

# 'Don't talk like that: It's not just what you say but how you say it': The process of developing an applied theatre performance to teach undergraduate nursing students communication skills around paediatric end-of-life care

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**‘Don’t talk like that: It’s not just what you say but how you say it’: The process of developing an Applied Theatre performance to teach undergraduate nursing students communication skills around paediatric end-of-life care**

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**Abstract**

The project aimed to explore the effectiveness of drama and nursing students working collaboratively to develop communication skills based on situations nurses face working with children in palliative and end-of-life care. Interactive theatre techniques were developed in the participatory performance and embedded in Noddings’ concept of care education. Based on findings from pre and post intervention student feedback the results demonstrate and exemplify how performance can offer new ways of understanding the caring encounter. Through facilitating re-enactment of their real-life scenarios pre-registration nursing students both discussed and practiced nurse: patient interactions, reflecting on how caring and uncaring communication sounds and feels. Role-play and simulation is not new in training nursing students but the innovative aspect of this project was the way working with drama students enabled participation and reflection through elements of ‘Simultaneous Dramaturgy’ and ‘Forum Theatre’ in this paediatric palliative context.

**Keywords**

communication skills

participatory performance

interactive techniques

palliative care

care education

Forum Theatre

## **Introduction**

The initial premise in developing the project was that drama and performance students could help pre-registration nursing students develop communication skills to deal with the potentially difficult situations they face working with children in palliative and end-of-life care. This could be seen within the broader context of student nurse education. It could contribute to knowing about and learning about what it means to care. Noddings (2002) recognized the importance of students practicing and reflecting on the act of caring, intuitively embedding the act of caring as a way of thinking and a way of acting and engagement. She observed, ‘The attentiveness of caring is more receptive than projective... Caring is not controlled entirely by the carer it is a mode of shared control’ (Noddings 2002: 13–14), suggesting that the connection between the carer and the cared-for is reciprocal and that both should be able to give and receive attention.

The intention was that drama and nursing students could learn from each other and the reciprocal nature of this peer encounter was integral to the project. This article explores the development of an Applied Theatre performance and Noddings’ (2011) four key components of care education: modelling, dialogue, practice and confirmation. These components provide an informative basis for the analysis of the data. The project aims to explore how and whether interactive performance has the potential to enhance the quality of nursing care and the development of specialist roles in drama.

## **Background**

The ability to communicate effectively, both with patients, their families and interdisciplinary colleagues, is a mandatory core skill for all nurses (Nursing and Midwifery Council 2015).

Poor communication is identified in the NHS as having wide-ranging negative effects that impacts on patient care with an associated economic effect (McDonald 2016).

Communication around end-of-life care, however, can be challenging for both student nurses and their lecturers, particularly in relation to the comparative rarity in practice and the emotive nature of conversations. Communication training therefore forms an important and integral component of undergraduate student nurse learning, transecting both academic and practice settings.

A range of methods have been used to teach communication skills in end-of-life care to pre-registration student nurses, including role-play, simulation and participatory drama activities (Efstathiou and Walker 2014; Gillan et al. 2014; Ladd et al. 2013; Tuxbury et al. 2012).

Teaching through simulation and role-play became a popular approach in the 1970s to avoid the obvious problems with medical students practicing on real patients, ‘Medical schools promote this form of simulation as pedagogically useful in that it allows the role-player to exercise their critical and emotional faculties as they respond to a real person’ (Brodzinski 2010: 121).

This approach has been adopted internationally and there are many examples of recent good practice in simulation exercises that have enhanced and refined learning experiences for nursing students ‘that amplifies, mimics or replaces real-life clinical situations’ (McAllister et al 2013: 567). In order for the simulation or role-play to be effective the protagonist or actor needs to give a truthful and sincere performance and ‘the quality of fidelity or authenticity is a critical factor in the exchange between simulated patient and health-care student’ (Loth et al. 2015: 291).

