

PlayMD's SANDALI: Online improvisation with Philippine healthcare workers during the COVID-19 pandemic

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Our Story

In December 2019, officials from Wuhan, China began describing the first reported human cases of COVID-19, a disease caused by a novel coronavirus, subsequently named SARS-CoV-2. This disease eventually spread to several countries and soon became a pandemic. The first case of this disease in the Philippines was reported on January 30, 2020. By March 17, the entire island of Luzon was put under Enhanced Community Quarantine (ECQ), with the whole country being placed in a state of calamity. Since then, the Philippines has been placed on various levels of lockdown – currently the longest and strictest in the world.

With an increasing number of COVID-19 cases, the Philippine healthcare system has tried to adapt to a disease that it has never dealt with before. Changes in health management, equipment use, physical arrangements, as well as safety and patient protocols have been implemented. The medical and paramedical front liners have borne the brunt of this pandemic, with reported cases of morbidity and mortality within their ranks.

In August 2020, various medical groups called for a timeout asking that Metro Manila be reverted back to strict Enhanced Community Quarantine to stem the tide of the increasing number of COVID-19 cases, to allow the front liners to recuperate and regroup, and to buy some time to rethink the national strategy against the disease.

Six months into the pandemic, we began noticing anecdotes about the disease's toll not only on the physical well-being of front liners but also on the mental health of the healthcare professionals dealing with COVID-19 cases. Stories of work-and disease-related concerns, fears, and anxiety began trickling in. The pandemic and instituted lockdown transformed all aspects of human life and interaction, including social activities. Opportunities and events for communal get-togethers, relaxation, and social gatherings were prohibited. Healthcare workers were facing a new pandemic with no known cures while having to deal with fear, isolation, and few social options to destress.

Prior to the pandemic, we had been doing improvisation and we knew its potential to provide fun while transforming mindsets. We wanted to build a venue where people can come together, just play, and have the chance to take a break from the COVID-19-related problems and pressures.

We set out with the primary objective to create an online breather for front liners but we also grabbed the opportunity to share with health care professionals some improvisation tenets and principles that help us manage our on- and off-stage emotions and anxiety.

We decided to gather a few of our doctor friends together in a virtual Zoom session to play a few improv games. We facilitated our first PlayMD SANDALI session in August 2020 with eight participating doctor friends. From there, we then began to receive referrals and recommendations to host similar sessions with other medical and paramedical groups. By the end of December 2020, we conducted a total of 27 sessions with a total of 219 participants from several institutions and organizations throughout the country.

In this article, we aim to share our online experiences with healthcare workers in the unique setting of a pandemic as well as insights gained from

personal observations as well as feedback from anonymous evaluations of our improv sessions by the participants. This report begins to describe the implications of improvisation in the Philippine healthcare setting as well as its use in accessible experiential learning and destressing during the time of the COVID-19 pandemic.



Image 1. One of the early sessions of Sandali. Toto Carandang (Top row, second from left) and Allyn Lomboy (Top row, rightmost) playing with graduates of UP-PGH Obstetrics and Gynecology Batch 2012.

ZOOM: Playing Together but Separately

With the advent of the pandemic, various industries dependent on mass gatherings, such as live theater, have been forced to physically shut down and adapt to online forms and venues. This has been observed internationally and locally with various companies forced to rapidly begin, adapt, and evolve their online presence and programs.

The COVID-19 pandemic has also forced healthcare institutions and organizations to quickly shift and respond to its demands. Some studies

documented the success and issues of adaptation of medical schools and training institutions to synchronous and asynchronous remote learning strategies and migration of learning modules, conferences, and workshops online (Camargo et al., 2020; Patel, et al., 2020; Sindiani et al., 2020). Zoom has become the platform of choice. However, the two most common disadvantages of conducting Zoom sessions reported by the study of Sindiani et al. (2020) were the lack of direct or face-to-face interactions and the presence of technical difficulties or limitations. Nevertheless, Zoom sessions offered the main advantage of being able to maintain social distancing while delivering an opportunity to interact and learn.

