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## USE OF READERS THEATER TO ENHANCE INTERDISCIPLINARY GERIATRIC EDUCATION

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*This article focuses on the design and implementation of an interdisciplinary geriatric educational project at a small New England University. A novel, affective teaching approach of Readers Theater is highlighted as a beginning classroom instructional strategy for interdisciplinary students. The physical and psychosocial considerations for health are complex with geriatric clients, and the successful construction of intervention plans is enhanced through an interdisciplinary approach. This pedagogical technique served as an effective method to initially engage health profession students, promote interprofessional collaboration, and support the creation of a compassionate, holistic approach to the care of elders.*

Interdisciplinary or interprofessional education for healthcare students has existed for some time. The success of this design, both in implementation in educational settings, as well as transfer to clinical practice, has not been unequivocally validated (Carpenter et al., 2004). This may be due to the complexity of interdisciplinary functioning and the difficulty in determining quantitative or qualitative measures of improvement. When two or more professions or disciplines work together in a collaborative way, sharing responsibility

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for a total plan of intervention of a client, it can be viewed as an interdisciplinary endeavor (Centre for the Advancement of Interprofessional Education, 1997). This collective and interdependent principle is only one of a number of team approaches. The type of team to be used is dependent on the clientele. Since elders often present with numerous, interacting conditions, their cases can be ambiguous and complex. An interdisciplinary approach, where a number of professional contributions to understanding the case can be made, works well in ferreting out a judicious course of intervention.

### **INTERDISCIPLINARY EDUCATION**

Greiner and Knebel, in the 2003 Institute of Medicine Report, cited the ability to work within teams as a prerequisite for an effective healthcare practitioner. Tresolini and the Pew-Fetzer Task Force, in its 1994 report on Relationship-centered Care, stressed the value of a relationship-centered ethic, focused not only between the client and the practitioner, but also *among* all of the involved clinicians. This bio-psycho-social and client-centered model serves well as a foundation for an interdisciplinary team approach. Although espoused in 1994, this remains a valued attribute for current and future health care providers.

Interdisciplinary teams are successfully formed when participants possess a working knowledge of team development and group dynamics, the ability to resolve conflicts, clear communication skills, and receptivity to lifelong learning and personal growth. For students to learn about interdisciplinary functioning, they first must be able to articulate the parameters and philosophies of their own profession (Barr, 1998; Drinka & Clark, 2000). The timing of when to introduce interdisciplinary concepts is an ongoing pedagogical discussion. A number of educators believe exposure needs to occur before boundaries are too well established and prior to graduation (Leipzig et al., 2002; Drinka & Clark, 2000; Barker, Bosco, & Oandasan, 2005). Through interdisciplinary learning opportunities, a “deconstruction of professional knowledge and identity” (Barr, 1998, p. 184) is necessitated for a new understanding of interprofessional action to effectively occur. In this way, new understanding emerges and leads to health professionals possessing a deeper awareness of their own roles and responsibilities, mutual trust, and the diminishment of stereotypes (Barr, 1998).

Various opinions also abound regarding how to proceed with the introduction of interdisciplinary education. Candy (1991) advocates that a measured approach with the construction of a solid “scaffold”

can promote success. Concepts from other professions, coupled with their practice guidelines, need to be understood and then practically applied in a progressive manner. As an example, case studies can be initially analyzed by a single discipline (intraprofessional), followed by reexamination by a team representing multiple professions (interdisciplinary), followed by simulated enactment of the study, and culminating in actual guided clinical practice. Throughout the interdisciplinary experience, teamwork is emphasized in discussing clinical findings and in collaborating to determine an optimal course of intervention. Modeling (Curran, Deacon, & Fleet, 2005) by faculty is also a critical component, demonstrating collaboration, trust, and flexibility. Student participation in interdisciplinary educational experiences serves to prepare them for the realities of clinical practice, and it supports the transfer of knowledge to their work roles.

### ***ADULT LEARNING***

Adult learning principles become important in formatting a progression of interdisciplinary educational experiences. Hallmarks of this approach are that adult learners have a need to know, are self-directed, and want to voice what they have already learned. They value the experience of others, the ability to establish warm empathetic relationships, and a commitment to lifelong learning (Knowles, 1980). Additionally, adult learners want to immediately utilize content presented in the classroom in the clinical setting. Their host of life experiences orients them to a problem-centered approach to learning. Finally, they want choices about what and how they will learn. They assume responsibility for their learning.