There are also examples of interdisciplinary role-play with nursing and drama students working together. These include a project at Miami University in Ohio where Susan Reams and Carol Bashford (2011) replicated the first patient interview that nurses undertake. Their study aimed to provide an experiential learning opportunity for students to practice nurse–patient interviewing skills in a realistic manner that will enable them to transfer the skill set to the clinical setting, ‘By practicing repeatedly within a safe environment, nursing students can gain the confidence they need to approach their patients and interdisciplinary colleagues’ (Reams and Bashford 2011: 42). In acknowledging the reciprocal benefits for students Reams and Bashford (2011) concluded that the theatre-student-as-patient methodology of teaching allowed theatre students to engage in detailed character work in their applied settings.

Drama has proved to be an adaptable approach for enhancing student learning generally across a range of nurse education contexts with perceived transferable benefits including longevity of impact as a direct result of it being a novel approach (Arveklev et al. 2015; Middlewick et al. 2012). Forum Theatre, a participatory drama technique created by Augusto Boal (1979), in particular has been shown to be beneficial to action-based learning. Using this approach, a situation of inequality, in terms of power and status, is identified by the audience and presented to them as an improvised scene. When the scene is re-played any audience member can stop the scene and the facilitator or ‘joker’ (Boal 1979) invites them to replace the oppressed protagonist to try out different actions. Each participant ‘[...] assumes the protagonic role, changes the dramatic action, tries out solutions, discusses plans for change- in short, trains himself for real action’ (Boal 1979: 122). Although Forum Theatre provides a safe environment for students to practice and develop communication skills the approach does not suit all learning styles partly due to the level of active participation required (Middlewick et al. 2012). This study aims to provide new insight in developing

communication skills in this rare specialist area addressing the dearth of evidence in relation to the use of Forum Theatre with nurses working in palliative care with children.

### **Communication skills for Applied Theatre**

Fifteen drama and performance Bachelor of Arts students from a cohort of 60 opted for a second-year Applied Theatre module. Students on this module needed to develop specific communication skills in order to fulfil the learning outcomes that include the ability to lead a workshop, facilitate a group discussion and take on a role in an applied theatre context. The delivery of the participatory performance to targeted participants, in this case student nurses, provided a realistic professional context for their summative assessment. Students were additionally required to engage with the audience and show an understanding of how theatre could be used to intervene socially.

Because of the sensitive nature of the subject matter it was important that drama students knew what the content of the course would be when they opted for the module and that lecturer support and university student support services would be available to them if required. Ethical approval was obtained from the Institute of Humanities and Creative Arts Ethics Committee prior to the start of the study. The ethical approval and participant consent form made it clear they had time to consider participation and opt out before a given date. To fulfil the ethical approval requirement all drama students agreed to participate in the study, take part in a communications workshop, produce a participatory performance and complete pre and post workshop questionnaires. The questionnaires were developed to gain insight into students' perceived impact on the development of key communication skills needed for Applied Theatre projects.

**Table 1:** Pre- and post-project questionnaire.

Skills audit					
How developed are your skills in the following areas?	Excellent	Very good	Good	Poor	Don't know
1. Ability to communicate clearly					
2. Ability to lead a workshop					
3. Ability to facilitate group discussion					
4. Ability to take on a role in an Applied Theatre context					

Additional qualitative questions were added to gain greater insight into their responses to the inter-disciplinary aspects of the project and the sensitive nature of the work:

Pre-project additional questions:

1. What do you hope to learn from working with students in another subject discipline?
2. What do you think you need to know about drama and nursing before you can effectively take part in the project?
3. Have you any concerns about taking part in the project?
4. What support do you think you will need from the project leaders?

Post-project additional questions:

1. What have you learnt from working with students in another subject discipline?
2. What are the positive aspects of the project?
3. In what ways could the experience of taking part in the project be improved?
4. Would you recommend this work for your students in the future?

### **Performance development**

Students worked intensively for one day a week (9.15am–5.15pm) over twelve weeks in a drama studio to develop the final interactive performance. The tutor worked with the students to help shape the material into a script and offered opportunities in the sessions for group discussion and after the sessions for individual de-briefing. The performance itself integrated participatory elements with short, filmed monologues that gave different nurse and patient perspectives including the student's own experiences of treatment in hospital. This article will focus on the development of the participatory techniques.

