

Regents Point Late-In-Life talks with UCI Medical School Students

EVER WONDER ... Why would the University of California Irvine Medical School administer a public program at Regents Point the past six years? To find answers, a visit with Professor Johanna Shapiro brings out educational objectives, drama, and mutual benefits.

Roving Reporter: Johanna, let's start by hearing of your academic educational role at UCI?

Johanna Shapiro: I am Professor in the Department of Family Medicine. Also I am Director of the Program in Medical Humanities & Arts, in which capacity I develop and implement curriculum, primarily for medical students, incorporating literature and the arts into their training.



RR: What prompted you to initiate a monthly event at Regents Point?

JS: The Department of Family Medicine was fortunate enough to receive a grant from the Reynolds Foundation to develop curriculum in geriatric medicine at UCI. One small component of the grant allowed us to develop a collaborative program at Regents Point. Because of the many talented, active seniors at RP, it led to a mutually beneficial educational symbiosis.

RR: In what form did this relationship develop, Dr. Shapiro, and why?

JS: Because of its structure, Regents Point late-in-life talks with UCI medical students is called "Medical Readers Theater" (MRT) and has a geriatric orientation. MRT consists of a structured session, repeating as a required part of the third-year Family Medicine clerkship. The group discusses medical, emotional, and interpersonal issues evinced in a dramatic skit and how the doctors' and patients' qualities help or hinder the achievement of quality doctoring.

RR: Johanna, would you explain the theatrical function of the skit?

JS: The "play" is read aloud with various attendees playing parts. After the "performance," all attendees join in a group discussion which I facilitate, first on issues raised by the skit and then focusing on what the medical students can learn from Regents Point residents' personal encounters with these same issues.

RR: Do you write some of the skits that are “acted”?

JS: Yes, I wrote “Driving Mrs Dayzee” in which family members are in emotional conflict when the aging mother of the family seems unable to drive. Most skits I choose are by other more famous writers, e.g.

“Wings” by Arthur Kopit – coping with the aftermath of a severe stroke

“The Death of Ivan Ilyich” by Leo Tolstoy – end of life interpersonal tensions

“Emily” by Michael Chrichton –ageist stereotypes and patient autonomy

Themes of other skits are:- depression, cognitive decline, biomedical ethics, physical disability, fears and anxieties.

RR: What is the intent behind the theatrical structure?

JS: The concept is to enable students and seniors to interact with each other in a structured way that focuses on issues of significance to both groups: ageism, doctor-patient communication, loss of independence, dementia, dying, and how individuals experience these life events and transitions.

RR: Would you expand on the benefits of MRT?

JS: I see MRT encouraging emotional engagement and moral imagination, since its primary emphases are the human dimensions (attitudes, and emotions) which the “theater” elicits. While resident and student conversations would be enjoyable, it is understandably hard to talk to complete strangers about these kinds of emotional topics. The skit focuses discussion and provides a less threatening entry to understanding.

RR: What is your background which enabled you to fill this leadership role?

JS: I received my BA, MA, and PhD from Stanford University where I was trained as a counseling/clinical psychologist. In 1998 I became interested in the medical humanities when I realized the potential to help students understand what I cared most about - the patient-doctor relationship, and patients' and families' experiences of illness.

RR: Johanna, on a personal level, how does life at UCI School of Medicine provide satisfaction?

JS: Ah, the human dimension! I am passionate about teaching, and I am fortunate enough to have students who are very intelligent, compassionate, and eager to be of service to others. My academic engagements and rewards are balanced with

writing poetry about illness, playing guitar, and spending precious time with my three children and four grandchildren. **648 words**

RR: Do all medical schools offer this program?

JS: Almost all medical schools offer some curriculum in medical humanities. UCSF/Berkeley has done pioneering work in medical readers theater. Most medical schools are sensitive to the growing gap between the exciting promise of technological innovations and the concomitant risk of leaving humanistic medicine behind. All UCI students receive some exposure to geriatrics over the course of their four year training, and MRT is a significant contribution to infusing the scientific dimension with the humanistic.

Roving Reporter (David Weber): As a recent participant, the MRT benefits to us seniors at Regents Point seem to me to be the following:

- 1) doing an educational service to Medical School students by helping them better understand attitudes and emotions of intelligent active seniors.
- 2) improving the seniors' ability to discuss end-of-life issues with clarity and specificity with their physicians and other health-care professionals.
- 3) sharing indirectly and sympathetically with fellow residents at Regents Point one's personal emotional transitional issues.
- 4) improving the understanding of detrimental aspects in both directions of patient–doctor relationships.
- 5) bringing medical health science and theories down to the practical every-day level of human feelings and interactions.

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