### ***Affective Teaching***

Interdisciplinary education provides students with valuable, real life opportunities to collaborate and problem solve around clinical care delivery. Yet uniformly engaging and connecting students from diverse health profession disciplines can pose a significant teaching challenge. The affective mode of teaching offers an approach for initial class meetings aimed at building partnerships and associations in the interdisciplinary domain. Schoenly (1994) describes affective teaching as one that urges students to utilize the skills of receiving, responding, valuing, and organizing when examining their thoughts and values. Affective strategies inspire students to reflect and consider their own ideas and feelings about a given issue. This stimulus for reflection results in contemplative and deliberate discussion

thereby promoting interdisciplinary work. Case studies, role playing, active questioning, and group discussion are instructional strategies that support the affective domain of teaching. Faculty role modeling of inclusive behaviors are critical and enhance this approach (Bastable, 2003). Affective instructional approaches foster the development of critical thinking and assist in shaping a caring, nurturing, and holistic health professional. (Zimmerman & Phillips, 2000).

These principles of interdisciplinary education, adult learning theory, and affective teaching provided form, structure, and background for the geriatric interdisciplinary enrichment experience described in this article.

### ***THE IGEP PROJECT***

The Interdisciplinary Geriatric Education Program (IGEP) has been a component of the Physician Assistant program at the University of New England since the inception of the major in 1996. The program has recently been awarded a 3-year Health Resources and Services Administration (HRSA) grant. The IGEP provides students with greater opportunity to gain knowledge and expertise in caring for elders. Didactic content is delivered on campus, while clinical experiences occur along a continuum of care for elders. Clinical sites range from independent living, to assisted living, to long-term care residency. Community elders at each of these sites volunteer and, in some instances, vie for the "honor" of being teachers to the students. The elders then become partners in this fluid learner-teacher relationship.

One basic premise of the IGEP is to model interdisciplinary learning and practice, hallmarks of excellent geriatric care. Interdisciplinary participation in the program has varied depending on the semester and each individual department's teaching schedule and interest. Departments that have participated in the IGEP include physician assistant, dental hygiene, social work, nursing, occupational therapy, and dentistry. Levels of students have also fluctuated, varying from first year freshmen students to graduate level participants. Flexibility on the part of the project coordinator has been paramount to maximize interdisciplinary participation in the program.

Seminar sessions, involving all interdisciplinary students and faculty, have been an important part of the total IGEP experience. The seminars were intentionally designed to serve a number of purposes:

1. To provide didactic content information about teams and team functioning
2. To present and discuss communication principles

3. To explore team-focused conflict resolution strategies
4. To provide interdisciplinary teams of students a context for case study analysis

Superimposed upon this didactic information was the goal of having the students employ their geriatric knowledge with their interdisciplinary abilities to develop plans of care for elders. This, combined with their clinical experiences, afforded participants with a number of real and simulated opportunities for experiencing interdisciplinary team functioning.

### **READERS THEATER EXPERIENCE**

Readers Theater was chosen as a novel, affective teaching strategy for the very first seminar meeting for the IGEP project. This particular technique was selected as it was considered to be a medium that would immediately engage the interest of all interdisciplinary participants. Readers Theater is a scripted, formal narrative that is dramatically read aloud to the audience. It is a simple theatrical teaching approach as it does not utilize costumes, scenery, or props as part of the presentation. The effect from Readers Theater is derived from the dramatic oral expressive abilities of the readers in narrating a given story from preprinted scripts (Pardue, 2004).

As a Readers Theater unfolds, participants become entwined with images, characters, and backdrop presented in the story. The narration arouses emotion among the listeners as they contemplate the issues and conflicts portrayed. This shared experience is an important one for an interdisciplinary group, and later it provides a springboard for communication and clinical problem solving. Readers Theater has historically been utilized in elementary educational settings to promote reading comprehension and fluency (Young & Vardell, 1993). A comprehensive review of the literature revealed no publications addressing the use of Readers Theater in higher education with interdisciplinary health professional students.