The Learning Community Program at Wayne State University started an online initiative to bring its medical members together (Anderi et al., 2020). Their brief 40-minute Zoom sessions allowed medical students to converse and interact with physicians on the COVID-19 frontlines. Benefits of this program included an increased sense of connectedness among the medical members of their community, a better understanding of the present landscape, and opportunities to practice flexibility in the application of online learning with real-world healthcare situations.

Improv

Improvisation or improv is “unscripted performance that uses audience suggestions to initiate or shape scenes or plays created spontaneously and cooperatively according to agreed-upon rules or game structures, in the presence of an audience – frequently resulting in comedy” (Seham, 2001). Simply put, “improvisation is getting on stage and making stuff up as you go along” (Napier, 2004).

Modern theatrical improvisation is widely accredited to the separate and spontaneous bodies of work of Viola Spolin in Chicago and Keith Johnstone in London and Calgary. Spolin worked with inner-city and immigrant children and her book *Improvisation For The Theater* (1963) details her technique for learning and teaching improvisational theater. Johnstone combined theater and sports and created Theatresports. He pinned his theories and ideas on creativity and spontaneity in his book *Impro: Improvisation and the Theatre* (1987). Both labored to make improvisation

accessible to people and have greatly influenced the practice and craft of improvisation.

In the Philippines, Gabe Mercado and his group Silly People's Improv Theater (SPIT), through their school Third World Improv, have been widely credited as the premier Philippine improv group that continuously brings improvisation to the forefront, producing numerous shows, workshops, and festivals. They have greatly influenced the local improv scene and have produced numerous alumni, including the authors of this article.

In their book *Applied Improvisation: Leading, Collaborating, and Creating Beyond the Theatre* (2018), editors Theresa Robbins Dudeck and Caitlin McClure defined Applied Improvisation (AI) as "the umbrella term widely used to denote the application of theatre improvisation (theories, tenets, games, techniques, and exercises) beyond conventional theatre spaces to foster growth and/or development of flexible structures, new mind-sets, and a range of intra- and interpersonal skills required in today's VUCA (volatile, uncertain, complex, ambiguous) world."

Under the AI umbrella lies Medical Improv, a term broadly defined by physician improviser Belinda Fu and further elucidated and explored by Beth Boynton in her book *Medical Improv: A New Way to Improve Communication: Special Edition for Applied Improv Professionals* (2018). Fu defines Medical Improv as "the study and practice of improv theater philosophy and techniques as applied to the unique challenges and environment of healthcare for the benefit of improved health and well being of providers and patients."

Improv, the Medical Field, and SANDALI

It has been documented in the past that the principles and exercises of improvisation have been brought from the stage to the field of medicine where the lessons derived from this art form are congruent with the medical practitioner's need to prepare for and respond to uncertainty (Hoffmann-Longtin et al., 2018; Krusen, 2012; Watson, 2011).

Improvisation has been used to teach medical students and residents about empathy and clear communication (Cai et al., 2019; Terregino et al., 2019; Zelenski et al., 2020). It has also been taught as a tool to help meet the needs of patients in a rapidly changing environment (Hanley & Fenton, 2007), as an adjunct to aid people deal with anxiety and depression (Brunet et al., 2019; Krueger et al., 2019), and an adaptive strategy to promote wellness and resiliency (Gao et al., 2019; Morse et al., 2018).

Research has shown that teams working together in high-risk and high-intensity conditions make fewer mistakes than individuals. Teamwork can also reduce workload issues, prevent healthcare professional burnouts, and improve the quality of patient care. There is a current shift in healthcare recognizing teamwork as essential and programs and guidelines are being drawn up to improve this skill (Lerner et al., 2009). Improvisation exercises can help build teamwork and coordination (Watland & Santori, 2014).

