

Doctors can dance

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Between 2008–2010 the School of Medicine at Queen's University Belfast funded and supported two unique and intensive three week interdisciplinary performance projects in which medical and drama students worked together to create an experimental dance theatre piece. One of the unique aspects of this collaboration was that the medical students who participated in the project received the same credit as their peers taking a three-week clinical elective. This paper, which is not a conventional academic paper, is a reflection on that project, and is based on a keynote address given by Anna Newell, the director of project, at the 8th Annual Galway Symposium on Higher Education in June 2010. The Symposium title was 'Creative Thinking: Re-imagining the University'. The sections in boxes are direct quotes from Anna Newell's address.

Keywords: creativity; innovation; performance; interdisciplinarity; medical education; dance; group work; collaboration

I was afraid that I would end up wasting three weeks while other students in my year would be receiving invaluable clinical training ... (Medical Student 1)

Some history. .. and a small stinky animal

In 2005, the Higher Education Funding Council for England (HEFCE) established the Centres for Excellence in Teaching and Learning (CETL) scheme. The aim of the five-year scheme - as its name suggests - was to create several dozen 'CETLs' in universities in England, and also a few in Northern Ireland funded by the Department for Employment and Learning (DEL), that would exploit their acknowledged expertise in one or more particular areas of higher education to enhance and promote their work both within and, importantly, beyond the CETL's host university. In England the scheme was subject to a bidding process which resulted in 75 CETLs being established. The situation in Northern Ireland was slightly different in that DEL invited tenders from the two major HEIs and their associate colleges from areas that DEL had identified as excellent. As a result of this process, three CETLs were funded at Queen's University Belfast.

The philosophy behind the CETL scheme was similar to that which had led to the creation of 'beacon' schools i.e. creating 'centres of excellence' that would act as leaders and exemplars to others in the sector. There was also, importantly, in relation to the subject of this paper, a clearly articulated imperative at the beginning of the CETL programme to do things differently, to shake things up a bit, and to take risks. Para 20 of HEFCE's original call for bids

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stated: 'By 2010, we hope that some CETLs will have taken risks, pioneered innovative learning approaches and significantly extended the use of new technology' (HEFCE, 2004).

In October 2005, the Centre for Excellence in Teaching and Learning in the Creative and Performing Arts (CECPA) was established at Queen's University Belfast. The aim of CECPA was to develop more practice-based arts provision within the university, establish more links between the university and external artists and arts organisations, and to increase the links between the subject areas within the Creative and Performing Arts programmes within the university.

In the five years of CECPA's existence, over 1,000 students participated in its activities, and a far greater number of students, staff, friends, family and the wider arts community attended one-off workshops, performances, exhibitions, presentations, gigs, balloon launches, and various happenings.

The small, stinky animal referred to in the heading to this section is a skunk and, in one of the many interactions between the 'creative arts' CETLs, Gweno Williams from the C4C (Collaborating for Creativity) CETL at York St, John University, UK, introduced a concept from the world of business that seemed to embody the vision behind the CETL idea. It was the attractively-named *Skunk Works*¹.

Skunk Works are, typically, small and loosely structured groups of people who research and develop a project for the sake of innovation. There are several important and essential features of a *Skunk Works*:

one is that it operates independently of the normal research and development operations of the company or organisation; another is that, in order to achieve unusual results, the people working on the project work in way that are outside the normal ways of working. Examples of the outcomes of *Skunk Works* include the creation of the first Apple Macintosh and, more recently, Googlewave, created after Google sent away some of its brightest minds with the task of imagining what they would invent if they were inventing email now. Central to the idea of *Skunk Works* is the importance of respecting and investing in the space to breathe, to invent, to imagine, to innovate, and to create something that is different, exciting, and transformational.

CECPA rapidly established a reputation within the University for taking risks and for having a different way of looking at things. It was also known for having a different way of talking about things and even a different way of naming things. A critical factor in CECPA's ability to forge an innovative path was that its director had been brought in from outside academia, and was relatively and refreshingly unencumbered by things like history and precedence, custom and practice.

