

## **MEDICAL READERS' THEATER (MRT)**

**What is medical readers' theater?** Readers' theater is a longstanding practice among actors in which they present plays reading from scripts and with little or no staging. Medical readers' theater builds on this tradition and is a simple, enjoyable way of presenting medically-themed short skits.

**Background.** The concept was pioneered by Professor Todd Savitt in the Department of Medical Humanities at East Carolina School of Medicine. MRT is increasingly used in medical education to engage students and other learners with the human side of medicine. Some programs, notably one introduced by Dr. Guy Micco at UC San Francisco School of Medicine, have involved senior citizen groups in their presentations to explore issues of particular relevance to an aging patient population.

**How MRT works.** MRT uses brief scripts read by participants that address a topic of interest to the group. Participants are not expected to be trained actors. There is no memorization or staging necessary, as participants read from the scripts while seated. Those who are not directly involved in the skit serve as the audience. The performance of the skit is followed by group discussion to highlight important concepts.

### **MRT at UC Irvine School of Medicine**

**The MRT program at UCI has a geriatric orientation. It is cosponsored by the Program in Geriatrics, the Department of Family Medicine, and the Program in Medical Humanities.**

**Structure and length.** MRT at UCI School of Medicine consists of a single 1 ½ hr. session that repeats each month as a required part of the third year Family Medicine clerkship.

**Participants** are 8-9 third year medical students and a similar number of senior residents from an independent living facility located near the medical school campus. The medical students attending each session are different, but many (although not all) of the seniors are return participants. However, many permutations are possible including an ongoing group of learners and seniors. The advantage of this format is that sessions can build upon themselves, whereas our sessions must be self-contained.

**Facilitators:** Ideally, the session should be facilitated by an interdisciplinary team consisting of a geriatrician and a skilled small-group facilitator.

**Purpose of MRT at UCI-SOM.** The purpose of MRT at UCI is twofold:

**First** we want to give students and seniors the opportunity to interact with each other in a structured way that focuses on **issues of significance to both groups:** aging and ageism, doctor-patient communication, disability, loss of independence, dementia, end-of-life, and how to provide healthcare for individuals as they experience these life events and transitions.

**Secondly**, through the medium of theater, we want both groups to reflect more deeply on each others' perspectives, so we conceive MRT in part as an **empathy exercise**.

Students sometimes ask **why we need to read a skit**, why they can't simply "hang out" and talk with the residents. We have learned that, while such conversations are very enjoyable and beneficial, it is hard to talk to complete strangers about these kinds of topics. The skit focuses discussion and provides an entry point.

### **Mechanics of MRT – Designing an MRT experience**

**Introductions.** Make sure everyone in the group knows who is participating, especially if it is a mixed group of learners and older patients, and if guests are present.

**Warm-up.** Exercises that allow the group to become acquainted more intimately are also useful. We spend 20 minutes at the start of each session having participants engage in one of the following exercises: In mixed groups of 2 or 3 (students and older individuals), participants do one of the following: a) ***Truth or lie***: each person in the small group writes down 2 true statements and one false statement about herself. The other guesses which statement is the lie. b) ***Surprise!*** In the dyad, each person shares something about herself that she doesn't think the partner would guess just by looking at her. c) ***Accomplishments and dreams***. Each person tells the other what she is proudest of so far in her life; and some dream she has that is still unfulfilled. At the end of this exercise, we reconvene as a large group, and participants share what they learned about their partner. **The point of this exercise is to explore our unexamined assumptions about others, especially older individuals.**

**The skit.** The choice of skit is important.

Senior theater is a vibrant movement in the U.S., and many skits are available on line and through catalogs. However, since these are not primarily developed for educational purposes, often these may not be appropriate for use with medical students.

Try to choose a skit that is not patronizing toward older persons.

It helps if it is funny, although the topic can be serious, i.e., end of life, loneliness and isolation of old age etc.

There are many wonderful short stories about aging and end of life, and sometimes these can be adapted for the MRT format fairly easily.

It is even possible to write your own skits! The actual reading time should be 10-15 minutes. Skits that are too long are evaluated as tedious by students and seniors alike. In addition to the main skit, we have also experimented with integrating poetry and humorous cartoons.

We also provide students with a research article of relevance to the topic under discussion.

**Performance.** Students and seniors volunteer for roles and then present the skit.

We try to have approximately equal numbers of students and seniors involved in the reading roles.

We try to **assign reverse roles** when possible, i.e., seniors reading doctor roles, students reading senior roles

We have learned from experience that it is helpful to invite **non-reading students to imagine that they are the doctor involved in the skit**, or in the care of the patient, so

that they will be able to actively contribute comments at the conclusion from this perspective.

**Follow-up discussion.** The facilitator asks **open-ended questions** of participants and audience. It is important to make sure there is a **balance of comments from students and seniors**. In our experience, seniors are eager to participate, while students tend to hold back.

Discussions generally begin with broad questions, such as “**What did you think were some of the main points of the skit?**”; “**What did you like/dislike about the skit?**” After comments of this nature, we move closer to the experiences of the participants through questions such as the following: **Which character(s) did you relate to most and why? Have you lived through similar experiences personally or with loved ones? What worries you most about being sick/taking care of sick people; being hospitalized/working in a hospital environment; end of life issues?**

### **Outcomes**

We have conducted evaluation research on MRT for a year. Some of our main findings include the following:

- 1) **Seniors** enjoy MRT; find it helps them reflect on difficult issues; can become skilled and insightful medical educators
- 2) **Students** report MRT is enjoyable, worthwhile, and useful; MRT is an excellent way to address sensitive issues in geriatric healthcare
  - Strong benefits in terms of
    - new insights into aging and caring for elders
    - better understanding of older pts’ perspectives on life/healthcare
  - Moderate benefits in terms of
    - greater awareness of older pts’ health-related concerns
    - improved interaction and communication w/older pts