

MEDICAL READERS' THEATER (MRT)

Slide 1 Title: Overview of session: I'm going to give a very brief presentation about Medical Reader's Theater; then we will read a skit together and discuss, both its content as potential teaching points for learners; and how you might use this or similar skits in your own educational or training setting. If we have time, we'll read another skit as well.

Slide 2: 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 is a simple, enjoyable way of presenting medically-themed short skits.

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. Medical readers' theater is appropriate for many venues and is usually highly evaluated by participants.

Slide 3: Savitt Book

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.

Slide 4: MRT at Regents Point

Although it's a bit challenging, you can see MRT can accommodate a large group. We typically have about 15-20 participants, in our case a combination of medical students and volunteers from a continuous care retirement community

Slide 5: Shape of MRT at UCI

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. Groups can be as small as 8 (for example, 4 students and 4 seniors) and ideally no more than 15-20. In our setting, 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. Other possible team members include medical educators and geriatric nurse practitioners.

Slide 6: GOALS OF MRT

Purpose of MRT at UCI-SOM. The purpose of MRT at UC Irvine School of Medicine 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, disability, dying 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. Thirdly, through embodying a role, we want to encourage development of empathy.

Slide 7: MRT with Geriatric Nurse Guest

Slide 8: What Do We Talk about in MRT?

Topics. Representative topics include the following:

- aging and disability,
- doctor-patient relationships,
- stereotyping of older patients,
- communication barriers,
- polypharmacy and other medication issues
- loss of independence (driving limitations and other restrictions)
- end-of-life,
- dementia,
- healthcare for individuals at this stage of life

Slide 9: What Happens During MRT

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) *What Gets You Out of Bed in the Morning:* Seniors and students share what motivates them b) *Surprise!* In the dyad, the senior shares something about herself that her doctor doesn't know but that she thinks might help the doctor care for 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. D) *What matters most in a doctor.* Students and seniors compare notes. 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. Savitt's book contains actual skits. Sometimes short stories can be adapted for the MRT format fairly easily. It is even possible to write

your own skits or have students write them. The actual reading time should be 10-15 minutes. Skits that are too long are evaluated as tedious by students. In addition to the main skit, we have also experimented with integrating poetry and humorous cartoons. In addition, we 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. No advance preparation is necessary. We try to have approximately equal numbers of students and seniors involved in the reading 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, so that they will be able to actively contribute comments at the conclusion from this perspective.

Follow-up discussion. We emphasize a Socratic approach, in which the facilitator asks open-ended questions of participants and audience. 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?” “What was it like for you to read this particular character?” 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? Finally, we examine specific points in the skit and explore how different decisions and different actions might lead to different outcomes.

Slide 10: What We Learned

General Observations

MRT is an example of active learning. It involves learning by doing (concrete experience); observational learning through reflection on the experience (observational learning – “observing” the experience); drawing conclusions from the experience (abstract conceptualization); and finally action, or carrying over learning into future clinic settings

Slide 11: Student Comments

Slide 12: Graph

Outcomes

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

Students reported they

- became more aware of difficult-to-discuss issues; improved their ability to address difficult issues well; developed specific communication skills;
- and helped them to feel more comfortable with seniors
- Overall, students found MRT enjoyable, worthwhile, and useful

Slide 13 – Student video

Slide 14 – Cat in the Hat

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