One of the major projects initiated by the director was the development of a pilot MA in interdisciplinary arts practice. The aims of the course were to explore and extend the boundaries of various arts disciplines, and all aspects of the course were designed to be innovative – the curriculum, the delivery, and the assessment. As with all courses, the proposal had to go through the university's validation process, and there were intense discus-

ANNA NEWELL

For me, CETLs are educational Skunk Works and are about making space and having staff whose explicit job description is, BY DOING, to imagine ways to do things differently, to enhance, develop and ultimately transform not just what is arguably the core activity of any university but potentially ultimately the very university itself.

sions about what might or might not be acceptable, especially given the relatively traditional culture of the university. Newell ‘stuck to her guns’ and, much to the surprise and, indeed, chagrin of some colleagues, the university validated a course that included modules called ‘Adventures in Interdisciplinarity’ and ‘Further Adventures in Interdisciplinarity’ in which the course participants – a mixture of recent graduates and mature, part-time students – gathered on a Friday and worked intensively through the weekend on various experimental projects and exploratory assignments with artists, directors, film-makers and composers. These ‘Adventures’ were designed to provide – in accordance with the usual definitions of the word – unusual, typically hazardous (creatively, intellectually, etc.), experiences or activities.

Ray Land of the University of Strathclyde, the external evaluator of CECPA, said that calling the MA modules ‘Adventures’ was a very deliberate move and was highly resonant of Ronald Barnett’s call to educators to ‘hang onto a language of delight, wonder, care, excitement, fun, engagement and love – the language in which a student is caught and even entranced’ (Barnett, 2008). Another senior academic who advised the project and who, like Anna Newell, shared a professional theatre background but had worked full-time in higher education for two decades, commented that it was through working with CECPA that he realised how deeply he had become acculturated into the discourses and practices of higher education.

I realised – with a deep pang of regret – that I was so immured in the esoteric language and processes of curriculum development, validation, assessment, etc. that I was – in fact – censoring myself and saying things like ‘Oh, that will never get through validation if you write things like fun, passion and wit into course documents’. Well why the hell not?

To boldly go with DEAD MAN TALKING

There are few things more exciting than travelling to a place you have never been before. I knew

Whenever I described the ‘Doctors Dancing’ project, the usual reaction was one of, at the least, surprise and, often, incredulity and disbelief. The more I talked to my peers within Queen’s, in other universities and outside the academy, I realised that this wasn’t such an ordinary thing to do. So, before I talk about what happened on this very specific project, I have to talk about how it is that that seemed like a completely sensible and everyday thing to undertake. That short paragraph in the HEFCE call for bids was a crucial clarion call because, in a rapidly changing world, in a difficult financial climate and an uncertain political climate with a demographic that is, in the short term, against us, new thinking is needed more than ever. Creative thinking is needed. New and creative ways of working, new and creative ways of talking and thinking about education, new and creative ways of delivering education and new and creative ways of attracting students to education. And not simply retaining these students but inspiring them and transforming not simply their learning journeys but the very institutions within which these journeys take place. And so, in the context of that sort of manifesto, although from my experience, whilst huge numbers of the CETLs were enormously successful, what actually matters much much more than the specific and extraordinary successes is something very deep and conceptual at the core.

that after the Adventure I would not be the same as I had been two days previously. (Medical Student 2)

While the notion of risk was central to the work of CECPA, it was not obviously a concept associated with medical education. Therefore, when the School of Medicine's Director of Education was approached with the idea of a collaborative, credit-based dance project involving medical students, it came as both

The first and possibly the most extraordinary risk that the University took was to advertise my post as an Artistic Director post, set up as a non-academic post in order to ensure an arts practitioner rather than an academic or a researcher would lead this CETL.

a surprise and a delight to discover that he wholeheartedly embraced the project. That support extended beyond allowing it to run as an accredited module to personally securing the extra funding required to cover the additional costs of the project. Also, in relation to risk, recognition must be given to those medical students who took a blind leap of faith in taking part in a most unusual project rather than choosing a more standard clinical elective.

