some who felt that the program was “too weird,” that it was for the “touchy-feely types.” One nurse was philosophical: “It seems that we nurses are at a crossroads. What does it mean to be a nurse? What can we do with our creativity, our emotions?”

Improvisational Grassroots Democracy

At the end of the meeting we asked the core group: What do you want to do? And how can we help? They said they wanted the program to continue, to see more of their colleagues participate, and to try to get more managerial support going forward — and they wanted us to teach them how to do all of that. They wanted to put a big question on the table for all of the nurses to discuss together: Could they create a culture together that would enhance resiliency by helping one another to — in the words of one nurse — “bring their whole self to nursing”? And could they handle their disagreements about this in a way that still grew and developed the community?

This core group of nurses dubbed themselves the Resiliency Leadership Group (RLG) and decided to host a series of voluntary meetings in which they could share with their colleagues the experiences they had had in the program, explore both the development and the disagreements the resiliency program had produced, and invite their colleagues to participate in coaching groups going forward. They helped us to create a video that included interviews with nurses who

had participated in and benefitted from the program, as well as with nurses who did not benefit from the program, did not understand it, or were ambivalent about it.¹

We worked with the RLG to prepare them to facilitate the series of meetings, which we also co-designed together. Showtime arrived, and four nurses from the RLG led the first meeting. They welcomed their colleagues, some who had only been to one of the early performance workshops, others who had also attended one or two coaching groups, and a handful who had not participated in the program at all. The RLG facilitators told a few personal stories about how the program had helped them to develop greater resiliency, and then played the video. Next, they opened a discussion, asking colleagues to respond to what they had just seen and heard, and to share whatever experiences they'd had in the program.

One nurse said, "I found the improv games and acting very hard. I'm pretty shy. But I'm here today because [a nurse in the RLG] is just different. She speaks up more, she challenges how we're doing things, she has more confidence and she seems happier. I'd like to grow like that."

A nurse manager said, "Look — I didn't want to attend the first workshop and I don't want to be here right now. I take offense at being told that I need to be more resilient. I think I'm doing a damned good job, and so is my unit."

Others talked about how much fun they'd had in the performance workshop, and laughed as they remembered the improv games and performances. They said they weren't sure why they hadn't come to a coaching group — maybe because it had been hard to get off the floor, or that they simply hadn't made it a priority.

The RLG facilitated 20 meetings in all, and after the final one was done, they were thrilled. Many nurses who had previously chosen not to participate in the coaching groups now expressed a clearer understanding of what the program was and how it could be helpful. We shared this with Dr. Krumm, who decided to continue the program for a few more months.

The RLG took responsibility to increase participation in the performance coaching groups, and personally invited the nurses who expressed interest in attending to come to a session with them. In the four months following the RLG meetings, nine coaching group sessions took place, with 75 nurses participating (35 for the first time). The RLG was excited and proud that they had grown in their ability to provide support to other nurses, and had taken the risk to develop and perform in ways that were beyond what they had ever done before. The nurses who either continued or attended for the first time expressed gratitude for being given a chance to come back and talk about their challenges. Most importantly, the RLG members were now clearly taking on the role of leaders, providing help and coaching to their colleagues by modeling their own growth, and by helping others to perform in new ways that helped them grow.

¹ To view this video, please visit the Performance of a Lifetime website: <http://performanceofalifetime.com/clients>

Conclusions

We wrapped up our work with the Hopkins oncology nurses in the fall of 2010. As a kind of coda to the program, the RLG gave a presentation at Performing the World, an international conference of performance activists that takes place in New York City every two years. Their session, attended by over 125 people, was a semi-improvised performance designed to share their growth and development through performing and improvising in new ways. The opening moment will be etched in my mind forever. Fifteen nurses in scrubs struck poses on a bare stage, frozen in place. On a cue that was apparent only to them, they began to move; first walking around and not seeing each other at all, going about their work. Then slowly they began to look up at each other and nod, and smile. They began passing balls and dolls and stethoscopes and charts to one another, giving an occasional hug, or touch. It was both ordinary and extraordinary; a sort of avant-garde dance; and it was beautiful.

Ultimately, our impact at Johns Hopkins was modest, but I believe significant. A mix of applied improvisation, performative psychology, and the Becoming Principle helped many of the 250 oncology nurses tap into their ability to perform, transform, play, and grow. The program brought out a voice among the nurses that hadn't been audible, or organized. The leadership group — and the 75 other nurses who joined in again at the invitation of their colleagues — broke from their scripts and constrained roles and performed as *who they were not yet* by creating an intimate, developing community of support and resiliency.

And so, many of the original objectives of the program were met: there was now more teamwork, collegiality, and community among staff — nurses have been able to initiate and deepen relationships both within their unit and across their departments. They gained improved communication and support skills and developed a shared language for handling the emotional impact of patients dying. There was more consistent acknowledgement and appreciation after successfully managing difficult patient situations.

Years later, I still marvel at all of this. The oncology nurses discovered that they could change the play they perform in every day. It was a creative and improvisational bringing together of art and science in how they care for each other as they care for their patients.

EXERCISE 3.1: Upside Down Introductions

EXERCISE 3.2: I Made a Mistake!

EXERCISE 3.3: Performing Curiosity