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Thinking like a nurse: The pedagogical power of process drama

ABSTRACT

We aim to empower nursing students to understand that their actions can positively contribute to health care, and to develop professionals who humanize the health workforce. We have designed simulation learning experiences using process drama, Mask-Ed (KRS Simulation). Participants are engaged in a series of structured improvisations emphasizing collaborative discovery and idea development. With no external audience, educator and students are simultaneously actors, directors, technicians and audience. The process builds skills of engagement, empathy and problem solving. Action periods are followed by reflection periods, and participants link the fictional world of the drama and their everyday reality. Educators carefully design and act as masked characters, using realistic props to simulate a person with a health care need whose life story promotes student engagement with issues exacerbating negative health outcomes. Mask-Ed builds clinical skills while sensitizing students to concepts such as the body in nursing and how to think like a nurse.

KEYWORDS

process drama
nursing
simulation learning
metacognition
Mask-Ed (KRS
Simulation)
Mask-Ed

1. A more detailed research report outlining the scope and feasibility of this approach to nurse education has been published in an earlier publication, see McAllister, M. et al. (2013b).

INTRODUCTION

A group of first-year nursing students await the beginning of their class – an introduction to clinical practice. Their nursing educator arrives and begins the class, but after an introduction she leaves and returns but not in the manner that they expect, rather in role as a kind and elderly gentleman named Cyril. Cyril introduces ‘himself’ to the students and engages them in a conversation about his myriad of health issues, all of which are pertinent to their curriculum. The nursing educator wears a lifelike prosthetic and costume, convincingly embodying the persona of an elderly man, as a compelling and immediate way of establishing the clinical learning focus for the class, which she further elaborates when she removes the prosthetics and costume, in a visible act of ‘de-masking, de-roling and de-briefing’. Thus begins the students’ encounter with a form of nursing education called Mask-Ed (KRS Simulation).

This article explores a drama-based practice situated at the nexus of arts and nurse education.¹ The purpose of this discussion is to further explore the relationship between this very specific drama practice and the evolving pedagogy of Mask-Ed. As an account of research into the feasibility and efficacy of Mask-Ed has been published quite recently (see McAllister, M. et al. 2013b), this article proposes an illustrative case study of Mask-Ed in action, supported by a discussion of relevant literature from the field of drama education. The article seeks to offer an insight into the fundamental principles which inform the work, illuminated by an account of the practice itself.

BACKGROUND

In a Bachelor of Nursing programme, students occupy at least two worlds in their everyday reality: the world of academic nursing and the world of clinical practice. Clinical practice is constantly changing with developments in health technology, increasing consumer expectations and the spread of health care beyond hospital walls (McCance et al. 2013). Consumers expect a more inclusive, respectful approach, and services that are accessible and responsive to need (Ballat and Campling 2011). Keeping pace with change within nursing, be it social or technical, is challenging for educational institutions and can lead to overload of students and staff (Ironsides 2004). A further challenge is how to value the two worlds that students of nursing occupy: the education space where they can be learners, free to play with ideas, to make mistakes and to grow; and the clinical space where they need to be safe, composed and efficient, as well as good communicators (Scully 2011). Although attempting to teach everything a student might need to know is futile, to plant knowledge seeds that will help students to flourish is vital (Clonan et al. 2004).

The approach to education discussed in this article, a result of extensive work in bringing the performance arts and nursing education together, aims to empower students with the belief that their contributions will make a positive influence in the health care world. Nurses who humanize the health workforce are the professionals we aspire to develop. To help achieve this goal, simulation learning experiences were designed that use process drama. Simulation learning is learning that amplifies, mimics or replaces real-life clinical situations, and is increasingly being used within higher education because students as it is an efficient strategy to develop safer and more confident students, prior to them working with consumers (McAllister et al. 2013a).

Termed Mask-Ed (KRS Simulation), the innovative process developed involves the educator or discipline expert dressed with props and masks,

who then transforms into a character using realistic props such as wounds or pendulous body parts to simulate a vulnerable person with a health care need (Reid-Searl et al. 2011, 2012). The character has a carefully created poignant life story that assists students to engage with common issues that exacerbate unfavourable health outcomes, for example, stigma, ageism, loneliness and pain. The character also becomes the coach and takes every opportunity to teach students the art of nursing care. It is the hidden expert that can navigate and direct the teaching in the simulation experience (Reid-Searl et al. 2011, 2012). This article considers how process drama, as facilitated by an educator in role, helps to sensitize students to concepts such as the human body in nursing and how to think like a nurse.