DEAD MAN TALKING (and subsequent projects) was part of a new initiative by Queen's School of Medicine, Dentistry and Biomedical Sciences and CECPA. It is a brand new approach to medical education which takes medical students out of a clinical setting and puts them on the stage, creating a new forum in which students can explore medical ethics and express scientific and ethical arguments through performance. Medicine at QUB tends to be regarded as a somewhat traditional subject area taught in a 'traditional' university. Yet the medical 'adventure' module that was created in collaboration with Dr Melissa McCullough from the Centre for Medical Education not only encouraged and enabled doctors to dance but also was the initiative that resulted in Dr McCullough receiving an Award at the School of Medicine's recent Celebration of Excellence under the category 'most innovative teaching initiative introduced in the last two years'.

DEAD MAN TALKING was a 10-day, intensive interdisciplinary performance project working with a professional choreographer and a theatre director to devise a performance piece, incorporating movement and text that used as its starting point the notion of the donation of bodies to science. The project involved working as a creative collaborative company that consisted of third year medical students who were participating in the project as their 3rd year Student Selected Component (elective module) and third year drama students who were participating in the project as the fieldwork for their Community Theatre module. It was an opportunity for this interdisciplinary group of students to work imaginatively, collaboratively and creatively developing a range of both performance and transferrable interpersonal skills, looking at issues relating to medical ethics in a very different way and engaging a public audience with that exploration.

The reason why devised theatre is an ideal form for this sort of project is summed up perfectly in the definition provided by Allison Oddey, and it is instructive to read it through the lens of a medical student's learning journey or, in fact, through the lens of any student's learning journey.

Devising theatre is about thinking, conceiving and forming ideas, being imaginative and spontaneous, as well as planning. It is about inventing, adapting and creating what you do as a group.... Any definition of devised theatre must include process (finding the ways and means to share an artistic journey together), collaboration (working with others), multi-vision (integrating various views, beliefs, life experiences, and attitudes to changing world events), and the creation of an artistic product. (Oddey 2005)

The devising process provides an ideal framework for the participants to explore the complex negotiation of dichotomy of the cadaver as both scientific object and as a previous person with stories, emotions, suffering and joys (with implications for how they think about treating live patients as a natural corollary). It also, very importantly, allows and encourages the student to explore the equally complex negotiation of their perception of themselves in terms of a personal/professional divide.

The apparently light-hearted section in the actual performance about public and media perceptions/portrayals of the medical profession also carried an underlying exploration of their own hopes, fears, ambitions and concerns in terms of their professional and personal development. Similarly, the project provided an opportunity to explore not simply abstract fears but concrete situations within a safe environment and to process these and then communicate them to an audience. As well as the exploration of their often conflicting emotions in their first contact with cadavers, the project unexpectedly facilitated the processing of a situation that had occurred within the dissection room that the medical students had shared but never explicitly talked about let alone in a public forum.

Artistically, it was important that the performance form utilised in the project and performance was contemporary and unique, and that it left room for the audience to bring their own meanings and resonances to the set of images and glimpses of ideas that were knit together. Therefore, Anna Newell – as the director of the project – was clear from the very start that, whatever form the final outcome took, it would not be didactic; it would not be a role-play exercise; it would not be a naturalistic, TV drama telling a coherent story; and that it would not feel like a public information film about body donation or an issue-based piece of theatre with naturalistic ‘scenes’. Instead it would operate within a much more abstract style and would consist of a fragmentary patchwork of feelings, dreams, stories and gestures to which all the participants and performers would actively contribute.

