

Review Article

Forum Theatre Play for Patient Safety Education: Experiential, Engaging and Immersive

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Abstract

Forum Theatre Play (FTP) is an interactive educational method used in healthcare to enhance patient safety by allowing staff to rehearse, reflect on, and improve upon difficult, often high-risk, situations. Unlike traditional training, FTP presents a realistic scenario that ends in an unsatisfactory or unsafe outcome, which the audience then intervenes to fix. FTP play promotes active participation, empathy, and critical reflection by encouraging participants to engage with complex issues through embodied practice. It deepens understanding of the human (patient and healthcare worker) experience and facilitates meaningful dialogue across diverse perspectives.

In tackling the issue of patient safety, FTP has strong potential for:

- Improving communications skills
- Unravelling and managing hierarchy and power issues
- Addressing biases and discrimination
- Discussion on end of life care and trajectories
- Discussion on mental and psychosocial health issues
- Resolution of team conflicts
- Addressing other challenging situations which may present as barriers to execution of patient safety initiatives
- Revealing unexpected or unintended situations or outcomes.

As an educational methodology, FTP utilizes concepts of simulation-based learning; i.e. provision of experiential learning, repetitive practice (scenarios can be repeated multiple times), safe space for education and creation of greater systemic awareness. The stories and narratives crafted in the context of patient safety can be emotionally charged when presented through FTP, thus, the need to have faculty and facilitators who are confident, versatile and experienced to handle the sessions. This should not be viewed negatively as when the audience “feel” the scenario, it can have more impact, create greater empathy, stimulate discussion and perhaps even change behaviour and practice. In this paper, the authors share their insights and experience pertaining to the benefits and challenges of FTP as a patient safety educational methodology.

Introduction

Whenever a story or narrative is attached to an experience, the learning can be more impactful, more significant and memorable. Stories and narratives appeal to our affect and emotions. They tug at our 'heartstrings', which accounts for the better retention and lasting effect. We 'feel' the story, we may identify with it, we can repeat it and share it [1, 2]. Stories attract attention, promote critical thinking, create empathy and inspire change as needed. This is the transformative effect of stories we can tap on, over and beyond just using education for interventions or behaviour change [1-6]. This is also where being innovative with the use of stories/narratives can uplift the impact of education, which on its own, is ranked low on the Hierarchy of Intervention Effectiveness [7]. Forum Theatre Play (FTP), sometimes known as Experiential Theatre, represents an interactive simulation-based educational methodology whereby actors stage a scenario (could be a daily type encounter, a challenging or sensitive situation, a controversial theme, an unresolved encounter, etc) and the 'audience' (made up of healthcare staff, learners, patients and family members, in our context) is allowed to intervene/ 'stop' the scene, take-over or replace the actor or character on stage, and 'act out' alternative or appropriate actions [8-10]. In this context, the audience is able to 'replace' the character being staged and demonstrate another option or showcase an interpretation of how the situation can be handled with better communications, greater empathy, the correct steps of doing certain actions or clinical resolution. This involves the audience making the interpretation of the scenario being staged and how it should be handled more appropriately. It requires them to be able to conduct an analysis in their mind, have sufficient knowledge to apply, pluck their courage to present in front of the audience and innovate the role-playing task. Every single step of this process involves active learning [11-14]. FTP generates interest, awareness, and motivation, all while encouraging active engagement in relevant learning, reinforcement of good practices, and support from trainers. In doing so, FTP meets the fundamental conditions for learning [15].

Discussion

Forum Theatre Play

FTP is an improvised theatrical technique that is now often used as an educational intervention. It commenced as a spin-off from Augustus Boal's "Theatre of The Oppressed" [16]. Boal was a Brazilian theatre practitioner

who worked with an educator to advocate a participatory model of learning using theatre. He promoted learners as co-creators of their own knowledge. The audience will co-explore alternative ways to act out a scenario, which is constructive, productive and ethically acceptable. They will share their point of view and thinking frames when they act out the initial scenario once more, with their own twists and inputs. The initial scenario can be played out multiple times with actions reflecting the wishes and feedback from the audience. One of the key objectives of FTP is to make the audience the agent of change [16, 17]. Today, FTP has expanded and been adapted in healthcare settings and medical education. The strength of FTP is the active, experiential and participatory learning it offers. This is relatively similar to other forms of simulation-based learning [12, 18, 19].