SANDALI was conceptualized at a unique point in time where healthcare providers were responding to the challenges of a new disease and were facing limited options for distress and occupational pressure release. We theorized that virtual improvised play could help alleviate their stress even for a brief moment. Additionally, SANDALI could also serve as a vehicle to introduce to the medical and paramedical community the concept, lessons, principles, and joy of improvisation.

What is SANDALI?

The word *sandali* is derived from the Old Tagalog phrase *isang dali-isa* meaning one and *dali* coming from a unit of measurement based on the width of a finger or roughly the equivalent of an inch (Noceda, 1754). Currently, *sandali* is used as a noun to denote a brief moment, an instant, a minute, or a short time. It may also connote a stop in time or a rest. As an adjective, *sandali* is also used to describe something small, tiny, or brief. And as an imperative verb, it generally acts as a command to stop or pause, to wait for a minute, or to rest for a brief moment.

We thought *sandali* was the perfect word to encapsulate what we wanted to accomplish – a brief moment of interactive online play for healthcare professionals and front liners to help them distress, learn

something new, and momentarily get away from the pandemic pressures they were facing. As we fine-tuned our process and distilled SANDALI to what it currently is, we came up with these general objectives:

1. To primarily provide a safe virtual space for medical and paramedical front liners to have fun and destress by playing improv games and exercises;
2. To share with the participants certain improv tenets and principles;
3. To illustrate and show examples how these principles can be used as tools to manage emotions including anxiety in real-life and in clinical settings;
4. To possibly add to the limited body of knowledge regarding the use of and non-theatrical life applications of improvisation tenets, techniques, and principles particularly in the Philippine setting.

Each SANDALI session, conducted online via Zoom for free, was conducted by two facilitators and lasted approximately two to three hours. SANDALI always began with a brief prologue wherein each participant was encouraged to share their thoughts, concerns, feelings, and expectations. This was followed by a short 10 to 15-minute presentation to briefly give the participants an idea of who we are, why we do this, what improv is, and what to expect.

Each session had 10 improv games in total, the first three of which were warm-up exercises. These warm-up exercises allowed us to gently ease each participant into the level of participation that was expected of them, as well as allow them to become more comfortable with the group and the Zoom space. Ultimately, these warm-up exercises were very instrumental in helping create a safe space for all the participants in the session.

Warm-ups are then followed by seven improv games or exercises played by the entire group simultaneously or by turn-based pairs or trios.

Every game starts with specific instructions from the facilitators on whether audio or video needs to be turned on, as well as occasional demonstrations of how specific games are to be played. Each player takes his or her turn, usually on a volunteer basis, with everyone eventually experiencing all the games. Each exercise is then followed by a short debrief where the players share their insights into what the games mean and how the lessons derived from the games could be applied in real-world situations. These discussions usually lead to the participants discovering aspects about themselves, their co-participants or co-workers, and how they work as a team. The debriefs also provide opportunities to point out and emphasize certain improv tenets or principles.

Every session ends with a look-back, wherein all participants, the facilitators included, shares insights or lessons they gleaned from the entire activity. The participants are also asked to complete two surveys on a voluntary basis – a survey incorporating the Coronavirus Anxiety Scale (CAS; Appendix 1) and a post-session survey (Appendix 2).

Our Experience

We observed that the majority of our participants had no idea of what improvisation is and had no experience watching or experiencing improv. Most were required to attend by their consultants or were convinced by colleagues to attend, thinking that the session was just going to be another Zoom lecture where they would listen for hours. After the introduction and explanation of the activity, some participants verbalized apprehension and nervousness upon realizing that their active participation was expected throughout the session. These emotions were addressed by assuring them that this online space actually encourages uninhibited, spontaneous play. This assurance was reinforced as soon as we went into the warm-up exercises, wherein the participants got a taste of what it would feel like to contribute and improvise without any fear of judgment.

