

Medical Readers' Theater: Truth at a Slant

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Tell all the truth, but tell it slant.

—Emily Dickinson

Readers' theater (RT) is a minimal form of theatrical performance in which there are no or negligible sets or costumes and scripts are used in staging. It was developed as an efficient and effective way to present literature in dramatic form. It has been used in a variety of educational settings ranging from universities to elementary schools.¹ More recently, medically themed readers' theater (MRT) has generated interest in medical education circles as a method to acquaint students and other learners with the human side of medicine.² Participants do not need to be trained actors.

In MRT and RT, memorization and staging are not necessary. Participants read from previously prepared scripts while seated in a group or standing. Little rehearsal time is required, although a read-through of the script to familiarize participants with its content and characters' motivations is recommended. Skits are sometimes performed for an audience and an expert panel to generate comments on the presentation and stimulate group discussion.

MRT is an effective way to bring together people with different backgrounds and life experiences and get them to share their perspectives on various topics. MRT is appropriate for many educational venues and usually is highly evaluated by participants.

Although MRT addresses wide-ranging content, some programs have focused on issues of aging, debility, death, and dying and have involved senior citizen groups in their presentations.³ Building on this work, I recently began to collaborate with the University of California—Irvine School of Medicine Geriatric Student Interest Group (SIG) and residents from a local assisted living facility to develop an MRT program. The Geriatric SIG comprises preclinical medical students and undergraduate premedical students pursuing careers in geriatric medicine who are paired with senior partners from the residential facility. Students and senior partners engage in various activities in a process of mutual learning and discov-



Third-year medical student Beverly Cho (left) poses with two participants of the reader's theatre.

ery. MRT program participants include students and their senior "buddies," as well as other facility residents, who learn of the program and want to be involved. With an average of 20 participants, the group includes 4 to 5 students, 2 staff members from the facility, and 10 to 12 residents. The goal of the program is to help future physicians and geriatricians gain insight and understanding of older patients and to have older people with health issues recognize the human side of physicians and appreciate their concerns and quandaries. The MRT program helps students and their senior buddies get to know each other while sharing in the joy of doing something creative.

MRT-program participants read skits with specific relevance to medicine; students and residents have enjoyed the content. It is up to the group to determine the content of future role-plays, their interest in engaging in other performance readings such as poetry, and their interest in organizing presentations for the larger community.

For the first staging, we used an adaptation of a chapter from Michael Crichton's autobiography, *Travels*, "Lousy on Admission."⁴ In it, the author describes an old woman, Emily, who refuses to cooperate with doctors and staff when she is hospitalized after being found unconscious.

Eventually it is revealed that, as someone from the Beat Generation, she has mannerisms and attitudes that puzzle and confound her young doctors, who treat her stereotypically and disrespectfully. Eventually, Emily reclaims her identity as a strong and artistic, albeit eccentric, woman who teaches a young medical student important lessons about old age.

For the second reading, we adapted a short story, *That Which Is Left Unsaid*, which focuses on doctor-patient communication and the time at which it is best to stop treating a terminally ill patient. This script presented special challenges because it featured not only the characters of doctor, nurse, patient, and patient's wife, but also these characters' thoughts, embodied as characters in their own right. This approach reveals the limitations and imperfections of communication while concluding that doctors, patients, and family members alike, while flawed, are more courageous, loving, and devoted than they are given credit for.

In both of these stagings, at the request of participants, we attempted to "reverse assign" roles when possible (medical students role-played older people and patients while residents role-played doctors and medical students). In doing so, we gave everyone involved the opportunity to develop empathy for a life


experience very different from their own and insight into the perspectives of others with whom, through necessity, they have regular and often intimate relationships.

After each 15- to 20-minute performance, we held a discussion/debriefing that lasted about 45 minutes. During these discussions, participants stayed in role—they spoke not *about* the character they played, but *as* the character. This approach provided greater identification with the role and stimulated more in-depth insight. In addition, the “audience,” consisting of both nonparticipatory students and residents, had the opportunity at this point to respond to the performance, comment on the characters, and relate what they witnessed to their own personal experiences.

Keeping in mind Dickinson’s guiding wisdom noted at the beginning of this article, the discussions began with general questions, such as “What did you think were some of the main points of the skit?” and “What did you like/dislike about the skit?” We then began to move closer to the experiences of the participants through questions such as

these: 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, or end-of-life issues?

In our experience, participants do not shy away from these conversations; rather, they contribute eagerly and openly. In the course of our interactions, students have confessed their fears about taking care of patients who are much older and have much more life experience than themselves; they have worried about countertransference issues with people they view as their grandmothers or grandfathers; and they have expressed the concern that, although they do not want to provide futile medical treatment, they are afraid to encounter the curative limits of medicine. For their part, assisted-living-facility residents have recounted heartbreaking and inspiring stories of loss and resilience; have shared with honesty and directness their end-of-life considerations; and have expressed surprising generosity toward doctors’ human flaws.

In summary, MRT has enabled our little group of medical students and aging patients to discover and reflect on important truths at the core of medicine, but to approach them safely, respectfully, and tenderly—as Emily Dickinson might say, at a slant. 

References

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