The pulling together and piecing together of this more abstract, fragmentary approach ensured that a more sophisticated piece of work would emerge: from both an artistic point of view and in terms of the piece’s communication of the stimulus issue of body donation. It was an approach that opened up challenging, complex questions rather than giving simple answers both to the cast and to the audience, the latter of whom would, individually, view the piece through their own lens and form their own individual meaning. This stylistic choice was both analogous to and supportive of the educational imperative for the medical students to develop an awareness of the notion of shades of grey within their professional context.

A whole range of iconic items from the anatomy room and associated medical environment were brought into the rehearsal space. These included: a dissection trolley, lab coats, stethoscopes, screens, copies of Gray’s Anatomy, and the blue plastic bags that are placed on the heads of cadavers during dissection of the body. Their presence was important, even if they were not used, in establishing and developing a strong visual aesthetic that took very concrete objects into this more abstract framework

The use of the choreographer Stevie Prickett on the project was vital, as the notion of 'embodied learning' had particular resonance in this context. The students interacted physically with people in their practice, and a key element of the project was to use their bodies in different but equally physical interactive ways.

I think that this type of physicality just sped up the process of making relationships within the group and ultimately aided us in improving our teamwork skills. This whole concept of physicality made me think about how contact with another person affects people. (Medical Student 3)

We hoped that the project would enable them to work collaboratively, to be self-aware both as people and as professional, both as individuals and as a group. We hoped that it would develop their confidence and their communication skills and their ability to give and earn trust. We hoped that it would broaden their capacity for thought and that it would take them into an unknown space conceptually. And we hoped that they would complete the project with the knowledge that they could negotiate an unknown space successfully and develop strategies to do so. This has been key to the broader portfolio of work that we've created and to the notion of ADVENTURE underpinning it.

I have enhanced my communication skills, improved in my ability to adapt to new situations and to cope with being thrown in at the deep end. This will be extremely beneficial to my future career as a doctor as medicine can often be unpredictable. (Medical student 4)

The bringing together and mixing of drama students and medical students meant that both sets of students were placed in a situation of knowing and not knowing at different times. This enabled them to enhance their understanding and skills both professionally and personally. More importantly it demolished the binary of teacher and taught, as often occurs in devising contexts in which students and staff from different disciplines work and create together. A sort of 'activity system' was established in which the undoubted uncertainties and 'unknowing' amongst both sets of students and staff were more than offset by the establishment of a constructive and supportive group culture and environment.

The term 'activity system' refers, in this context and in an admittedly loosely-coupled sense, to the work of Yrjo Engestrom and others who developed the more formal notion of an 'activity system' operating within the field of Activity Theory (see Vygotsky, 1978 and Leont'ev 1978). In the case of *Dead Man Talking*, the manner in which the whole project or 'system' operated accorded with Engestrom's (2001) description of an activity system in which there was a dynamic interplay of 'individual and group actions embedded in a collective activity system', with a particular 'object-orientation'. Typically the object-oriented actions were 'always, explicitly or implicitly, characterized by ambiguity, surprise, interpretation, sense making, and potential for change'.

Engestrom (2001, p. 136-137) also outlined five principles for activity systems, and *Dead Man Talking* (DMT) certainly met at least three of them:

- ② *The multi-voicedness of activity systems.* An activity system is always a community of multiple points of view, traditions and interests. The division of labour in an activity creates different positions for the participants, the participants carry their own diverse histories, and the activity system itself carries multiple layers and strands of history engraved in its artifacts, rules and conventions. The multi-voicedness is multiplied in networks of interacting activity systems. It is a source of trouble and a source of innovation, demanding actions of translation and negotiation.
- ② *The central role of contradictions as sources of change and development.* Contradictions are not the same as problems or conflicts. Contradictions are historically accumulating structural tensions within and between activity systems. Activities are open systems. When an activity system adopts a new element from the outside (*for example, in the case of DMT, medical students adopting drama and dance*), it often leads to an aggravated secondary contradiction where some old element (*for example, in DMT, the rules or culture of the discipline in medical education or creative arts education*) collides with the new one. Such contradictions generate disturbances and conflicts, but also innovative attempts to change the activity.
- ② *The possibility of expansive transformations in activity systems.* Activity systems move through...cycles of qualitative transformations. As the contradictions of an activity system are aggravated, some individual participants begin to question and deviate from its established norms. In some cases, this escalates into collaborative envisioning and a deliberate collective change effort. An expansive transformation is accomplished when the object and motive of the activity are reconceptualized to embrace a radically wider horizon of possibilities than in the previous mode of the activity.

