

Director's Notes

# Not Quite Right

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‘Not Quite Right’, a play that was commissioned and produced for THIS Institute as part of a public engagement project funded by the Wellcome Trust, was scripted by Craig Baxter. Extensive consultation with practitioners, patients and researchers to ensure its relevance and accuracy meant that the script went through no fewer than nine different drafts.

The story – which takes around 25 minutes to perform on stage – follows a patient, Chris Webber, through the healthcare system as he experiences a stroke. As director, my main concern was to ensure that each scene had a purpose, indicated by a specific question or set of questions which underpinned it. Each scene drops in at a particular moment as Chris interacts with paramedics, triage nurses, doctors in training, a specialist nurse, and GP and receptionist. The play also features Chris’s wife, Meena, and their dog Penny (requiring the actor playing Chris to do a convincing dog bark).

Playwright Craig Baxter created an entertaining narrative while keeping the play targeted on the main concerns of THIS Institute – exploring how healthcare improvement research can have a real impact on patients and NHS staff experiencing our healthcare system. A particular challenge was the requirement to show systemic failures rather than individual faults. This was difficult because good theatre requires us to portray characters’ failings – it is much harder to show a ‘system’. So, in order to both keep to the

brief and still make it entertaining, we focused on individuals who are making decisions based upon imperfect or unclear information. We leave it to audiences to fill in the gaps and decide how things might be improved.

In keeping with THIS Institute’s research aims, we needed to create debate amongst audiences about problems within the system and not look to blame specific professionals. We boiled it down to create the following objectives:

- 1 Make the play entertaining for an audience
- 2 Make it a playful experience for the performers
- 3 Ensure all characters are clear in their intentions
- 4 Think of each scene as having a question underpinning it
- 5 Create different versions of the play – one with full lighting & set pieces; one with chairs, props and sound cues. This allowed the play to be performed in a variety of settings – from theatres to hospitals.

# The challenges of working with research

The biggest challenge in combining theatre with research is developing trust and understanding between the two disciplines. Our job as theatre practitioners is to find entertaining and engaging ways to present the questions which the research is setting out to address. The challenge has never proved insurmountable, but our worlds are very different and we always work with great fidelity to the task without becoming – or being seen as – mere mouthpieces. We always aim to give ourselves a creative challenge in working with research – which brings us back to the necessity for fun & playfulness. That underpins our approach to any collaboration and allows us to our best work.



Set half in Chris and Meena's living room & half at the receptionist's desk at the GP surgery.

We began with an empty stage, showing the actors setting up the scene, to accentuate the playful nature of the event. The key question is around clarity of communication over a phone line which then determines priorities for the GP receptionist. Dramatically, it sets up the 'Telephone First' motif which returns in the final scene. Deceptively simple, the challenge is to dig into each character's understanding of the situation at any given moment, and to highlight the moments of decision along the way.

**Staging challenge:** attaining a swift transformation from the end of Meena's telephone call to the interaction between the receptionist, the GP and the practice manager (the latter two played by the actors who portray Meena and Chris). There is no break in the script, so this just has to be done openly and cleanly. Again, it comes back to the set-up of the play at the very start. The actors make it clear that they are not in role when we first see them, and we ensure the audience enjoys watching the set-up.

**Acting challenge:** making each character distinct, particularly as the actors portray multiple roles. So a clear physical, vocal and costume distinctiveness for each character is essential to avoid confusion in the audience.

Scene

1



Set in Chris & Meena's living room, and then the inside of an ambulance.

**It is the most difficult to stage because of the amount of stage business & choreography.**

**Staging challenge:** creating the ambulance. During the scene, the setting changes from Chris and Meena's sitting room to the ambulance. The actor playing paramedic 1 is best-placed to create the ambulance. We chose the moment in the scene when the paramedic announces that she'll have to take Chris to the hospital as the time to start building the ambulance.

This has two effects:

- 1 Task-based: the ambulance gets built in time for the paramedics to transfer Chris into it from the sitting room
- 2 Story-based: it is the moment when Chris and Meena's immediate futures are suddenly taken out of their hands, creating maximum confusion on Meena's part in particular. So it makes sense dramatically for the house to be de-constructed around her.