The Readers Theater selected for the IGEP was *A Mistaken Charity* authored by Mary E. Wilkens Freeman, adapted for use as a Readers Theater by Gregory Watkins and compiled by Savitt (2002). This story illuminates the struggle of two elderly sisters attempting to cope with failing physical health, a dilapidated home, and questionable nutrition. Neighbors attempt to intervene by devising a creative solution. Interdisciplinary faculty and staff were utilized in performing the reading

as well as guiding the group discussion that followed. This method was adopted to model interdisciplinary functioning, highlighting the importance of openness, communication, and contribution of every health professional.

Students were receptive and enthusiastically listened to the dramatic narrative. They were then assigned to interdisciplinary teams comprised of physician assistant (PA), occupational therapy (OT), and nursing (NSG) students. Each team was debriefed as a group and answered specific discussion questions about the Readers Theater presentation. At the conclusion of the reading, students were assigned within their interdisciplinary groups to complete a set of faculty-designed activities. Students were charged with discussing the reading and presenting their discipline-specific points of view to one another. They then were requested to devise an interdisciplinary intervention plan, determining the client's problems, establishing priorities, and preparing a plan of action to address each identified problem. Community referral and potential intervention by disciplines not represented in the seminar was encouraged as part of care plan development.

### ***READERS THEATER OUTCOMES***

Students became excited about being able to meet as a group and discuss their ideas about how to deal with the sisters' dilemmas. One student commented that "the presentation of the story was a very realized one and a thought evoking way to approach an ethical/professional issue." The development of an intervention plan in one interdisciplinary group was smoothly done due to an organized format decided upon by team members: to hear from everyone at least once, talk about the most important issues that needed to be addressed by the sisters, and build on ideas rather than duplicate answers. Yet another student candidly shared that the story evoked a discrepancy between personal and professional responses to the sisters. Realizing this discrepancy allowed her to focus on a professional resolution. Finally, a PA student expressed that a real interdisciplinary team assigned to this case would need to handle intervention with a "gentle spirit," and it would "learn the most from this experience rather than the sisters learning something earth shattering from us."

Students engaged in interdisciplinary learning cite the importance of education and transferring knowledge among participating professions. Not only is sharing of one's professional values and insights critical, but curiosity about others is also sparked. The need to communicate well required hard work, but students stated the result

was worth it because it benefited the client. One student found an interdisciplinary course helped her “become a stronger advocate for the profession, a more educated interdisciplinary team member, and a more confident practitioner.” Group treatment planning can highlight the various professional perspectives and enhance the ability to devise a more holistic plan for the elder clients.

Collaboratively developing a united intervention plan for the sisters insured that each profession’s priority goal for medical, function, social, and practical issues were considered. Robust and thoughtful discussion ensued as participants problem-solved the dilemmas presented in the story, and they developed a plan of care reflecting a team approach. One student from the OT program commented that “PAs . . . usually have different priorities than OT. . . They are consistently focused on medical stability and medications first.” She, as an OT student, was primarily focused on “the impact of a person’s issues on their overall functioning, safety, and quality of life.” This student goes on to add that working with PAs has helped her to “pay more attention to medications and past medical history when addressing changes in function.” A PA student commented on the client-centered focus of the OT student in his group and looked forward to learning more about OT as a health profession.

Utilizing the affective teaching approach of Readers Theater during the initial interdisciplinary class captured the interest of students and served as a facilitative strategy for group discussion. This was essential during the opening class as participants were not necessarily known to one another, and a goal for every seminar involved communication and collaboration. Through the integration of this theatrical medium, students expressed a greater appreciation for the viewpoints of “others,” an enhanced ability to communicate and consider what “the other” had to offer and, ultimately, they demonstrated the ability to design a comprehensive plan for client care. With the complexity of health concerns that many elders present, no one professional can effectively deal with treating the whole individual. Combining knowledge, abilities, and insights proffered by various health professionals greatly increases the likelihood of an effective, efficient, and holistic plan for elders.

This teaching example underscores the value of a well-constructed educational plan when teaching students in geriatric interdisciplinary settings. Using a variety of instructional methods including didactic, clinical, and affective domains can enhance the depth of learning for students, promote interdisciplinary connections, and demonstrate the efficacy of interdisciplinary contributions when constructing client intervention plans for elders. Collective interdisciplinary opportunities enrich students’ learning. Such experiences promote their

ability to question, communicate, and collaborate with others, while solidifying and broadening their knowledge and confidence in their clinical abilities.

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