The 'ambiguities', 'trouble', 'contradictions', 'disturbances', and 'conflicts' that occur in activity systems are recognisably parts of the creative process. Kleiman (2008), for example, in his research into experiences of creativity in higher education, revealed how doubt,

A bit of history...Some years ago I was involved in the excellent Arts in Medicine module run by the Centre for Excellence in Interprofessional Education at Queen's where students experienced various arts practices and then saw their application within a medical /therapeutic context with a range of patient groups. While working on that module I fell to wondering..... what if medical students were to experience the creative and performing arts as part of their development as emerging practitioners – to see what that engagement could do not for their patients but directly for themselves? At the same time and as part of the same trajectory I developed *Are you coming out to play?* – a pan-University project which used creative collaborative play as a fertile location for not just the development of transferable skills but the development of a playful attitude that I believe has the ability to effect transformation. Also, few years ago, I had developed a range of interdisciplinary devised performance pieces working with groups of students within the creative and performing arts. DEAD MAN TALKING put all of these pieces together.

anxiety and disorientation were intrinsic to creative endeavours, and therefore provided challenges to systems of learning, teaching and assessment that were predicated on pre-determined outcomes. The important thing is to be comfortable in one's (temporary) discomfort, and to exploit the opportunities that arise for learning. It was clear that this was happening in DMT in situations where, for example, the medical students provided the drama students with information about medical practices, and the drama students led in setting the culture during the first few dance classes. An analogous process occurred between the staff involved.

The prospect of working with students from another school really excited me; I also knew it would be something very beneficial to my future medical career as I will be working with colleagues of many different disciplines. (Medical student 5)

Dr McCullough from the Centre for Medical Education felt very strongly that this interdisciplinary team-working was, in terms of professional medical practice, absolutely essential and critical experience, particularly in the light of the all too many and disturbing reports regarding tragic cases such as the Victoria Climbié² case, where the breakdown or malfunction or lack of interprofessional team-working was highlighted as key to the tragedy.

Exploring, performing, and a happy accident

The project began with a series of drama exercises to build trust within the group and to build technical performance skills (voice, body, presence). This was interspersed with a range of exercises to develop material that might be used in the performance piece. As with any devised theatre project, far more material was created than was finally used. As well as being simply a necessary part of the creative process, it also meant that while the project demanded a high level of individual commitment, it also meant that any 'ego' had to be 'left at the door' from the very start. This was another important learning experience.

The morning of that first Monday set the scene for the mornings of the next two weeks or so. We were introduced to the beach ball game which became quite symbolic, almost like a representation of how we were working and developing together as a group. Throughout the day, we played a number of other games, had a dance class and completed some more creative exercises. Through completing these exercises I feel that, without me being aware of it, my inhibitions and reservations were gradually lost. By then end of that day, I was completely in love with the SSC [Student Selected Component]. (Medical student 6)

One of the devising exercises asked the students to write a list of why one might want to donate one's body to medical science: real reasons, fictional reasons, deeply personal reasons and ridiculous reasons. Some of the responses were as follows:

- I want to donate my body to medical science because I want to help future doctors.
- I want to donate my body to medical science because I have no immediate family to pay for my funeral.
- I want to donate my body to medical science because I think I have an interesting disease.
- I want to donate my body to medical science because I look good naked.

The students were also asked to write a similar list of why one might not want to donate one's body to medical science. These are just three of the responses:

I don't want to donate my body to medical science because my body has suffered enough.
I don't want to donate my body to medical science because I want to go to heaven in one piece.
I don't want to donate my body to medical science because I've got that tattoo.