At the start of the devising process drama students attended a workshop on developing advanced communication skills in palliative and end-of-life care delivered by lecturers in nursing. The session used a range of mediums, for example, PowerPoint slides, audio, video and discussion to explore communication across a range of settings. This was inclusive of communicating bad news such as telling of a cancer diagnosis or discussion of withdrawal of treatment in an intensive care setting. A simple communication tool, 'PEAS and Cues: Pausing, empathy, acknowledging and summarizing' was used. The importance of looking for cues was explored to help students think about responding to patients and their families. Pre-registration nursing students provided anonymized real-life scenarios encompassing an array of potentially difficult conversations from their experience of clinical practice that were used by drama students as a stimulus for the participatory performance (Table 2).



**Table 2:** Clinical experience scenario example.

<b>Briefly outline an interesting, difficult or challenging clinical situation you have faced or witnessed relating to palliative, end-of-life or bereavement care.</b>
<ul style="list-style-type: none"> <li>• Infant patient on acute ward.</li> <li>• Patient was in acute heart failure and medical staff were of the opinion that she was nearing the end of her life and further intervention would not be in her best interests.</li> <li>• Consultant then informed the mother.</li> </ul>
<b>What were the difficulties/challenges?</b>
<ul style="list-style-type: none"> <li>• Mother did not agree that no further intervention should be given.</li> <li>• Requested full resuscitation – did not accept that her child was going to die.</li> </ul>
<b>Outline how the issue was resolved or what you learnt from the experience?</b>
<ul style="list-style-type: none"> <li>• Palliative care nurses sat down with Mum and had a very open and honest conversation about the professional opinion.</li> <li>• Supported Mum to accept child's imminent death and discussed where she wanted the child to die.</li> </ul>

In order to focus the situation dramatically drama students used Boal's Image Theatre (Boal 1979) to create a structure of three images. The actual image shows the difficult situation the nurse is in with respect to her interaction with the mother, the ideal image shows how this could be resolved in an ideal world and the transitional image is a bridge between the two. This process helped shape and refine the scripted improvised scene (Table 3).

**Table 3:** Scripted scene – challenging communication.

<b>Script</b>	<b>Scene 2</b>
Nurse	Well, we've come to a clinical decision as a team that the best course of action would be to halt treatment.
Parent	...What?
Nurse	We think proceeding could potentially cause unnecessary suffering.
Parent	But it's your jobs to make her better!
Nurse	We understand that her treatment is our responsibility but it's also our duty to ensure the well-being of the patient and keep their best interests at heart no matter what the outcome.
Parent	You don't understand, she's my daughter! Why can't you just try the resuscitation?
Nurse	We could go ahead with the resuscitation if you insisted but we have to disclose it could result in a coma or unnecessary pain for the patient.
Parent	<b>Yes but... I don't want her to die.</b>

Rather than expecting nursing students to participate vocally in the performance straight away, TurningPoint voting software (Turning Technologies 2017) was used initially to open up a gentle dialogue with the audience. In this scenario (Table 3) the student facilitator reiterated that the parent was clearly distressed and asked the student nurse audience how they think the nurse should respond (Table 4) (Band C are seen as positive ways to respond and A and D negative).

**Table 4:** Voting options.

	<b>Possible responses from nurse</b>
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A	Don't talk like that
B	It's not easy for you is it?
C	Says nothing – hold patient's hand
D	There's a time for all things – it's out of our control

The voting pattern of the audience depicted in bar graphs was displayed to the audience. A student facilitator then asked the actors to commence the scene using the selected phrase or non-verbal communication with the most votes from the audience initiating a discussion about the nurse's communication skills. The anonymity of the voting system made it an unthreatening way to begin to engage the student nurses.

