

## **LET'S TALK ABOUT DEATH:**

**INTRODUCTIONS: why here; PREVIOUS EXPERIENCE WITH READERS THEATER OR THEATER IN GENERAL 11:15**

**Slide 1 – OVERVIEW: brief description of MRT; participate in EoL themed Readers Theater; discuss what we learned, from past experiences and this activity**

**Slide 2 – LEARNING OBJECTIVES**

**Slide 3 – WHY MEDICAL STUDENTS NEED TO MOVE CLOSER TO DEATH**

- Not adequately covered in curriculum – most studies show med students feel unprepared for and insecure about EoL conversations
- Often, not extensive personal experience with death
- In 3rd year, patients and families will ask them questions and express emotions
- Students have many unresolved emotions about death and dying
- When patients die, teams rarely offer formal debriefing
- Physician role models often inadequate – studies show
  - physicians still ignore topic – acknowledging possibility of dying was rare among a study of hospitalists (although when done, often led to meaningful discussions); focused on acute issues, said they're waiting for test results, deferred to another physician
  - when the topic does arise, doctors do most of the talking; and most of what they say is instrumental, medical and technical
  - physicians ignores or minimize the emotions of patients and family member (blocking behavior)

**Slide 4 – WHY THEATER CAN BE USEFUL IN STARTING A CONVERSATION ABOUT DEATH**

- Theater is involving, so students move closer to the topic
  - Teaches both presence (because role-playing) and empathy (because take on character)
- Theater is distancing, because it is not personal – characters; someone else's story
- Provides a foundation on which to build the conversation
- Community setting
  - We've chosen to teach this session in mixed groups of 3<sup>rd</sup> yr medical students and volunteer residents from a local CCRC
  - We take students out of the hospital and clinic, and bring them into the community.
  - This approach challenges the roles of doctor (MS) and patient; and puts the interaction on a person-to-person footing

**Slide 5 – WHAT IS MEDICAL READERS THEATER? (MRT)**

- Basically, MRT is a group of learners who read and discuss a medically-themed skit
- Sometimes used in medical education to engage students with the human side of medicine
- Participants not expected to be trained actors
- No memorization or staging; read from scripts
- Skits take no more than 15 minutes to present
- Those not directly involved in skit serve as the audience
- Performance of skit is followed by group discussion

- MRT is appropriate for many educational venues
- Positively evaluated by participants

**Slide 6,7 – WHO’S INVOLVED AND WHAT HAPPENS IN MRT at UCI?**

- **Actors** - 8-10 third year medical students rotate through a single session as a required part of their Family Medicine clerkship (total 110 over one year); volunteer residents are from a local Continuous Care Retirement Community
- **“Director”**: medical educator facilitator
- **“Audience”** - Students/residents with no role comprise the “audience”
- **“Staging”**
  - One required 1 ½ hr. session/month for each group of students
  - Introductions and warm-up exercise (what gives meaning to your life?)
  - Students and RP residents volunteer for roles in skit
- **“Debrief”**
  - Group discussion
  - first comments on the issues raised by the performance; segues into what students can learn from RP residents’ personal encounters with/thoughts about end of life

**Slide 8 – TOPICS RELATED TO ACP, END OF LIFE**

**Slide 9 – Death of Ivan Ilych – assign roles 11:30**

**Slide 10 – DISCUSSION QUESTIONS FOR LEARNERS – What are others you might suggest? 11:45**

**Slide 11 – DISCUSSION POINTS FOR EDUCATORS**

- How could you use this reading with learners?
- What points would you want to emphasize?
- What are the issues this skit helps to illuminate?

**Slide 12,13,14 – WHAT WE’VE LEARNED – MEDICAL STUDENT PERSPECTIVE 12:00**

- Seniors open to talking about EOL issues in structured setting
- Reading the skit together with seniors helps establish common ground
- Students appreciated the perspectives of seniors
- Opportunity to converse with seniors about a sensitive topic in a relaxed, non-academic setting was valuable
- Student data
- Student narrative comments – not everyone liked it

**Slide 15, 16 – WHAT WE’VE LEARNED – SENIORS’ PERSPECTIVE**

- Resident data
- Resident narrative comments

**Slide 17 WHAT WE’VE LEARNED – EDUCATOR PERSPECTIVE**

- Most effective learning occurs when learning
  - is active and experiential
  - develops and transforms the learner
  - MRT encourages
    - Concrete experience, which involves learning by doing;
    - Reflective observation (thinking about the learning experience)

- Abstract conceptualization (drawing conclusions based on the experience and observation)
- Action involving application of new information and experience

**Slide 18 – CAVEATS 12:10**

- MRT should be considered as only one small piece of a systematic, in-depth EOL curriculum (e.g., required palliative care rotation)
- EoL education must consider cultural differences, expectations, and sensitivities (one recent study - 99.99% doctors reported barriers to EoL conversations with 85.7% finding it very challenging to conduct EoL conversations with all patients and especially so with patients whose ethnicity was different than their own; noted barriers of language and cultural beliefs, especially in truth-handling and decision-making)
- Education must address both knowledge content and emotional content

**Slide 19 – CONCLUSION**

- **Seniors**
  - enjoy MRT
  - Find it helps them reflect on difficult issues such as EoL
  - Can become skilled and insightful medical educators!
- **Students report**
  - MRT is enjoyable, worthwhile, and useful
  - MRT is an excellent way to learn more about approaching EoL
  - Strong benefits in terms of
    - New insights into aging and caring for elders around EoL
    - Better understanding of older pts' perspectives on EoL
  - Moderate benefits in terms of
    - Greater awareness of older pts' concerns regarding EoL
    - Improved interaction and communication w/older pts about EoL