A REVIEW OF THE RELEVANT LITERATURE

The key theoretical principles which inform this article relate to the nature of process drama as an educative framework and the use of teacher in role and mantle of the expert, as a central pedagogical tools within process drama. In order to fully appreciate the capacity for process drama to support the learning of nurses in a clinical setting, this brief review of literature also considers the educative potential of metaxis, or 'double knowing': understanding gained simultaneously in a fictional and real context. First, however, this review acknowledges the scholarly tradition that brings arts and health together: a tradition from which Mask-Ed emerges.

The links between drama and health have been articulated by applied arts practitioners and scholars from the health field. Christenson (2013: 215) argues that the arts can make medical and nursing students better clinicians' and proposes five different uses of the arts, including drama, in public health: *medical education, prescriptive treatments, healing environments, public health and health care provider well-being*. Medical education is clearly the category of most relevance to this discussion. Interestingly, many of the examples that Christenson provides of current educative practices involve an aesthetic engagement by students with the arts, including drama, but none highlight an embodied, active experience of process drama as a central learning opportunity for students of medicine or allied health.

Karkabi and Castel (2013) draw attention the role they see that can be played in medical education to assist medical students to better understand patients, to gain greater insights into the human body, with a view, just as with Mask-Ed of creating more aware and empathic clinicians. Karkabi and Castel develop and illustrate their argument for a 'humanistic' education for students of medicine through an account of practice – a detailed description of workshops in narrative and visual art-making designed to build empathy and insight. They write, 'Caring for a patient is personal, because each patient is unique in his personality, origin, resources, education and health behavior' (2013: 355).

The art experiences discussed by Christenson (2013) and also Karkabi and Castel (2013) do not canvass artistic embodied practices such as process drama. They do, however, draw attention to ways in which engagement with the arts can provide 'medicine with a personal context', which for students, is a pathway to deeper understanding. In the context of this article, the role of process drama is pivotal to the discussion and an understanding the theoretical underpinnings of this specific arts practice is useful.

Process drama involves participants in a series of structured improvisations, with an emphasis on the process of collaborative discovery and idea

development. It is often used in educational settings (Prentki and Preston 2009) and, unlike theatre, does not have an external audience; hence, the educator and students are simultaneously the actors, directors, technicians and audience (O'Toole and Dunn 2002). The primary aim of process drama is to build skills of engagement, empathy and problem solving. Periods of action are followed by periods of reflection to allow participants to make links between the fictional world of the drama and their everyday reality (Heathcote and Bolton 1995).

Process drama draws heavily on the work of Heathcote and Bolton and other leading drama practitioners in the 1960s, 1970s and 1980s (Haseman 1991; O'Neill 1995; O'Toole 1992). There is no one method, instead, the process of enquiring through drama is emphasized – learning what it is like to be the other, to stand in the shoes of another, to test new ideas within and beyond the fictional frame of the drama. When implementing process drama, teachers draw on a wide range of engagement strategies, from Teacher in Role (TiR) to whole-class-in-role, to more specific, drama-based strategies such as hot seat, thought tracking and role-on-a-wall (Neelands and Goode 2000: 9). What is significant, however, is that the teacher crafts periods of engagement in an aesthetically framed or fictional world that is juxtaposed with times for discussion in the world of the classroom. In the intersections between these distinct modes, the class encounters critical reflection, which clarifies and reinforces learning.

In the nexus between the aesthetic and the transformative, a productive pedagogy suitable for learning across disciplines and professions is situated. Courtney et al. describe the process of learning through drama:

Drama is holistic in its educative effect. As a unity of imaginative thought and dramatic action, it produces changes that transform the way we think, the way we learn and feel, and our moral and ethical attitudes, and it can result in a change of consciousness.

(1988: 177)

The use of drama as a medium for powerful learning for both adults and children has a long heritage. It has been regarded as both art form and pedagogy, particularly in educational settings, since the pioneering work of Dorothy Heathcote in the 1960s in the United Kingdom (Wagner 1976). Heathcote's work introduced the drama education community to many key practices that now underpin teaching and learning in and through drama. She developed and extensively used the TiR concept and the mantle of the expert.

According to Neelands and Goode, TiR is a teaching strategy in which the (drama) teacher or the educator:

manages theatrical possibilities and learning opportunities by adopting a suitable role within a context to excite interest, control the action, invite involvement, provoke tension, challenge superficial thinking, create choices and ambiguity, develop narrative and create chances for the group to interact in role.