In the second half of the performance the intention was to build the level of participation using the Forum Theatre technique. One of the real scenarios described a situation where a child was admitted feeling generally unwell. Doctors had concluded that the child had a lymphoma but doctors were waiting for the results of tests for diagnosis to be confirmed. In the devised scene the father waits for his son's test results and a well-meaning nurse ineptly attempts to offer support in the following way:

**Table 5:** Scripted scene – inept communication.

<b>Script</b>	<b>Scene 4</b>
Stage Directions	<i>The nurse approaches the father and sits very close to him. The father does not get a chance to answer the questions the nurse asks him; he is constantly interrupted. The next two lines are spoken at the same time.</i>
Nurse	Hi, Hello, how are you? You doing okay? Can I get you anything?

	Tea? Coffee? Coco? Hot Coco? <i>pause</i> Squash? Look, would you like a biscuit, something to eat, I can get a sandwich, maybe something from the vending machine?
Father	<i>(Trying to interject)</i> Hi, yeah [...] I'm fine [...] No, it's fine [...] I'm just waiting for the doctor [...] I'm not hungry [...] <i>Nurse stops speaking</i> I just want to know what is wrong with my son, no one is telling me anything.
Nurse	Yes, the doctors have an idea of what's going on but they don't want to cause unnecessary worry without confirming their speculations first. <i>Nurse rubs the father's back</i> I don't want to worry you [...]. it might not be but it looks like your kid has got a lymphoma.

The scene is purposely showing the nurse's lack of sensitivity as he overwhelms the father with endless suggestions of hot drinks and food he could purchase, rubs his back inappropriately, invades his personal space and finally suggests the possible diagnosis. These interactions informed discussion focused on the use of pausing, empathy, acknowledging and summarizing in communication. When Forum Theatre is fully realized an audience member replaces the actor and leads 'the action in the direction that seems to him most appropriate' (Boal 1979: 139). This technique requires a high level of confidence from the participants and for nursing students to place themselves in effect onstage alongside drama students. Simultaneous dramaturgy is the first stage of the Forum Theatre technique and allows the audience to suggest ways in which the nurse could improve 'without necessitating his physical presence on the stage' (Boal 1979: 132). The skill of the actor is in re-playing the scene taking on board the suggestions and truthfully trying out the audience's ideas. This is



The qualitative data were transcribed and initial codes identified. The codes and data were carefully reviewed leading to the identification and naming of the five themes: understanding nursing perspective; empathy; using theatre as a tool; support and working together as a group.

### ***Care education***

Responses to the pre and post project qualitative questions were reviewed referring back to Noddings' components of care (2011). The first of these is modelling which she sees is vital and 'the capacity to care may be dependent on adequate experience in being cared for' (Noddings 1992: 22). Pre-project questionnaires (a) revealed that drama students saw the support from the tutors as crucial in their capacity to be aware of the needs of the group to be 'a lecturer I can trust' (Reeves 2017: participant number 5a), to offer 'guidance and supervision' (9a) and provide 'a keen eye for discomfort' (15a).

This modelling of care required tutors to think beyond the time spent working together and how the experience might impact on the students' lives outside of the sessions so students were provided with 'a time to de-brief [...] so we don't carry the emotions with us into our daily lives' (1a).

We have to show in our own behaviour what it means to care. Thus we do not merely tell (our students) to care and give them texts to read on the subject, we demonstrate our caring in our relations with them. (Noddings 2011: 226)

In her explanation of the term 'dialogue', Noddings explains that she uses it in a similar way to that of Paulo Freire (1972) by demanding *real* interaction: 'Dialogue is open-

ended: that is in a genuine dialogue, neither party knows at the outset what the outcome or decision will be' (Noddings 1992: 23). In the pre-project questionnaire many students commented on their expectation that in the broader context when working with students in another subject discipline they would bring 'different viewpoints' (6a), 'knowledge of different disciplines' (5a) and 'a different way of thinking' (10a). Some students referred more specifically to the experiences of nursing students 'to gain a better understanding of the nursing community' (14a) whilst others refined this further to focus on empathy and learning 'how they cope with sensitive subjects' (7a) or related it back to their subject area and hoped to 'educate them in our work as well' (3a). Implicit in their comments are the communication skills required to share their knowledge of drama methodology and gain new knowledge of nursing practices, 'Dialogue permits us to talk about what we try to show. It gives learners opportunities to question "why," and it helps both parties to arrive at well – informed decisions' (Noddings 2002: 23).