The elements of FTP include [9, 11, 17]:

1. The Scenario or Scene: this is where 'actors' play out the scene featuring some conflict, unresolved issues, unsatisfactory outcomes etc, in the appropriate context
2. The Facilitator or (trained) Faculty: this person will bridge the gap between the actors and audience/ learners, set the rules of 'play', encourage active participation, asks stimulating questions to encourage lateral thinking and reflection as well as guide everyone through the initial enacted scenario to the edited or 'corrected' one, at the end
3. The Audience or Learners: they are the participants attending the FTP session, who should be ready for active engagement. They will be encouraged to ask questions, participate, speak up, offer alternatives, replay the role on stage and share in the discussions and reflection.
4. The Play or Scenario: this refers to the initial performance by the actors and the subsequent multiple iterations, with different alternatives, role-playing audience suggestions and different audience interventions being tried out.
5. The Reflection: this is the powerful part where learning takes place as in other forms of reflective learning [17, 19, 20]. The facilitator can guide this session, or 'free flow' sharing is encouraged. This also depends on the composition of the audience (e.g. their seniority, experience level, comfort level for sharing, hierarchy, power distance, ability to explore various options, applications and outcomes)

The value of using a platform such as FTP is that [21-24]:

1. It injects life to didactic learning. Learners become active participants and contribute
2. It bridges the theory-practice gap. Learners may not retain a significant amount of information they read, but when experiential and active re-enactment takes place, there can be deeper understanding, with a greater likelihood of changing behaviour and practice
3. It can enable inter-professional engagement through well-crafted scenarios and thus, strengthen Inter-Professional Collaborative Practice (IPCP), which is essential in healthcare today.
4. It offers a safe 'container' for learning, characteristic of simulation-based learning, where mistakes can be made without harming patients or anyone. Different approaches are explored and tested. Psychological safety is maintained and this is critical to help instill and strengthen confidence in learners
5. The emotional elements portrayed during the staging of the scenario, can help impact levels of awareness and empathy of the audience.
6. It is relatively low cost. The sessions can be conducted in any available room or space, with no requirements for special equipment. It can be repeated as part of in-service learning.

Applying the principles of simulation-based learning such as repetitive practice, immersion in the scenarios and active, experiential participation, ensure high levels of engagement and maintenance of interest amongst learners, across all generations [23-26].

As with any other methodology, there may also be some challenges when using FTP:

1. The preparation can be labour intensive. It requires adequate conceptualization and planning, engagement of the actors and writing the scenarios. These are resource-intensive involvement on the part of the planning/

coordinating faculty. Training the faculty team in identifying potential disruptions and recognizing factors that may reduce efficiency during FTP in advance will also require time and effort

2. Often the faculty does all the planning in their own time. There is no dedicated time allotted for this, which may be a constraint. However, the positive part is that these faculty are very passionate about what they do and thus, may still continue to offer their services. This is also especially true when they derive satisfaction from seeing the impact their programme can have, as well as the possible outcomes. For FTP sessions planned within one's own institution, allocating dedicated time for planning and implementation may enhance faculty's motivations.
3. Despite being labour and resource-intensive, the cost is generally reasonable, unless professional actors or acting groups are engaged. In such instances the charges may be high. To get around this issue, faculty may gather volunteers who may do it at no or minimal charge.
4. Some may find it difficult to write the scripts for the scenarios. This can be overcome by using any departmental register of errors, lapses, near misses or complaints that have happened. These can be good starting points for the script, which need not be long or complex. Scenarios derived from real life events may also increase the level of acceptance by both faculty and participants [27]. Moreover, including these register-derived scenarios provided the additional benefit of working towards departmental and institutional improvement, which might result in greater "buy-in" from patient safety, governance and managerial teams.
5. In some societies, eg. Asian society, learners may be shy and less vocal, which makes their participation difficult and less forthcoming. To get them to open up, it is important to provide pre-briefing, ensuring that the platform offers a safe space, where psychological safety, respect and courtesies will be maintained [25].