The warm-up exercise that most of the participants gravitated towards is called Pass That Face. In this exercise, one participant calls on another while everyone is in gallery view. He or she would then have to look into the camera and make a silly face. The tagged participant is then tasked

to copy that same face as faithfully as he or she can. The two players hold that silly face for a few seconds. After that, the second participant calls on another player and makes a new different face. The third player then copies and holds that face, and so on until everyone has had a turn. We observe that at the beginning of this activity, there would be some hesitation from the participants because such play is generally unheard of in most of the conferences that they normally attend. But after completing the warm-up games, we noted a reduction in the participants' apprehension and hesitation because they became more willing to volunteer for games and provide suggestions or offers with minimal prompting from the facilitators. Part of this transformation occurs when the participants realize that their offers would be accepted by the group without judgment, no matter how silly, and that all participants will get a turn in creating a silly face, contributing to the sense of shared experience. And this observation, where a shared experience changes a bunch of participants into a unified group, is well-supported by Augusto Boal. In his book *Games for Actors and Non-Actors* (2005), he said that warm-up games forges a group out of individuals and sort of forms a communion. He advises starting with the simplest exercise that elicits the least resistance. This, according to him, gains their acquiescence, builds confidence, and promotes trust. We observed this in our sessions.

The game called Fortunately/Unfortunately resonated the most with the participants, having been deemed "most helpful" by 69 out of 97 respondents (71.1%). In this exercise, the entire group participates in creating a unique story. The game starts with a statement from one of the facilitators, usually containing a random, fictional event. By an order predetermined by the facilitators, each participant, in turn, builds on the story by contributing one sentence at a time. However, each sentence has to start with either "Fortunately, . . ." or "Unfortunately, . . ." in alternating fashion. This continues for about two to three cycles with the last player wrapping up the story.

Upon debriefing with the participants, this game appealed to them due to the fact that at first glance, it would seem difficult or even impossible to create a coherent story when every "Fortunately" statement would be immediately followed by an "Unfortunately" statement. But after completing the activity, several common insights surfaced from the discussions of multiple, different groups who have participated:

1. For the story to progress, one must be willing to accept all the statements previously given and then contribute one's own statement with the goal of building on what was already previously established.
2. It is not impossible, and is in fact satisfying, to build a story even when the statements seem to provide a negative for every positive. The negative statements do not cancel out the positives.
3. All participants have an idea of where they want the story to lead; however, all participants must be willing to relinquish control of the story's direction because everyone has a contribution to the story. The story created is a product of everyone's contribution, not just that of a single person.

This game also shows how roadblocks can be frustrating and apparently detrimental but when playfully dealt with, it can lead to humorous and pleasantly surprising outcomes (Paradis, 2019). This game's debrief mainly centered on how we frequently encounter situations in real life that are unexpected, just like the COVID-19 pandemic, but which we can accept as opportunities for growth, to build on and subsequently use to help move our story forward.

After all the games are done, the participants are provided with an opportunity to look back on the entire activity and reflect on how they feel at the end compared to the beginning of the session, what they have learned, and how they may apply these insights to their everyday lives. Responses include the following:

1. Nervousness and apprehension are replaced by fun as well as a renewed sense of connection with the rest of the team.
2. The need for physical distancing does not necessarily entail emotional isolation. Activities such as this session allow for meaningful contact despite distance.

3. Being able to forget the stresses brought about by the pandemic even for a few hours provides relief and renewed energy to meet the new day's demands.
4. Being aware of the dynamics of how the team works allows for better collaboration, with the ultimate goal of better patient care.
5. Becoming more familiar with the concept of "Yes, and" and applying it to everyday situations relieves some of the stress of dealing with unexpected situations and allows for more openness to collaboration with other team members.

Since the SANDALI sessions were a continually evolving project, we asked our participants to provide us with feedback regarding the entire activity. Their feedback is summarized as follows:

Out of 219 participants, 97 individuals voluntarily answered the Post Session Survey. On a 5-point scale, 74 individuals or 76.3% gave the highest rating of 5 and said they thoroughly enjoyed the session, while the rest (23 respondents or 23.7%) reported that they enjoyed it for the most part (score of 4).