In the post-project questionnaire (b) drama students thought some of the most positive aspects of the project overall were the opportunity of 'learning something new' (10b), 'working in a different way' (13b). For some this was a 'new challenging experience' (11b) and most importantly made them work outside of their comfort zone; 'comfortably pushed to the limits' (7b). The post-project questionnaires also showed that drama students' expectations of working with students from another subject discipline were largely met and many commented on the way they had 'gained respect for nurses' (1b and 3b), 'the struggles of their profession' (11b) and an appreciation of 'how their behaviour differs from ours' (7b). Noddings also stresses the need for practicing care, 'The experiences in which we immerse ourselves tend to produce a "mentality" [...]. If we want to produce people who will care for another, then it makes sense to give students practice in caring and reflecting on that practice' (2001: 228).

Drama students saw the project would help them understand in what way nurses care and ‘How to be empathetic and present real life characters sensitively’ (11a). Students acknowledged this meant using the ‘correct terminology’ (1a) and ‘source material’ (15a). The development of communication skills was the original focus of the collaboration and students liked applying their drama techniques and seeing ‘how theatre can be used as a tool to educate a group of people’ (13a) and also appreciated the transferable skills the project provided and its real-life context ‘as it promotes a wide range of different approaches and avenues to go down’ (4b).

Seven of the fifteen students cited their main concern about taking part in the project as getting too emotionally involved. Whilst one student stated ‘my emotional stability may not be strong enough’ (2a), others referred to particular reasons that affected them personally such as ‘due to recent bereavements’ (13a) or being a parent themselves and having to look at ‘infant bereavement’ (15a). Fear of the unknown and not knowing how they might react also affected some, ‘Not being used to subject matter can affect autism, possibly feeling uncomfortable taking part’ (8a). Noddings asserts this in-depth knowledge of a person is crucial in a sustained caring relationship, ‘When we confirm someone, we identify a better self and encourage its development. To do this we must know the other reasonably well’ (2011: 229). When asked in what ways the experience of taking part could be improved some felt it would have been helpful to ‘meet nurses before’ (12b) and that some nursing students were ‘perhaps not as engaged at helping drama students’ (8b).

Noddings’ final component of care education is ‘confirmation’ which it was not possible to address within the confines of the participatory performance lasting about an hour (2011:229). It involves the continuity of the patient carer relationship built up gradually so there is a trust that situations will be dealt with sensitively over time. The trusting relationship was modelled as drama students created the participatory performance that was then reflected



in the way they interacted with nursing students. The experience for the actors portraying the nurse and distraught mother (Table 3) was intensified by the necessity not to be insensitive in the way the real life characters are portrayed: 'to perform in a way that doesn't offend health care professionals or people involved' (3a). Noddings suggests dialogue allows us to evaluate our attempts to care:

Through dialogue we learn more about the other, and we need this knowledge to act effectively as carers. As we try to care, we are helped in our efforts by the feedback we get from the recipients of our care. (2011: 228)

The recipient of care in this case is the actor in role as the distressed Mother and the feedback she gives to the responses of the nurse help to shape the understanding of the audience in the best way to communicate in this situation. This level of trust was developed through dialogue and practice within the rehearsal process. Table 5 shows how later in the performance drama students were required to perform in a deliberately insensitive way to give the nursing audience plenty of scope for developing communication skills.

The key strengths of the study include interdisciplinary collaborative working using interactive drama techniques to explore difficult, but important, communication situations that student nurses can face during their training. The use of voting software allows the participation to be introduced gently and students to interact anonymously at first.