Throughout both the process and the final performance, the juxtaposition of the serious and emotive with the comic and the absurd (which often illustrated particular attitudes, genuine ignorance, lack of information, and fear) was a tightrope that had to be very carefully walked. The hope was that the final product would be utterly respectful but would also allow the (often very funny) comedic elements to provide a healthy 'safety valve' which would prevent the adopted style appearing to be too 'arty' and inaccessible, or for the project to feel too self-congratulatory 'worthy'. The aim was to avoid being didactic, and to explore and expose the many contradictions.

I admired that Anna did not draw on emotions unfairly to create emotional bias in the face of controversial issues. She did not bully the audience into thinking one way or another, rather we presented our views and opinions in a clear manner and created a beautiful honest piece of theatre which encouraged the audience to take away their own experience and interpretation. (Medical student 7)

This sense of a bespoke and highly individual learning journey is further reflected in the students' understanding of 'shades of grey', and in their sense of ethics permeating all of medicine rather than being a bolt-on 'option' that you learn between 2pm and 4pm on a Tuesday afternoon. The students' appreciation and understanding of their learning journey, and their recognition of the importance of the ethical dimensions of medicine were both high on the list of the students' learning outcomes in their reflective writing after the project.

At the end of this experience I feel my interpretive ability has significantly improved in two areas; in the context of the patient's experience and a wider appreciation for ethical arguments. Hence my stance on medical dilemmas has become less fixed as I realise that some of medicine is subjective, regardless of the scientific rigidity. (Medical student 8)

Other elements of the devising process included:

- An in-depth visit with the dissection room technician who receives the bodies. (His comments ended up as one of the threads that were woven in to the final piece).
- Working in twos, and in a very quiet intimate way, to recount their first experience of the dissection room. For the drama students, this was an imaginary 'what if?' exercise.
- Extrapolating/associating out from the notion of body donation and asking the students to tell stories of the kindness of strangers, and of legacies left behind by people passed on.
- Looking at media images of doctors: the 'heroic', the 'always busy', the 'tragic', the 'utterly handsome' as well as parodies of doctors.
- Exploring their own reasons for wanting to be doctors and their own fears about how they might not live up to this.

These elements were explored through the physical language of gesture and still image, and the choreographer took these gestures and images and created movement sections from them.

There were many individual stories and unexpected outcomes from the project: the story of the two Malaysian students who had literally just arrived in Belfast and found the module (on top of everything else) invaluable in terms of their assimilation into the student community and a fast-track language experience; the student with cystic fibrosis who felt that her ability to respond to the physical demands of the module completely allayed her fears that she wouldn't have the physical strength for her chosen path of surgery.

And there was the story of the student who did the project by accident!

By misreading the instructions on the module choice form, he ended up on the project very much by default. Initially he really struggled, and ended up missing a couple of days through socialising-induced sickness and fell behind the group. In his learning journal (all the students had to maintain such a journal) he wrote:

I went home on Thursday and Friday evening with a strong feeling of loneliness and isolation from my peers, and sensed despair radiating through my body. I was a lost cause, a lost cause that was going to wreck it for everyone else. Guilt would best describe my strongest emotion that weekend. However, as an eternal optimist I think that week might just have been the best learning experience I have had in a long time, never mind just in this module.

It is noticeable and instructive that, even in the depths of his 'despair', his concerns were less about his personal fear of failure but rather his responsibility to the group. It became clear from his learning journal that his was one of the most profound and extraordinary learning journeys.

Never have I experienced such a range of emotions over a student selected component: nerves, guilt, satisfaction, despair and joy, but most importantly a genuine feeling of having achieved something.

The learning journals were more than 'What I did today' diary entries. They were designed to be *critical incident logs* in which the student analyses and reflects upon a series of 'incidents' that he or she has identified as being integral to their experience and to their learning. The *critical incident log* is a model that was created originally developed as a tool for artists to encourage them to be ongoing reflective practitioners. It was a model that transferred very well into the context of the project, and the holistic development of medical practitioners who have the ability and the desire to reflect both personally and professionally.