(2000: 40)

The educator takes on a role, which has specific educational objectives that drive the choice of role and the way in which it is played. Although the TiR is carefully planned, particularly regarding learning objectives, the action is

improvised rather than scripted as the educator seeks to mediate the teaching purpose through involvement in the drama. This is a sophisticated process requiring the crafting of role (character) and dramatic action and the manipulation of teaching elements and subject knowledge. One of the critical ways in which Heathcote and those who have followed her have manipulated the elements of teaching and learning is by shifting the power differential between teacher and students by placing greater responsibility in the hands of student – a central strategy in this shifting dynamic is the use of mantle of the expert.

This strategy was first developed, and by Dorothy Heathcote and her colleague Gavin Bolton (1995). Put simply, when mantle of the expert is employed, the students are empowered as responsible experts. In committing to the role of 'expert' the student takes on the responsibilities that such an expert would carry, and in doing so, explores the territory associated with that expertise. So within a nursing simulation experience, rather than being cast as recipients of learning, students would be required to act 'as if' they have greater knowledge than that of the educator (who is masked and in role) and be expected to demonstrate this expert knowledge. This is powerfully demonstrated in the example of practice to follow when a purposeful, embodied learning is generated within a dramatic (aesthetic) space.

Augusto Boal, theatre director and community activist, described such a space in which art and purposeful, embodied learning come together as an aesthetic space. He proposed that the aesthetic space 'liberates memory and imagination. Through the properties of the aesthetic space, art and pedagogy meet' (1995: 21).

Boal (1995), also proposes that this engagement in an aesthetic space provides another opportunity, which he describes as 'rehearsal for life'. Within the space, the learner can explore possible outcomes of their actions by realistically responding to an imaginary situation. So student nurses, for example, may come to understand that they are working inside a fictional construction and this understanding allows them to transfer the learning from the experience to the real-world clinical setting for which they are preparing. This 'double knowing' or 'metaxis' is a critical factor in the effectiveness of this learning approach.

In his analysis of the function of metaxis, Boal identifies the importance of the aesthetic space – the fictional world is created using the artistry of the participant – performer. Careful, systematic and artful creation of the role (character) precedes the aesthetic moments when student and character interact. In fact, the steps taken before and during the time that the educator is in role are pivotal to the construction of the aesthetic and the learning space. The educator is not simply wearing a mask and pursuing an educative agenda in role; she or he is working artistically, first crafting the character to honour the reality from which it is drawn, then shaping the encounter in order to maintain the integrity and authenticity of the character. Through this process, students' commitment to the experience may be both heightened and deepened.

A CASE STUDY OF PROCESS DRAMA APPLIED TO NURSING

It is Week 1, Year 1 in a Bachelor of Nursing programme at an Australian regional university. Students assemble for their first class, in which they will be introduced to clinical practice. They are nervous, shy and uncertain of what to expect of the class, of each other, and of themselves.

After an initial meeting and welcoming by the lecturer, students are advised that there are many other members of the teaching team that they will meet during the term. The lecturer excuses herself and advises students that she will return soon. While awaiting her return, a kind elderly man name Cyril (the masked educator), wanders into the lab and begins to engage them in conversation. Implicitly, the students have become enrolled in a learning interaction. This is the first of many encounters that students will have with this Mask-Ed character, Cyril, over the duration of the course. On this first interaction, Cyril is friendly and keen to tell the students that he has the privilege of working with them for the next three years of their nursing journey. He continues on, telling them how he feels proud to be able to help with their learning, and that his grand-daughter is a nursing student too. Cyril giggles as he tells them that he has read all his grand-daughter's books and that from his own experiences he can teach the students so much. He proudly proclaims that he is a butcher by trade and has always had a fascination with the insides of pigs because some of their organs are like those of humans. He reckons he can explain things about how the body works to students. Cyril also says that he is a first-aid guru and knows lots of medical terms, which he can explain to the students.

Cyril, whilst well informed, also has vulnerability, and thus relies on the students to demonstrate their expertise as nurses by caring and assisting him. He indicates that he has a dodgy 'ticker' and asks if anyone can help him out because he is feeling a little short of breath. He asks if someone can find him a chair and he is grateful to the one brave soul who steps forward and assists him. He touches her hand and says 'Thank you dear, I can tell you are going to be a wonderful nurse'.