Each SANDALI session was designed to last between 2.5 to 3 hours. While most of the sessions fell between that prescribed time frame, a few were observed to extend beyond three hours. Reasons included technical difficulty, tardy participants, and prolonged small talk or sharing. In hindsight, most of these reasons could have been managed better by the facilitators. When asked, only 23% of the respondents claimed that their ideal session length was about 2 to 3 hours long. Majority (68%) wanted a 1 to 2-hour time limit while 8.2% of the respondents longed for a 1-hour session.

Having said that, it is interesting to observe that an overwhelming 85.4% of those who answered the Post Session Survey said they were willing to have multiple SANDALI sessions. They, however, did not specify a definite number of sessions. Only 14.6% or 14 individuals felt that one session was enough.

One question in the Post Session Survey asked if SANDALI was helpful for the participants. All participants responded with a “YES”. Various reasons as to how SANDALI helped the participants were given and these were summarized into top three generalized or umbrella answers:

1. It provided a break or a form of destress (78%).
2. It allowed the participants to think differently or had allowed them to have a new mindset, perspective, or realization about themselves, their peers, or their situation (17%).
3. It provided a bonding opportunity with co-workers built around team building and team work (11%).

These sessions gave them a chance to create something bigger together, to respect and build on each small contribution, and to move things forward as a single team. One respondent wrote that the exercise strengthened their teamwork and chemistry. Another said the session “helped to de-stress and reminded me how to listen and be in-tune with other members of the team” while another wrote, “I haven’t felt that way with my workmates since covid started. It was a fun and chill night with them.” One resident said that she never knew that Zoom sessions could be fun and be conducted in such a manner while another mentioned that SANDALI is something she never knew they needed. Still, another respondent noted that “it’s a breather from the usual formal virtual conferences”.

Given such feedback, it appears that online improv sessions with healthcare workers hold promise for delivering not just an opportunity to destress, but also a platform for experiential learning which is generally favorably regarded by the participants themselves. It is encouraging to note that most participants would be willing to be involved in multiple online improv sessions.

But what makes these online improv sessions effective in engaging healthcare practitioners, most of whom are not even familiar with improv or

are not comfortable with performing for an audience? A possible explanation is that the SANDALI session gave the participants an idea of what improvisers practice on stage, which is accepting offers (Koppett, 2013). It is the acceptance of other people's offers or contributions, working together, and building on them by adding subsequent contributions. This principle is encapsulated in the important improv principle of "Yes, And". The SANDALI exercises showed the importance of cooperation and teamwork through listening and clear communication, and at the heart of this collaboration is trust.



Image 2. The COVID-19 team of the Philippine College of Chest Physicians-Northwest Luzon and Pangasinan playing Poser, an adaptation of the improv game Superheroes.

Philippine Healthcare Workers and COVID-19-Related Anxiety

SANDALI participants were asked to voluntarily accomplish the Coronavirus Anxiety Scale (CAS) – a brief mental health screener used for COVID-19 related anxiety (Lee, 2020). On a Likert-like scale from 0 (not at all) to 4 (nearly everyday for the last 2 weeks), each participant was asked to indicate the frequency if they experienced each of the chosen five symptoms

associated with anxiety during the COVID-19 pandemic. The CAS has been proven to be an effective mental health screener and deemed diagnostically comparable to other psychiatric screening tests with 90% sensitivity and 85% specificity. A CAS score ≥ 9 classifies participants with dysfunctional levels of anxiety – a disproportionate state of anxiety, defined as persistent or uncontrollable fear that interferes with daily life and causes disruptions to behavior and psychological well being (Lee, 2020).

For the 1st survey which included the Coronavirus Anxiety Scale, we had 113 respondents out of 219 SANDALI participants (52%). Most of the respondents (84 individuals or 74.3% of the group) belonged to the 18-40 age bracket while 27 (23.9%) and 2 (1.8%) players belonged to the 40-60 and >60 age groups.

