

A long, empty hospital hallway with blue and white flooring and white walls. The hallway is brightly lit by overhead fluorescent lights. At the end of the hallway, there are glass doors leading to another area. A red fire extinguisher is visible on the right wall.

PALLIATIVE

A Transmedia Experience

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Overview

The Elevator Pitch

Palliative is an interactive theatrical experience that simulates the hard choices families have to make while navigating the healthcare system so you can prepare for hard decisions before they happen.



Storyworld

Historical Context

According to the World Health Organization, palliative care is an essential, human right (Meier et al., 2017). However, the American healthcare system lacks palliative care options, accessibility, knowledge of caretakers, and preparation for family members. Patients and family members are often left with inadequate information or resources to best aid difficult and often life-altering decisions. In addition to the struggles of inadequate information, families can also find themselves hitting a communication barrier with caregivers; medical jargon and callous communication create barriers which exacerbates problems and leads to adverse events. Communication error is a significant factor (70%) in adverse events relating to healthcare (Guttman et al., 2018). By studying healthcare communication shortfalls from both ends, we can create a system to better communicate critical information through simulated decision-making and realistic storytelling to simulate real life patient and family member experiences.

Through the use of interactive theatre, participants are able to experience realistic healthcare scenarios and explore their own reactions to the storyline and its characters. Interactive theatre is fed by the response of the audience and the decisions they make will

contribute to the outcome of the performance. Bouko (2014) explains that immersive theater and interactivity relate in three steps: physical integration vs. breaking down formality, sensory and dramaturgical immersion, immersion, and spatiotemporal indeterminacy. These types of immersive theatrical experiences are integral to our problem space because they provide simulated experiences for patients, family members, and medical professionals. Walker and Wilson (2018) examine this concept in their article "Using interactive theatre in education to explore how healthcare decision-making can cause inadvertent trauma."

They found that nursing students who attended an interactive performance were able to use the play as an educational study of the importance of communication and compassion in the medical world. Skye et al. (2014) reached a similar conclusion with their study which focused on the use of interactive theatre "to develop medical students' skills in breaking bad news." Participants found that the study "prompted reflection on patient-provider communications, and 89 % agreed that it stimulated discussion on complex issues with breaking bad news" (Skye et al., 2014).

Historical Context

Our storyworld is a direct critique of the American Healthcare system through the eyes of Corporate America. Based on real-life experiences, our problem space follows a group of siblings faced with coming together to make several weighty decisions that will directly impact their mother's health and fate. While there may be multiple courses of action in real life, the storyline will stick to two extremes which offers a parable of our nation's polarized political landscape. The siblings will have to decide between the risk of a hospital transfer for better care or honor their mother's DNR which they're not sure exists.

This project will span theater, audience participation and interaction, decisions about healthcare, and an interactive app that contains a multimedia dossier designed to immerse the participants in the story's world to give them a sense of weight and responsibility. Palliative will critique the American healthcare system, family relations within decisions-making, small-town medicine, confronting mortality, and exploring the depth of real life decisions through realistic, simulated actions.



Problem Space

Overview of the Problem

America's healthcare crisis affects almost every person within its borders, the exception being affluent. As a country, we fear death and end-of-life care, too often sequestering the elderly in poorly maintained and under-funded nursing facilities where their suffering is out of sight. For families facing the hard choices at the end of a loved one's life, most are experiencing the system blindly and are unequipped to handle it. Our project is designed to provide first-hand experience to life's hard choices and engage with a population we hope to prepare for hard decisions ahead.

Our storyworld is a direct critique of the American Healthcare system and shyness towards death. The audience plays consultants to a small town hospital hired to direct palliative care to a troubled family in our story world. Based on real-life experiences, our experience allows the audience to deserve the family and determine its fate, designed to be stressful and with profound, personal implications. While there may be multiple courses of action in real life, the storyline will stick to two extremes of indirect critique of our nation's polarized state. The siblings will have to decide between the risk of a hospital transfer for better care or honor a DNR that they aren't sure exists. Audience members will find themselves living the story alongside the family that they monitor in an exercise of empathy.



Why Does it Matter?

Why now?

Death waits for no one. Diseases don't discriminate. If you aren't prepared, someone else will decide concerning your or your family members' health. You will have to live with the consequences of your action or inactions. Healthcare is one of the hottest topics in American politics. Our healthcare system was failing its people before the pandemic and has not evolved for the better. We are the only first-world nation without some form of socialized or government-subsidized healthcare option, and our quality of care suffers from it. Hospitals would rather not deal with high-risk patients with low income and take a loss, especially ones in small towns. While the iron is hot, we must strike at this issue.

Why here?

The setting is any small-town American hospital. It could be upstate New York or rural Oregon. This story reflects the nation's most impoverished communities while being unmistakably reflective of the country at large.

Problem Space

Why us?

This scenario is representative of real-life events that Frank E has experienced and is relatable to many. The implications and impact are widely accessible and also approachable from an EMDD perspective. Our specific team is well versed in theatre, writing, hooks, marketing, education, and technology. We have the tools and personnel to design this project, research its topics, and see it through its completion.