The nursing students were not expected to immediately take on a role but to get involved at a level they are comfortable with through Simultaneous Dramaturgy and Forum Theatre that take real situations as their basis. The Forum Theatre technique could be seen as a method that embodies Noddings' components of dialogue and practice and fosters the caring relationship between drama and nursing students, 'It connects us with each other and

helps to maintain caring relations. It provides us with the knowledge of each other that forms a foundation for response in caring' (2002: 23).

Drama students articulated the positive dynamic of developing close relationships with those on the course and working with students from another subject area. Findings showed that the drama students felt they could now view situations from the perspective of nurses working in palliative and end-of-life care with children. This is important as it demonstrates Noddings' components of care education operating in these two distinct and intrinsically linked ways (2011). Students' initial fears of developing the participatory performance based on real scenarios and sensitive subject matter were partially overcome in the way we worked together as a group embracing Noddings' four components of care. Their enthusiastic feedback reinforced the power of this approach as all students stated they would recommend this project to others in the future.

An identified limitation of the work was the inability to facilitate drama and nursing students working together prior to the participatory performance. In the original planning students would have jointly participated in the advanced communications workshop and had the opportunity to explore the nursing scenarios together. This might have resolved the frustration that drama students had in getting the nursing students to participate fully in the performance. Because of this restriction in the length of time students spent working in an inter-disciplinary way it could be seen that Noddings' fourth component of care, confirmation, was difficult to establish between drama and nursing students as they simply did not know each other well enough.

Bergman emphasises the degree to which Noddings' components of care education require personal investment in seeking to really understand the student:

In the four great means of nurturing the ethical ideal- modelling, dialogue, practice and confirmation – the best self of the educator seeks a caring relationship with the best self of the student. That means responding to one's own sense of 'I must' by asking, 'what are you going through?' (Bergman 2004: 156)

For drama students this worked on two levels within their own group creating the performance and in relation to the audience responding and participating. Its overall impact on particular students was very rewarding with the acknowledgment of their personal involvement: 'this module has helped me develop as a person and as a student' (11b).

### **Conclusions**

The project aimed to explore the effectiveness of drama and nursing students working collaboratively to develop communication skills based on situations nurses face working with children in palliative and end-of-life care. This was complex as drama students were developing their Applied Theatre communication skills in a professional setting in order to help nursing students develop their communication skills in a medical environment. Drama students needed to care for their audience, thinking hard and being sensitive to their experience and needs so the performance involved 'an invitation, a dialogue and an opportunity for reciprocity' (Thompson 2015: 439). Nursing students had the opportunity to respond in their own way to the framework established by the drama facilitators and by caring and being cared for in this way helped to develop their communication skills.

The performance offered much more than a training exercise and the drama techniques combined with the specialist nursing context 'opens up the potential of the work from a functional transaction to a creative encounter' (Brodzinski 2010: 16). Student nurses working

in palliative care with children is relatively rare and this study provides new insight in developing communication skills through interactive participation.

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### **Contributor details**

Alison Reeves is a senior lecturer and course leader at University of Worcester with particular interests in Applied Theatre and Directing. Her work with *Language Alive TIE*, specializing in bilingual projects led to Arts Council funding to work with The National School of Drama TIE Company in New Delhi. As a founder member of Voicebox TIE she established the *Equal Voices* International Arts Festivals showcasing performances from the Birmingham and Delhi. Her recent research is focused on five applied programmes she devised and directed (2011–2016) that aim to raise educational aspirations and develop widening participation.

Dr Sue Neilson, Ph.D., MSc, BSc(Hons), DPSN D, RSCN, RGN, is a lecturer in the School of Nursing at the University of Birmingham. Doctoral funding and a NIHR/CNO post-doctoral lectureship enabled Sue to combine her clinical nursing role with associated academic work before moving full-time to an academic post in 2015. Sue is a qualitative methodologist, her research focusing on paediatric palliative and end-of-life care and bereavement support. As well as teaching both at undergraduate and postgraduate levels Sue is supervising research fellows. Sue has an extensive clinical nursing background in paediatric oncology and holds an honorary contract with the palliative care team at Birmingham Women's and Children's NHS Foundation Trust.

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