Women comprised 87.6% of those who answered the survey. This may be attributed to the fact that multiple SANDALI sessions were conducted with Obstetrics and Gynecology departments, a medical specialty that seems to attract more female physicians.

Majority of the respondents were physicians (94.7%) while the rest were nurses (5.3%). Out of 107 physicians, 68 (63.6%) were residents in training while 39 (36.4%) were consultants. A total of 64 (56.6%) of the 113 medical and paramedical participants identified government service as their main type of practice while the remaining 49 (43.4%) chose private practice.

It is interesting to note that the majority of the respondents (60 individuals or 53.1%) encountered approximately 0-2 suspected, probable, or confirmed COVID-19 cases per week. Meanwhile, 33.6% (38), 8% (9) and 5.3% (6) of those who answered the survey faced an increasing number of these cases on a weekly basis numbering at 2-10, 10-20, and >20 individuals, respectively.

Based on the CAS cut-off score of ≥ 9 , 8 out of 113 respondents or approximately 7.1% of those who answered can be identified to have dysfunctional levels of anxiety. This was much lower than the 37.8% result of the Labrague and De los Santos (2020) study involving front-line Philippine nurses in Region 8. The same study postulated that lower results may be

attributed to the fact that front-line healthcare workers know more about the nature of the COVID-19 disease, its symptoms and transmission, and preventive measures compared to the general population.

Labrague and De los Santos (2020) also observed that the most pronounced symptoms reported by their respondents were 'tonic immobility' and 'sleep disturbance'. The latter symptom also appears to be frequently experienced by those who responded to our survey.

Only 31 out of 113 (27.4%) respondents claimed to have been offered or availed of services geared towards addressing COVID 19-related mental health issues.

Our survey shows that COVID-19-related anxiety can reach dysfunctional levels in a proportion of healthcare workers, meaning their anxiety is significant enough to interfere with normal daily functioning. Significant also is the fact that the majority of these healthcare workers claimed that they were not offered or did not avail of mental health services at that specific time. This concern will need to be better drawn out and addressed especially as the pandemic continues to draw itself out. However, given the limited accessibility of mental health services, alternative or adjunctive measures may also need to be investigated to help these healthcare workers.

While improvisation is not, by any means, a substitute to formal mental health strategies administered by a licensed professional, it may indirectly address the stresses brought about by the pandemic by helping participants deal with uncertainty. Felsman et al. (2020) showed in their research that even just 20 minutes of improv exercises showed an increase in uncertainty tolerance of subjects. They also observed that subjects showed a significant increase in divergent thinking, or the ability to explore multiple solutions to a given problem, which they attributed to collaborative co-creation. Increased tolerance to uncertainty may be partly attributed to the creation of a safe, playful space where everyone's ideas are heard and respected and where unpredictability allows people to be more comfortable with uncertainty, speak up, and take more risks (Drinko, 2020). A study by Seppanen et al. (2020) showed that improvisation intervention, through a 7-

week workshop, showed a significant reduction of stress. SANDALI participants' responses such as "it helped me to expand my knowledge regarding in how to cope up with stressful situations and good camaraderie", and other similar feedback, seem congruent with Drinko's anecdotal observations (2020) that improvisation seems to make people feel less stressed.

It is important to note that every SANDALI session included a reminder that the facilitators were not professionals trained in the fields of Psychiatry or Psychology and that the sessions were not intended to replace professional or clinical interventions. All participants were encouraged to seek professional help if they saw the need.

Our Takeaway

What started as an idea to have online improvised fun with friends transformed into a vehicle aimed at reaching out to healthcare professionals and front liners to help them connect, destress, and forget about their worries during this unprecedented time. We hoped to provide experiential learning under the guise of playful fun.