Design Thinking & Empathy Research Design

- Empathy research would be conducted through focus groups, individual interviews, and a questionnaire.
- We will conduct the leading focus group with participants in a standardized patient program for a well-respected medical school. Participants will include the program coordinator, actors who serve as standardized patients, and a doctor who went through the educational program.
- Individual interviews will be conducted with critical subjects unavailable for the focus group or require unique insights.
- We will construct the survey to reach the broadest demographics and provide a crowd-based and sweeping impact on the project's research efforts.
- Demographics for empathy research:
 - Medical professionals
 - Theatre professionals
 - App/web developers
 - Designers
 - Theatre and theme park fans
 - People who have faced hard choices

Scope of Coverage

Palliative's setting covers a single location, that of a small town southern Georgia hospital called Gibson Memorial Hospital in the fictional town of Lundy. Gibson Memorial primarily serves its community through rudimentary in and outpatient procedures though most traffic comes through its emergency room. The hospital's Medical-Surgical Intensive Care Unit (ICU) is an eight-bed specialty unit with its own nursing staff, medications, and equipment to provide seriously ill patients with around-the-clock medical attention though audience members will only be able to witness the happenings of the unit's waiting room which is where the theatrical experience setting will take place.

Topics explored and covered by Palliative are:

- Palliative Care
 - Specifically, the need for proper discussions of end-of-life care and genuine medical advice towards laypersons and distraught family and patients.
- The American Medical Experience
 - The corporate approach to healthcare and the culture of distancing medical practitioners from those they care for by policies and procedures designed to protect hospitals from litigation while maximizing profits will be a focus of the project.

- Family
 - Dealing with relatives and patients during moments of distress and shock is a challenge for medical professionals and those experiencing the trauma first hand. By exploring these real-world situations, we hope to emphasize their reality and lessen the shock one experiences when living through them first hand.



Starting Point Stories

Theatrical Production

Subject: Five children, their mother, and two nurses

Genre: Tragicomedy

Length: Approximately two hours

Structure: The children are introduced to their mother's plight, who may be dying due to liquified intestines. The hospital is unequipped to handle saving her life, but she could die if they attempt to move her. They believe their mother has a DNR, but none of them have seen it. The children must choose to try to save their mother or not. The nurses add context to the drama by delivering updates to the family and the audience. The audience will vote anonymously during intermission to determine the storyline of the second act. If they vote to move the mom, she lives, but the family is fractured. If they do not move her, she dies, and the family goes their separate ways.

Onboarding Video

Subject: A corporate representative

Genre: Dramatic comedy

Length: Two to three minutes

Structure: The audience will watch a brief video that will "train" them for the role they will play as an audience member and "consultant."

Informational Playbill

Subject: A child and their parents

Genre: Drama

Length: 2-3 pages

Structure: An illustrated program insert provides a narrative of a previous case faced by the consulting company. When faced with the decision to save their son's life with expensive and unlikely surgery, a child's parents discuss their options, split between the two. A palliative nurse under the consulting firm's eye advises the parents. The results of the case are left ambiguous. So as not to sway the theatrical performance.

Social Media/Artifacts

Subject: Audience members who have attended the theatrical event.

Genre: Personal narrative

Length: 2-3 sentences

Structure:

- Once an audience member has experienced the full theatrical performance, they will be encouraged to post about their experience using a specific hashtag or taking photos with the lobby's backdrops. This creates an additional form of interaction and assists in promoting the venture.
- Medical/hospital band or consultant ID badges with show hashtag for selfies and social media posting will be provided to participants.

Targeting

Targeting

Audience Demographics by Story Form

While all people have diverse experiences in life, we project that our Palliative story will most effectively reach both women and men within the age range of 25-45 years of age. This is due to the storyline of the theatrical experience catering to the descendants (i.e., children) of a middle-aged woman who collectively need to make difficult decisions about their mother's health and medical care as her life depends on it. We have chosen this range based on the personal experiences of our group members, as well as findings from The Broadway League that "the average age of the Broadway theatre-goer was 42.3 years old" and "has hovered between 40 and 45 years old for the past two decades" (2019). We have projected that our audience will have educational backgrounds ranging from a GED/high school diploma through Bachelor's degrees (depending on their age within the projected range). We also project that the audience that will most resonate with our story is within the lower to middle class socioeconomic demographic who will have either/both the limit of finances and lack of previous medical terminology education as substantial influencing factors within their decision. From a location standpoint, an optimal experience of this story will most likely lie within the United States, as the story is firmly rooted in understanding the United States Healthcare system.

Political affiliation likely will not affect the audience member's ability to relate to the report, as the healthcare system does not discriminate between political affiliations and care provided. As aforementioned, any of these variables are subject to change due to diverse life experiences.



Targeting

Audience Psychographics by Story Form

Our story will most likely resonate with an audience that enjoys medical dramas, like *Grey's Anatomy* and *Scrubs*, as well as an audience who participates in Choose-Your-Own-Adventure genre games. According to Kunst, 54.72 percent of viewers aged 30-54 watched dramas on TV (2019). The Statista Research Department also found that 51 percent of respondents aged 25-34 had a high approval of interactive theater (2013). To further identify our audience's affinities, we will conduct and moderate a series of activities for our empathy research.



