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TITLE: Active learning on center stage: theatre as a tool for medical education
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SUBMISSION ROLE: Emerging Solutions and Workshops
PRESENTATION TYPE: Emerging Solution
CURRENT CATEGORY:
ABSTRACT BODY:
Short Description: The use of humanities in medical education is a well-documented tool to enhance learner engagement. This session will guide educators in the practical integration of theatre and actors into undergraduate medical education, graduate medical education, and faculty development to facilitate active learning. Facilitators from institutions representing the Northeast, Midwest, South, and West will share best practices on the use of theatre in a highly interactive forum.

Abstract: Title: Active learning on center stage: theatre as a tool for medical education

Topic: As educators in higher learning are moving from lectures to active learning techniques, they are seeking ways to engage their learners in the classroom. The use of humanities in medical education is a well-documented tool to enhance learner engagement. This session will guide educators in the practical integration of theatre and actors into undergraduate medical education, graduate medical education, and faculty development to facilitate active learning. Facilitators from institutions representing the Northeast, Midwest, South, and West will share best practices on the use of theatre in a highly interactive forum.

Presenters:
Howard Liu, MD. Assistant Vice Chancellor for Faculty Development Programs, Director of the Behavioral Health Education Center of Nebraska, UNMC.
Wendy Hobson-Rohrer, MD, MSPH. Associate Dean for Faculty Development. Director, Academy of Health Science Educators, University of Utah.
Linda M. Love, EdD. Assistant Director, Office of Faculty Development Programs, UNMC.
Christine Power, Director, Office of Faculty Development, Dana-Farber Cancer Institute. Professional Actor.
Susan Pollart, MD. Senior Associate Dean for Faculty Affairs and Faculty Development, University of Virginia.
Sana Loue, PhD. Vice Dean for Faculty Development and Diversity, School of Medicine of Case Western Reserve University
Krista Hoffmann-Longtin, PhD, Assistant Dean, Faculty Affairs and Professional Development, Indiana University School of Medicine

Conceptual Viewpoints:
There is a rich history of medical educators drawing upon the humanities to enhance student engagement (Ousager 2010). Theatre in particular has emerged as a modality that is well adapted to teaching medical communication and interviewing skills as actors represent a low cost and infinitely complex source of high fidelity simulation (Kohn 2011). In addition, role-play involving learners is a way for students to enhance their communication skills in a safe format that provides immediate feedback (Joyner 2006). Role-play has also been used for faculty and staff development to enhance communication in difficult areas such as breaking bad news (Jackson 2011).

This session will bring together best practices from 4 institutions on the use of actors and role-play in undergraduate medical education, graduate medical education, and faculty development. Key questions to be explored will include the following:

1. What is a practical way to structure role-play interactions to maximize learner safety and provide immediate feedback?
2. Where can educators find actors to simulate medical communication scenarios for learners?
3. What are some examples of the use of theatre in undergraduate medical education? Graduate medical education? Faculty development?
4. How do I prepare actors to play roles effectively and debrief learners in an effective format?
Session Plan:
The session will include 4 parts.

1. Part 1: Principles of effective use of theatre in medical education: 15 minutes

In this opening presentation, the facilitators will present a brief overview of the literature and principles for integrating theatre and role-play into medical education.

2. Part 2: Role-play Large Group Exercise: 15 minutes

In this segment, two of the facilitators will role play a scenario on challenging communication to demonstrate principles and pitfalls of theatre in medical education. The role-play will pause at key decision points and invite audience suggestions for the “interviewer” dealing with the difficult patient.

3. Part 3: Small Group Exercises at tables: 45-60 minutes

In this segment, participants will work at their round tables and facilitators will walk around and assist. Each table will select 2 scenarios from a list of 5 sample case scenarios for undergraduate medical education, graduate medical education, or faculty development and actively role play the scenario. Other participants will play the role of the observer to provide feedback after the scenario.

4. Part 4: Teach Back in large Group: 15-30 minutes

Each table will nominate a speaker to share principles and challenges that emerged from the role play scenarios at the tables. Facilitators will comment upon the larger pearls that emerged from this discussion and disseminate a list of resources for future application of theatre and role-play to medical education.

Outcome: Describe the intended scholarly dissemination, including how it will be produced and shared.

The authors of this abstract surveyed members of the AAMC Group on Faculty Affairs listserv in December 2015 to catalogue programs which incorporate humanities into medical education. The authors will combine those results, the abstract from this session, and feedback from participants into a medical theatre resource on MedEdPORTAL and iCollaborative.

References:
Level of Audience: Mid-career
Focus of Presentation: UME, GME, CME, Continuum
Joyner B et al. Teaching medical students using role play: twelve tips for successful role plays. Medical Teacher

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