The idea of a project where medical students would do a contemporary dance class every day; would develop an abstract, non-narrative, non-character based performance piece; and would be getting the same amount of credit as other students doing clinical placements, generally was met with disbelief. As we drew closer to the performance, I was completely intrigued to see what other medical students and medical staff might make of it. Hoping for a positive reaction, I was stunned by how overwhelmingly and consistently positive it was – and how the form, rather than bamboozling or alienating, stimulated excited discussion and debate from our audience of medical students, other students, academic and technical staff from medicine and other disciplines, the cast's friends and family and the wider public.

Throughout the devising process the exercises to build a group and to build up performance/presentation skills continued. These were all conducted within an atmosphere of both absolute rigour and absolute fun.

I was heartened by how loyal and committed everyone was to this SSC and I can almost guarantee that this SSC will have had the best attendance record out of all the SSCs. This made me realise that attendance is such an important part of working in a team. (Medical student 9)

Throughout the process, the director and the choreographer were engaged in a continuous dialogue concerning the structure of the piece, and towards the beginning of the second week the various strands that had been emerging through the devising process were carefully woven together and rehearsed until the piece was ready to perform.

The reactions to the performed work were extremely positive and enthusiastic:

A wonderful, thought-provoking piece. I thought the dramatisation of the nature of Medical Studies was tragically accurate! Amazing use of movement, light and sound. The shadows produced on the screen were a challenging continuation of the live movement in front. A daring Medical project – very worthwhile – more please!

Would I [donate my body to science]? Food for thought! I was challenged by the beauty of Drama in juxtaposition of the clinical nature of the topic. Congrats to all involved!!

A complex issue sensitively and honestly portrayed.

A thought provoking production which dealt with a controversial issue. Interesting way of portraying the arguments in an abstract way, for pros and cons of organ donation. Excellent ending.

Absolutely fabulous! Fighting back tears at the end! Good work!

Really compelling show. Thought-provoking, insightful and entertaining.

Great portrayal of something I always found difficult to describe or explain as a medical student.

Very effective commentary and the part where they were 'fighting' over the dissection table was brilliant!

Donating my body to medical science is now an option.

This audience feedback and the feedback from the medical students via their learning journals/critical incident logs demonstrate an acute, comprehensive and extremely cogent awareness of both their learning journey and the possibilities and value of taking part in DEAD MAN TALKING. They also recognise the high value of taking risks in the way we configure truly meaningful and valuable educational experiences: how we frame them, how we name them, and how forefronting the creativity agenda in the imagining, creating and delivering of those educational experiences can be truly transformational.

It is worth noting, as an epilogue to this piece, that the quote from the anxious student at the very beginning of this paper is only the first part of a longer quote:

I was afraid that I would end up wasting three weeks while other students in my year would be receiving invaluable clinical training.....Far from the airy-fairy drama class I feared it would be, Dead Man Talking, for me, was a deeply personal experience that has taught me life, personal, and professional skills that I know will stay with me for many years to come. (Medical student 1)

Notes

1. The name Skunk Works was coined in 1943 by the team, led by Clarence 'Kelly' L. Johnson, at the Lockheed Aircraft Corporation that delivered an urgently needed jet fighter in a record 143 days from start to finish. What allowed Kelly to operate the Skunk Works so effectively and efficiently was his unconventional organisational approach. He broke the rules, challenging the current bureaucratic system that stifled innovation and hindered progress. His philosophy is spelled out in his 14 rules and practices. (see: <http://www.lockheedmartin.com/us/aeronautics/skunkworks.html>).
2. In 2000 in London, England, an eight-year-old Ivorian girl Victoria Adjo Climbié (2 November 1991–25 February 2000) was tortured and murdered by her guardians. Her death led to questions in Parliament and a major public inquiry which produced major changes in child protection policies in England.

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