Because Cyril has congestive cardiac failure, he has a set of specific needs that require the students to engage with the fundamentals of nursing care in an immediate and authentic way. Although not specific to this first encounter, students will learn as first-year students, it is appropriate for them to consider his general vital signs and his skin integrity, as well as to look for signs of oedema and to monitor his fluid input and output.

Encounters such as this continue for several minutes until Cyril is asked if the students can contact anyone for him. Cyril reassures the students that he is ok for now, but he thinks that he should see his doctor and have his symptoms checked out. The students are kind but can't help him very much at this stage. Cyril leaves with the assistance of another lecturer. As he departs he tells them how wonderful they look in their uniforms and how he can't wait to see them next week. Before actually exiting the classroom the educator then de-masks by removing the face mask, de-roles from the character to return to the educator (in front of students) and proceeds to engage learners in a debriefing session. Here the learners reflect on what happened. Hence, after the first episode of the character appearing, students know that behind the mask is the educator guiding and directing the experience.

In the following eleven weeks of the term Cyril would return on many occasions. In doing so there were times that he would guide these new students on what to do and how to care for him. He would coach them to monitor his vital signs and if they were unsure, he would carefully direct the student how to do the skill. He could do this because of his wisdom, past experience as a patient and the knowledge he had from reading his grand-daughter's nursing books. The relationship between the character and students would grow over the term. He would send messages to them via electronic means wishing them well in their assignments and exams. On completion of the course

students would thank Cyril with chocolates and flowers. Humbly he would thank them for their gestures and in doing so he would tell them that they are 'his gifts' and the reason he keeps on going.

ANALYSIS OF THE CASE

Case study is the in-depth examination of a singular event or situation (Yin 2009). The strengths of case study methodology is that it can reveal rich descriptive information about the active and powerful elements within the event that have potential impact, thus revealing aspects about an innovation that can be further developed or isolated as variables for research. Its limitations are that important factors that help to make the situation so effective may be unique and specific to this case, and thus the information and findings from a case study examination may not be generalizable (Yin 2009). Nonetheless, in exploratory educational enquiry where practices appear to be novel and engaging learners, case study method can be useful in identifying powerful aspects about teaching that are transferable and thus useful to disseminate (Riege 2003).

Within this learning activity, where students would become involved in seemingly impromptu health care interactions, they were engaged and challenged. For students to learn in these encounters, the two worlds of learning and client-care needed to be available to them. The carefully structured encounter with a character made a semiotic shift – the lab or classroom was no longer only a literal space of learning but also an imaginative space where engagement with a fictional character can operate alongside the literal space. In encountering Cyril for the first time, the engaged student was 'transported' out of the classroom where they had one role and into the world of an elderly retired butcher who required their nursing attention. Their expectations as students were disrupted (Kuftinec 1997: 171–86), which lead to conditions for powerful learning through a simulation that had drama at its heart. The dramatic process in this context was artistic – or aesthetic – and educative, or transformative.

Unlike learning that takes place in the clinical setting where the stakes are high emotionally, a mistake in this process drama did not have real consequences. The student, fully engaged in the fictional encounter, could learn from mistakes and from the 'life rehearsal'. They could then apply the new knowledge to their real-world clinical duties. Or, as Boal (1995), describes it, he practices in the second world (considered the aesthetic), in order to modify the first (which is known as the social). However, in order for the students to be immersed in the fictional encounter and to be suspended in disbelief, the character used in Mask-Ed had to be convincing, which meant preparation on behalf of the educator.

Preparation of the educator in the Mask-Ed technique involves a two-day training workshop. Here Mask-Ed educators are taught to develop characters in a way that students would want to respond. The characters are designed to be friendly, a little bit humorous, vulnerable and caring. Importantly the characters are wise and they become the coach for the student. These attributes are considered necessary in order for students to feel confident to respond, and to risk engaging in an unpredictable interaction in an unscripted role-play as occurs with Mask-Ed.

Another vital aspect of the experience was that the nurse educator directed the learning in a multi-layered but subtle way. Throughout the term, Cyril prompted, guided, coached and challenged the nursing students in their recall

of key information about a particular learning issue or clinical practice. Students responded to him, drawing on the skills and knowledge. They responded to him as if he were 'real' and, in doing so, they engaged with him in an affective caring domain. It is possible that the knowledge they acquired will be laid down in long-term memory because multiple senses have been engaged. In earlier studies of student experiences with Mask Ed, Reid-Searl et al. (2011), report that students remembered the events with the characters long after the event. By feeling, thinking, and interacting, these learners are likely to be beginning to think and act like nurses, not simply as university students.