We observed that Zoom is a viable format to connect people and bring them together especially during this time when social distancing is imperative and venues or opportunities to unload stress are significantly limited. We also experienced what other companies or institutions have experienced – that migration of improv games and exercises from on-stage to the virtual space is not only possible but also effective to a certain degree.

We realized that improvisation can be an important tool not only as a form of entertainment but also as a platform for meaningful engagement. SANDALI has given us the opportunity to introduce improvisation to the medical and paramedical community beyond its common notion of a theatrical spectacle. By introducing SANDALI, we hoped to immerse participants in a collaborative and fun learning experience. We hope that this activity may begin opening doors for the recognition and use of improvisation techniques, exercises, and principles in medical education, healthcare workers' well-being, and patient care.

The COVID-19 pandemic is indeed a demanding time that we find ourselves in. SANDALI has given us a unique chance to respond to some of its challenges, particularly in helping those who are tasked to help others. Moving forward, additional formal studies on the impact of improvisation in dealing with prolonged stress and preventing burnout may be recommended, with emphasis on hard outcomes. Collaboration with mental health specialists would also be an ideal next step as we continue to explore the utility of improvisation in addressing the multifaceted issues brought about by COVID-19.

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Appendix 1

COVID-related anxiety among healthcare workers with Corona Anxiety Scale (CAS)

Age

- < 18
- 18 - 40
- 40 - 60
- > 60

Sex

- Male
- Female

Profession

- Physician / Physician-in-training
- Nurse
- Medical technologist
- Other

Specialty (if any)

Current level of training

- Intern
- Resident
- Fellow-in-training
- Consultant
- Not applicable

Main type of practice

- Government
- Private

How many suspect, probable, or confirmed cases of COVID-19 cases do you see in a week?

- 0 - 2
- 2 - 10
- 10 - 20
- > 20

Have you ever been offered or availed of services geared towards addressing COVID-19-related mental health issues?

- Yes. If so, can you give some details regarding the type of services offered?
-

- No

For the next 5 items, try to recall if you felt the following symptoms in the past 2 weeks.

Have you ever felt dizzy, lighthearted, or faint when you read or listened to news about the coronavirus?

- Not at all.
- Rarely, less than a day or two.
- Several days.
- More than 7 days.
- Nearly everyday over the last 2 weeks.

Did you have trouble falling or staying asleep because you were thinking of the coronavirus?

- Not at all.
- Rarely, less than a day or two.
- Several days.
- More than 7 days.
- Nearly everyday over the last 2 week.

Did you feel paralyzed or frozen when you thought about or were exposed to information about the coronavirus?

- Not at all.
- Rarely, less than a day or two.
- Several days.
- More than 7 days.
- Nearly everyday over the last 2 week.

Did you lose interest in eating when you thought about or were exposed to information about the coronavirus?

- Not at all.
- Rarely, less than a day or two.
- Several days.
- More than 7 days.

- Nearly everyday over the last 2 week.

Did you feel nauseous or have stomach problems when you thought about or were exposed to information about the coronavirus?

- Not at all.
- Rarely, less than a day or two.
- Several days.
- More than 7 days.
- Nearly everyday over the last 2 week.

Appendix 2

Post-session Survey

How did you enjoy the session?

- 1 - Did not enjoy it at all.
- 2 - Enjoyed it a little.
- 3 - Enjoyed it enough.
- 4 - Enjoyed it for the most part.
- 5 - Thoroughly enjoyed it.

Did the session help you in any way? If so, how?

Which exercise helped you the most? You may choose more than one.

- Name and pose
- Pass the face
- Yes, let's!
- Spot the leader
- Count to 10
- Three-line scene
- Non-sense dictionary
- One word story
- Fortunately/Unfortunately
- Three-headed expert
- None of the exercises were helpful.

Are you willing to have multiple sessions? If so, how many sessions would you be comfortable with?

- No. One session is enough.
- Yes. I would like to have ____ sessions.

How long would an ideal session for you last?

- < 1 hour
- 1-2 hours
- 2-3 hours