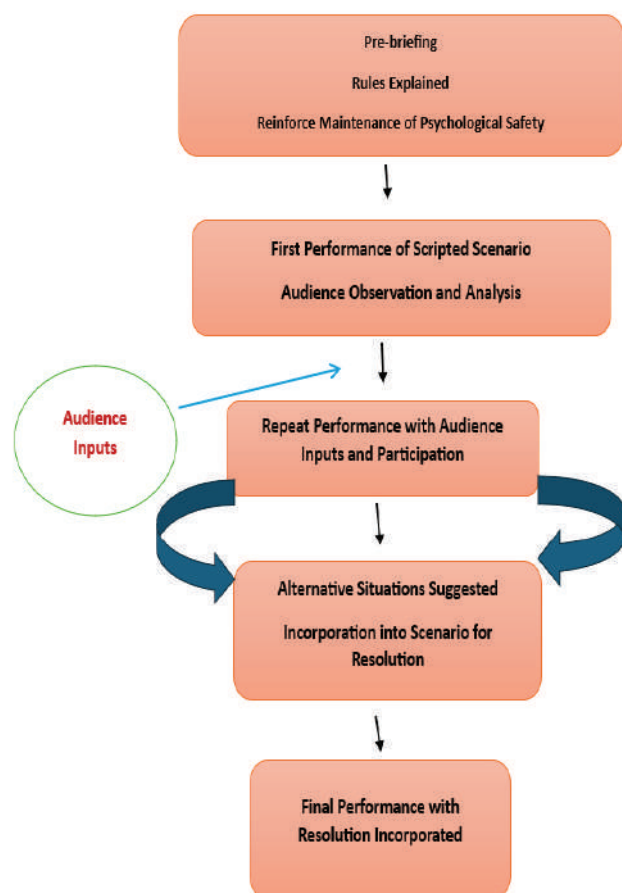


Figure 1: The Flow of the Forum Theatre Play Methodology

Learning Theory

The use of FTP is based on the application of learning theories, some of which are discussed below:

1. **Memory consolidation:** Memory consolidation refers to the process by which newly formed, labile memories become stabilized into long-term, durable forms [28]. Early in learning, memory traces rely heavily on the hippocampus, but over time they are reorganized and integrated into distributed neo-cortical networks, becoming more stable, and less susceptible to interference. This transformative process requires time and repeated reactivation of the memory trace [28]. FTP aligns with this consolidatory mechanism. Each cycle of scenario enactment, audience intervention, and reflective discussion theoretically provides repeated reactivation of the same memory trace in slightly varied contexts. By providing the opportunity for 'neural replay'

– reactivation of hippocampal activity patterns – during the learning session itself, FTP enhances the likelihood of consolidation of learning into long-term memory.

2. **Reconsolidation:** This is a relatively new concept in the neurobiology of memory formation. It is believed that under some conditions, long-term memory can transiently return to a labile state and then gradually restabilize. In this process of reconsolidation, it is purported that a stored memory is reactivated (e.g., through retrieval, cues, or context). This reactivation makes the memory labile. The memory must then be restabilized through protein synthesis and neural reorganization. During this neural reorganization window, the memory can be updated, strengthened, weakened, or modified [28, 29]. FTP would lend itself to being a platform for not only reinforcing but updating knowledge.

3. **Experiential learning:** Evidence suggests that experiential learning through simulation significantly improved practical skills and self-assessment scores amongst learners, with structured experiential cycles enhancing procedural retention and motivation. Kolb's experiential learning theory posits that knowledge is created through the transformation of experience, defining learning as a four-stage cycle consisting of concrete experience, reflective observation, abstract conceptualization, and active experimentation [30, 31]. One systematic literature review suggests that simulation training does not fully implement this experiential learning model. Kolb's concrete experience and active experimentation stages require real immersion in the actual environment, whereas simulation is a designed, controlled approximation. This constitutes a deviation from the theory [30]. FTP works to overcome this limitation by reintroducing learner agency, authentic uncertainty, and unpredictability. FTP encourages audience interaction, thus engaging in the active experimentation stage of Kolb's four-stage cycle [31].

Patient Safety Education

As defined by WHO, "Patient Safety is a framework of organized activities that creates cultures, processes, procedure, behaviours, technologies and environments in healthcare, that consistently and sustainably lower risks,

reduce the occurrence of avoidable harm, make errors less likely and reduce its impact when it does occur.” WHO’s vision is “A world in which no one is harmed in healthcare and every patient receives safe and respectful care, every time, everywhere.” [32] In order to move towards this, patient safety must be on every stakeholders’ agenda. It must become our way of life, where we think “patient safety” in every speech, every interaction and every action [32, 33]. FTP can be used for a variety of patient safety educational initiatives. When planning to use FTP, besides a good understanding of the technique itself, a comprehensive needs analysis is crucial. This will help with planning the best narratives and scenarios, which should be impactful enough to effect change, be of the right duration and also respectful to all members of the audience (which may include patients and healthcare providers, in the same session). The first scripted scenario produced must be with a potential for alternatives, missed opportunities and the “what else?” questions. Audience and learners will then fill these gaps during the discussion and reflection.