Other aspects of the process appear distinctive. While it may appear that the interactions are spontaneous and unplanned, in fact a lot of preparation has gone into the experience in order to move it beyond entertainment and beyond conventional simulation learning. First, as previously explained, the educator has been trained in a two-day workshop in how to build the role and the stance of the character so that he or she is simultaneously knowledgeable about health, but in need of nursing care.

Second, the 'patient', Cyril, was in fact, the nurse educator for this class. She assumed this alter ego with realistic prosthetics that include a mask of Cyril's head and anatomical parts. Some of the prosthetics leave nothing to the imagination of the nursing students, but all of them are critical in appreciating the reality of body work in nursing and in the acquisition of real clinical skills, including communication and technical skills, albeit in a simulated setting.

Third, the content and process of the encounter included gentle guidance for the students so that they built confidence, and, once introduced to the idea of the nurse educator in role as Cyril, they would realize that there will be ongoing encounters with this 'patient' and there were expectations that they would all be involved in interacting with him.

Fourth, while learning important cognitive skills and gaining useful insights, students were also affectively engaged. They encountered Cyril's emotions, including fear and uncertainty, sometimes sadness or joviality. Students experienced laughter, curiosity, constant feedback that was validating and supportive. Through this combination of cognitive and affective learning, the students gained insights into what it must be like to be in Cyril's shoes – unwell, in hospital and without family and friends around. Importantly also, they come to understand their own role in the practical care of the patient.

DISCUSSION

In this learning, TiR has been used differently from how it is employed in a drama classroom through use of the mask (O'Toole and Dunn 2002). Using a mask enhances the opportunity for students to engage because the educator cannot be seen while students are interacting with the 'patient'. The lifelike nature of the mask and other prosthetics used by the nurse educator invites a commitment to the fiction of the character and the world that they infuse into the classroom setting. In drama education, a series of protocols and strategies similar to those introduced by the teacher before and during the TiR session is designed to immerse students in the fictional frame established by the teacher. The centrality of the mask to the educative process in the nursing context highlights one of the ways in which the drama pedagogy has been adapted to address the specifics of the nurse educator's needs – to provide a rich, immersive and embodied experience while maintaining a focus on the development of real skills.

These skills can be practised more comfortably on Cyril (or some other character) than on the teacher or a laboratory dummy. This is powerfully demonstrated when the lecturer, as Cyril, requires assistance with more personal aspects of care such as toileting. Nursing, unlike many of the other health disciplines, requires the practitioner to engage with intimate parts of a person's body in a manner that reduces embarrassment, shame or abjection; these negative emotions should be replaced with acceptance and fortitude, for this is how healing begins. Because students develop a relationship with the character they are learning to look after a person rather than just undertaking a skill. Thus, embodied engagement is implicitly learned.

CONCLUSION

When nursing education meets process drama, the artistry of the teacher is a gentle provocation to the nursing student to – embrace the human side of nursing, and to continue thinking not just like a nurse, but a humane and empathic nurse.

While this approach does indeed forge a bridge between education and artistry, the nursing educator who employs drama-based enquiry need not become an actor. Rather, the premise is that the educator sees herself as embracing the artistry of teaching. Drama educator Jennifer Simons (2002) identifies several ways in which teacher artistry may be enacted for any number of pedagogical purposes. The educator employing artistry reads the body language of the students, looks for potential metaphors in the topic, guides learners to select a focus, to research or to reflect on a topic, and remains alert for the learning in the 'fun' activity. According to Simons, such educators also

manage energy, lay trails, weave ideas together, sense what the learners want, withhold expertise in order to maintain tension and surprise, and 'smell' emerging scents ... Teacher and task become inseparable: teaching becomes a form of artistry in which it is hard to tell the dancer from the dance.

(2002: 2)

The simulated learning experience described as Mask-Ed (KRS Simulation) brings together a creative fusion of health and drama and of classroom education and clinical practice. In the aesthetic educative spaces that are created, students are invited into a world of memorable and powerful learning for the real world via the world of the imagination. Students have an opportunity to put the knowledge learned through lectures or reading into action; they really begin to think and act like nurses.

Active engagement in activities that are both intellectual and artistic is one way in which we can re-evaluate our perceived reality and our collective habits of thinking and acting. This engagement can expose communities and decision-makers to previously unimagined ideas that challenge our values and lead to personal growth, lifelong learning and change.

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