

REYNOLDS CONFERENCE: MRT OUTLINE

I. Introduction

- A. This talk will be presenting the concept of Medical Readers Theater and its relevance to geriatrics medical education**
- B. Our team of presenters is from UC Irvine School of Medicine. I'm a professor of family medicine and director of the program in medical humanities & arts, UC Irvine SOM. Dr. Mosqueda... Dr. Taheri...**
- C. Our medical student presenter, now a first year resident in geriatric psychiatry at Fresno/UCSF, was unable to attend, but we will presenting her comments in a slide as well as showing you a video of medical students discussing their experiences in MRT**

II. Cartoon

- A. Aging can be hard**
- B. Medical students can learn facts and figures about older patients, but it is often the human connection that really promotes understanding of the whole spectrum of the aging process, especially when students may have very little contact with older people except on hospital wards, where they encounter individuals who are often extremely sick with multiple medical problems**

III. Overview of session

- A. Define Medical Readers' Theater (MRT)**
- B. Describe MRT program at UC Irvine–School of Medicine**
 - a. Structure**
 - b. Goals**
- C. What we've learned –**
 - a. Student-facilitator's impressions**
 - b. Geriatrician's impressions**
 - c. Medical educator's impressions**
 - d. Student data**
 - e. Senior data**
- D. Conclusions**
- E. Experiencing MRT – Driving Mrs. Dayzee**
 - a. Role-play**
 - b. Discussion**

IV. What is Medical Readers Theater?

- A. Simple, enjoyable way to present medically-themed skits**
- B. Sometimes used in medical education to engage students with the human side of medicine**
- C. Some programs have involved senior citizen groups to explore issues of particular relevance to aging patients**
- D. Participants not expected to be trained actors**
- E. No memorization or staging or advance preparation; read from scripts**
- F. Skits take no more than 15-20 minutes to present**

- G. Those not directly involved in skit serve as the audience**
- H. Performance of skit is followed by group discussion**
- I. MRT is appropriate for many educational venues**
- J. Positively evaluated by participants**

V. Medical Readers Theater at UCI-SOM

A. Partnering of

- a. UCI School of Medicine Program in Geriatrics,**
- b. UCI School of Medicine's Program in Medical Humanities & Arts,**
- c. UCI Department of Family Medicine,**
- d. Regents Point, an independent living facility in Irvine**

B. Participants

- a. 8-10 third year medical students/session (total 110 over one year)**
- b. Medical educator (facilitator), geriatrician, interested RP residents**

D. Structure:

- a. One required 1 ½ hr. session/month**
- b. Introductions and warm-up exercise (truth and lie)**
- c. Students and RP residents volunteer for roles in geriatrics-themed skit**
- d. Students/residents with no role comprise the "audience"**
- e. Group discussion**
 - i. first comments on the issues raised by the performance**
 - ii. segues into what students can learn from RP residents' personal encounters with the issue under consideration**

VI. Goals of MRT at UCI

A. Opportunity for students/seniors to interact with each other around issues of significance to both:

- a. aging,**
- b. disability,**
- c. doctor-patient relationships,**
- d. stereotyping of older patients,**
- e. communication barriers,**
- f. loss of independence**
- g. end-of-life,**
- h. dementia,**
- i. healthcare for individuals at this stage of life**

B. Can reflect more deeply on each others' perspectives

C. Have an enjoyable, memorable interaction

D. MRT provides an beneficial supplement to "simply chatting" by "drilling down" into difficult-to-discuss issues that might not come up in casual conversation

VII. What we learned: medical students' perspective

A. 4th yr student participated in MRT every month for a year

B. Even wrote her own scripts

- C. Seniors open to talking about “sensitive issues”**
- D. Students appreciated learning the perspectives of seniors**
 - a. On patient/physician interactions**
 - b. On their own (seniors’) health**
- E. The opportunity to meet and converse with seniors in a relaxed, non-academic setting was highly valued by Bev and other students**
- F. Students also appreciated being able to learn from geriatricians (importance of geriatrician being present)**
- G. Students were more inclined to participate and be engaged when there were a larger number of residents present**
- H. The process of creating a script was a fun, rewarding experience that can be used to develop insight into aging**

VIII. What we learned: Geriatrician’s perspective

IX. What we learned: Medical educator’s perspective

X. Evaluation - Students

- A. Overall sessions were highly evaluated in terms of developing new insights, understanding the perspective of elders, presentation of relevant geriatric issues, and utility and value**
- B. Felt sessions were effective in developing awareness of seniors’ attitudes toward doctors and healthcare; helping them become comfortable in interacting with seniors, and learning to communicate about sensitive issues; and addressing sensitive issues of relevance to older patients well**
- C. The large majority expressed interest in participating again in a similar session (although almost 20% did not)**
- D. Positive responses focused on the creativity of the experience, and the way it stimulated discussions of potentially difficult-to-discuss topics**
- E. Negative responses were hostile to the use of humanities in medical education**

XI. Evaluation – Seniors

- A. Overall seniors found these sessions very enjoyable**
- B. Felt sessions somewhat improved their ability to communicate with their doctors; and somewhat improved students’ ability to communicate with older patients**
- C. Felt sessions helped them a lot in terms of reflecting on difficult issues such as loss of independence, death and dying, end of life care**

XII. Conclusions

A. Seniors

- a. enjoy MRT**
- b. Find it helps them reflect on difficult issues**
- c. Can become skilled and insightful medical educators!**

B. Students report

- a. MRT is enjoyable, worthwhile, and useful**

- b. MRT is an excellent way to address sensitive issues in geriatric healthcare**
- c. Strong benefits in terms of**
 - i. New insights into aging and caring for elders**
 - ii. Better understanding of older pts' perspectives on life/healthcare**
- d. Moderate benefits in terms of**
 - i. Greater awareness of older pts' health-related concerns**
 - ii. Improved interaction and communication w/older pts**

XIII. Experiencing MRT

- A. Pass out script, info sheet, and discussion guide**
- B. Ask for volunteers**
- C. Reading and discussion**