Teaching and implementing patient safety initiatives and programmes can often be met with a variety of challenges. Some of these barriers are shared in Table 1. Thus, there must be a review of the initiatives to ensure the relevance, appropriateness, applicability and proper integration or embedding into the curriculum and training [Table 2]. Innovative educational methodologies, such as FTP, which are appealing to learners can be useful for engagement. Technology which is attractive to the younger generation learners can be included as well. Scenarios may be recorded and replayed for future training sessions. Incorporating the arts and using medical humanities approaches are also gaining momentum today [2]. FTP, which has been used outside Medicine and healthcare, is only just beginning to get traction within the medical fraternity [9,14]. The unique and stimulating setting FTP can offer represent the attractor factor. In the area of patient safety, choice of topics and themes may include:

- Infection Control: eg. hand hygiene compliance and attitude towards infection control measures [34, 35]
- Empathy, towards patients, families and fellow staff [36, 37]
- Open disclosure communications [38]
- Decision making for complex cases, ethical and sensitive cases [38, 39]
- Getting proper informed consent [38]
- Other challenging communications scenarios eg. end of life decision making [38, 39]
- High performance team and IPCP [40]

- Human factors elements [41]

Scenarios can be carefully and deliberately crafted, according to the learning objectives. There should not be too many learning objectives for each scenario, as it can then become complicated with high cognitive load [23]. The planning faculty or team must also be cognizant of the nuances that they may encounter such as the hierarchy and power distance of members in the audience, surfacing of ‘blaming’ during discussions for improvement, prejudices and biases, as well as stereotyping and perceptions. Vulnerabilities may also become expressed, either directly or indirectly. The best would be to have a balanced approach of the learning needs, with the audience views and wishes.

Table 1: Common Barriers to Teaching and Implementing Patient Safety Initiatives

Common Barriers to Teaching and Implementing Patient Safety Initiatives
Lack of concrete understanding and recognition of the importance of patient safety science, thus resulting in misperceptions and lack of engagement and commitment
Lack of expertise and faculty who can champion and teach patient safety. Faculty development is often viewed as involvement in other topics and themes, whilst patient safety is often viewed as ‘soft science’, of secondary importance and a common-sense topic which does not require training.
Lack of coordinated oversight by department or institution
Lack of appropriate funding and resources
Inertia to review curriculum and resources to bring forth change, with a view to centralizing patient safety
Overly crowded curriculum (covering all the other topics) especially traditional teaching models
Lack of reward and impactful publications in Patient Safety science
Not integrated into licensing, accreditation or certification, reluctance by academic institution
Shortage of visionary leaders in the area
Persistence of traditional silo structures (not conducive to IPCP)
Insufficient sharing of best practices on the subject matter

Table 2: Practical Strategies for Engaging Clinicians in Patient Safety Initiatives

Examples on How to Engage Clinicians to be Involved in Patient Safety Work
Emphasize the need for patient safety elements alongside other progress and improvement
Share numbers and statistics/ data pertaining to patient safety eg. hand hygiene compliance, infection control compliance, medication errors. Use comparative data as needed (eg. to tag against the best and highest-ranking institutions)
Accommodate clinicians’ workload and schedule/ roster. This can help with ‘Integration’ of patient safety training, programmes and educational sessions
Highlight good work to generate wider interest
Have awards and recognition to encourage staff participation and proactive project involvement
Include patient safety as part of curriculum and faculty development
Appoint patient safety champions
Ensure relevancy. Harmonize across specialties. Eg. IPCP (inter-professional collaborative practice) activity in care delivery such as STROKE Team, TRAUMA Team
Engage senior leadership and management support and buy in. They can be strong advocates