**Acting challenge:** Meena transforming into the 2nd paramedic. We introduced some improvised script to give the actor enough time to take off Meena's costume and don the paramedic's costume. The actor has to play Meena talking to the paramedic, so – illustrating the previous point – they have to make a clear vocal distinction between the two characters.

Scene

2



Set in A&E, with the triage nurse at the centre of the action.

**The point of scene is to show the triage nurse aiming to keep their focus on the paramedic and patient, while being constantly interrupted by other people and events.**

**Staging challenge:** the actor playing Chris is required to portray 3 other roles in this scene. Therefore we have to imagine Chris is in the wheelchair before actually bringing him back for the final tableau of the scene, waiting in the wheelchair accompanied by the paramedic.

We mark Chris as 'present' in the scene by placing his bag of medicines in the wheelchair. It also helps to keep the journey of the bag alive through to the time when it 'disappears' at the end of the next scene.

**Acting challenge:** that same actor has to play 3 different members of the public in quick succession, all of whom take the triage nurse's attention away from the patient at hand (Chris). We used distinct accents and quick changes of jacket or prop to indicate the different people. There are other ways of doing this but it is a clear opportunity to have some fun with the moment while still emphasising the point of the scene. There are also some important split lines, reflecting the split focus of the characters and highlighting the need for spot-on timing between the actors.

## Scene





Set in a curtained cubicle in A&E.

**The point of scene is to show the uncertainties around specific decisions. In this case, it is the professionals having to guess Chris's weight in order to prescribe him the correct dose of clot-busting drugs.**

**Staging/Acting Challenge:** the loss of the glasses and the plastic bag of drugs at the end of the scene.

The scene shows a junior doctor and a stroke nurse deciding that Chris needs to be scanned, so that they can determine the best course of action to treat him. Chris literally has no voice in this scene, as his ability to communicate vocally has deteriorated. The professionals have very little information on which to make a decision, and only do so based upon the experience and best judgement of the stroke nurse.

There is not a scripted moment where Chris's belongings go missing, but in the next scene he has lost his bag of drugs, his glasses and his hearing aid. We chose the moment when he is rushed off to the scanner as the moment to show them leaving him. We do it in slow-motion, with Chris reaching up to try to grab the glasses and bag as they are spirited away by other actors. Again, the challenge here is to do that without showing malice or blame on the part of the two professionals.

Scene





## Set in a Stroke Ward.

As always with this play, we are aiming to forefront the individuals interacting with a system –patients, relatives and health professionals. This scene holds the emotional heart of the play, showing the reunion between a bewildered, but devoted, married couple who have not seen or heard from each other for 6 hours.

The scene is actually about the communicative effect of 'Do Not Disturb' tabards, showing a nurse on a drug round being 'interrupted' by Meena's entrance. Crucially, the scene shows the nurse deciding to take off the tabard after seeing how it affects Meena (who feels guilty for 'interrupting' her).

**Staging/Acting challenge:** to let this scene play itself and enjoy the emotional release of the reunion between Chris and Meena, to also ensure that we see a clear decision by the Do-Not-Disturb nurse to remove the tabard in the face of the confusion it causes.

### Scene





Set at the GP surgery one week after Chris's discharge.

Timing is the most important thing to consider in this scene. It portrays a trio of people who are baffled in various ways by what is being communicated to them, via speech, screen and letter. Everyone is trying their best, but is completely at sea in the situation without ever admitting it. The GP is confused by contradictory information from the hospital's discharge letter and what Meena is telling her; Chris is confused because he still does not have a hearing aid so is unable to hear well; Meena understands nothing of what the GP says about Chris's drugs. All 3 of them are also distracted by Penny barking outside the door.

So the comedy reflects the reality – no single character is in possession of the full story.

Scene





Set as in the first scene, split between Chris & Meena's living room and the GP receptionist's desk.

We finish by tying up some loose ends and bringing us full circle to the GP receptionist who is now charged with implementing 'Telephone First' and Meena, who is calling to arrange an appointment for Chris. The function of this scene is to end the play on a light but provocative note, as we see how the great idea of 'Telephone First' plays out in actuality, while being assured that Chris is on the mend.

## Scene