Patient Safety Training and Inter-generationality: FTP to Fill the Gap

Patient safety and intergenerationality are closely interlinked, as the diverse values, communication styles, and coping strategies of different generations within the healthcare workforce as well as amongst families and patients, directly influence the quality and safety aspects of care delivery. Generational affiliations also shape how staff view patient safety [42]. Each generation of healthcare provider has unique traits they bring to the team. Differences in the way they communicate and adhere to protocols can impact team cohesion and function. The younger generation may favour active feedback-driven environments and seeking support, whilst the older generation may rely more on their experience and independence, as a coping style. Realizing and supporting these diverse and varied needs is critical, to help push the patient safety agenda forwards [42, 43]. The question is, how do we leverage these differences to improve patient safety outcomes. This starts with everyone having an open mindset and be willing to work together and explore new,

exciting and innovative ways to improve engagements. The older generation have a strong focus on evidence-based practice, whilst the younger generation are more technology-focused. Blending and integrating the two is possible. FTP has very good potential in bridging the gap and addressing the differences between different generations of healthcare staff. This is with a view to improving collaboration, reducing errors and uplifting the patient safety culture. FTP can offer unique scenarios to showcase collaboration potential, coping methods and problem solving together. The wisdom of the seniors together with the speed and agility of the new generation can produce potentially positive outcomes [42, 44, 45]. Scenarios showcasing mentoring and reverse mentoring opportunities can bridge knowledge gaps and improve patient safety [42, 43]. Learners from the different generation in the audience can participate actively. The facilitating faculty must be versatile to manage issues that may arise from a broad perspective. They need to be innovative to poll the rest of the audience for responses and ideas, as the best answers to problem solving will come from the learners themselves. Using FTP to resolve inter-generational issues (which may be the root cause of patient safety incidents) involves a participatory process where everyone must contribute and voice their feelings and suggestions. This way, the conflicts can be explored with potential practical solutions tested during the safe, staged environment [42, 44].

After Forum Theatre Play: What’s Next?

A Forum Theatre Play (FTP) session should not be viewed merely as an educational activity or a simulation exercise in which a scenario reaches resolution. Its true value lies in how the perspectives, emotions, behavioural patterns, and systemic gaps that emerge during the session are translated into real clinical practice. During the FTP process, participants do not simply discuss alternative solutions; they also make visible communication problems, team dynamics, human factors, latent threats, and cultural elements that influence patient safety. Therefore, the outcomes generated following FTP sessions should undergo a structured evaluation process [44, 46]. Feedback emerging during the session, recurring themes, risky practices, communication failures, and proposed solutions should be systematically analyzed. These findings should be shared with patient safety teams, educational committees, and institutional leadership; where necessary, existing protocols, clinical workflows, and educational programmes should be reviewed and revised. Data obtained from FTP can serve as a valuable guide for planning new patient safety initiatives, improving current practices, and strengthening institutional culture [46,

47]. If the same patient safety issue re-emerges, the FTP process should not simply involve repeating the previous scenario. Instead, the scenario should be redesigned by incorporating feedback from previous sessions, implemented changes, and persisting gaps. In this way, FTP evolves from being a static educational method into a dynamic and continuously developing tool for learning and quality improvement.

In repeated FTP sessions, scenarios may be designed at different levels of complexity, perspectives from different team members may be incorporated, and the real-life clinical impact of previously proposed solutions can be evaluated. The persistence of the same problem may particularly suggest the presence of deeper root causes such as human factors, communication problems, systemic deficiencies, or cultural barriers. Therefore, repeated FTP sessions should question not only individual behaviours, but also team dynamics, leadership processes, and organizational systems [44]. Furthermore, these repeated sessions provide important opportunities to evaluate progress in the institution's patient safety culture. More active participation compared to previous sessions, improvement in generating alternative solutions, and strengthening of the psychologically safe environment may all indicate the long-term impact of FTP. Thus, FTP becomes not merely a reactive method to problems, but a cyclical process that supports continuous learning, adaptation, and sustainable patient safety improvement. Indeed, satisfaction among previous participants may also increase the motivation of other individuals to participate in future sessions. In addition, the impact of FTP should not be limited to one-time sessions. Repetition of similar scenarios at regular intervals, inclusion of different disciplines in the process, and long-term monitoring of progress are all important. In this way, FTP moves beyond being simply a method for raising awareness and becomes an active component of continuous quality improvement, team development, and a sustainable patient safety culture.

Conclusion

In the dynamic area of patient safety, there are always a variety of initiatives and interventions, which need to be integrated and embedded into clinical practice. Despite the many challenges (eg. in getting clinicians, especially senior clinicians to be involved in patient safety initiatives) and barriers (eg. to gain high compliance), newer techniques are making inroads in patient safety education and training. Simulation-based learning and FTP are examples. These are more engaging and offers experiential learning for generations of learners. They offer options for patient safety champions, faculty and trainers who are open to

trying out nontraditional techniques to obtain better results and greater impact in the area of patient safety.

Conflict of Interest: Nill

Endnotes: Nill

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