- Interviews would be conducted with individuals who enjoy attending live theatre events as well as interactive themed experiences.
- We will observe individuals in analogous settings such as theme parks, theatre productions with audience participation, and viewings of choose-your-own-adventure films.
- We will conduct surveys to obtain information relating to live theatre events, theatre audience participation, medical shows/dramas, and why individuals like or dislike being challenged by stories and media that could prepare them for real-life situations.

These conversations and observations will allow us to understand the ideal strategies better to best connect with our audience.

Media Channels

Facebook

There have been many developments in the world of theatre and social media since 2016, but one thing remains the same. Facebook remains a valuable tool of starting to market the performance and can create connections between the audience and organizations who support the event. A study on the statistics of attending theatrical events on Facebook “concludes that Facebook can be effective in helping organizations to reach new audience segments, providing a platform for communication between organizations and their audiences, and marketing; but proposes that Facebook should be included as one aspect of the holistic audience development plan” (Motsoatsoe, 2016). While Facebook is not our only means of connecting with our audience, it will be a great stepping and connected stone to meeting our projected audience. To reach our intended audience, we plan to create a Facebook group community three months before our performance date, including information about the performance and the companies who partner with us. We will use this page to answer questions about the account before the dates, answer questions anyone might have about current Covid guidelines concerning the event, and space for the community to gather virtually after the performance. Our Facebook page will be linked directly to our website and provide a space for people to share the event with their friends and buy tickets instantly through Facebook.

Instagram

Instagram is another great source of reaching our target audience, particularly within the 25-35 range. Instagram tends to have a younger audience demographic in comparison to Facebook. Instagram also has several different avenues to communicate storylines via main feed, stories, reels, and Instagram tv. While all of these avenues tend to curate different attention spans, we believe that Instagram would be an excellent platform to convey our multifaceted “Choose-Your-Own-Ending” medical drama storyline. According to the article “The technological age of cinema,” creatives need to embrace instead of shying away from using technology within cinema (and transversely theater). The research also points at how technology is here to stay and should be used to the advantage of art (Phillips, 2016). While not directly related to Instagram, this theory can transfer to using a multifaceted source like Instagram to our advantage as we attempt to reach our audience in meaningful ways. In light of this research, we will approach our campaign on Instagram by using platform-specific content creation two months before the performance to get our intended audience. We will create reels during rehearsals, show character insights, consistently post stories, and potentially host a ticket giveaway on the platform to engage our potential audience, provide value to following our page aside from ticket information, and build momentum as we get closer to our performance dates.

Media Channels

Email Marketing

As of November 2019, 93.6 percent of internet users aged 25-44 use email (Johnson, 2021). Once Palliative partners with a theater company for production, the production will use its existing mailing list to promote the experience and communicate with the theater's current patrons. This will ensure that a niche audience is reached and will likely result in a higher attendance rate from those who have exhibited their willingness to attend theatrical productions. Email campaigns are more successful in the entertainment industry. According to Duò, "Media & entertainment consistently has an above-average open rate across all platforms. It may indicate that consumers are more likely to open and read emails that interest them" (2021). An email campaign aimed at current theater subscribers will allow us to connect with our audience through a familiar means of communication.

Cross-Promotion & Arts Center Distribution

Utilizing a network of local artists, local theaters and art centers could distribute palliative materials among the community to provide awareness of the experience to those interested in theater and the performing arts. Venues could distribute standalone materials through these locations, and information about the experience could also be published in programming literature or as promotional ads in playbills for other productions.

Guttmann reported that 45 percent of users aged 30-44 purchased a product after seeing a print ad, while the same was true of 55 percent of consumers aged 45-54 (2017). By communicating pieces of the story in other playbills, we can effectively target an audience likely to attend additional theatrical events, especially if the productions have similar or relatable content.

Theatre

Nielsen Scarborough reports that in Spring 2016, over 47 million Americans had attended a live theatre event within the past month. There is a demand for live non-musical theater with shows like "Harry Potter and the Cursed Child, Parts One and Two" grossing \$84,604,314 as of December 30, 2018. Crafting a compelling theatrical performance allows for a sense of intimacy and immersion not possible through recorded visual media.

Onboarding Video

Video is a powerful short-form communication tool. Over 2 billion logged-in users visit YouTube each month to consume recorded visual media. By utilizing the shareability of online video in a digestible format, we could create a fluid product capable of immersing audiences, educating them about the world, and allowing for easy shareability of the experience to onboard more potential audience members.

Look & Feel

Media Forms & Story Aesthetic

Theatrical Experience

The set of the theatrical experience will look like a small-town hospital waiting room. Mismatched, second-hand furniture with stale wall hangings and low-pile carpet in a dim space will arbitrate the experience to the audience, allowing them to feel the state of the situation.



Media Forms & Story Aesthetic

Onboarding Video

The onboarding video is a faux corporate training piece that introduces the concept of voting and palliative care consulting to the audience. The video is a tongue-in-cheek critique of corporate culture while also serving to educate the audience on the rules of their role and how they will impact the show.



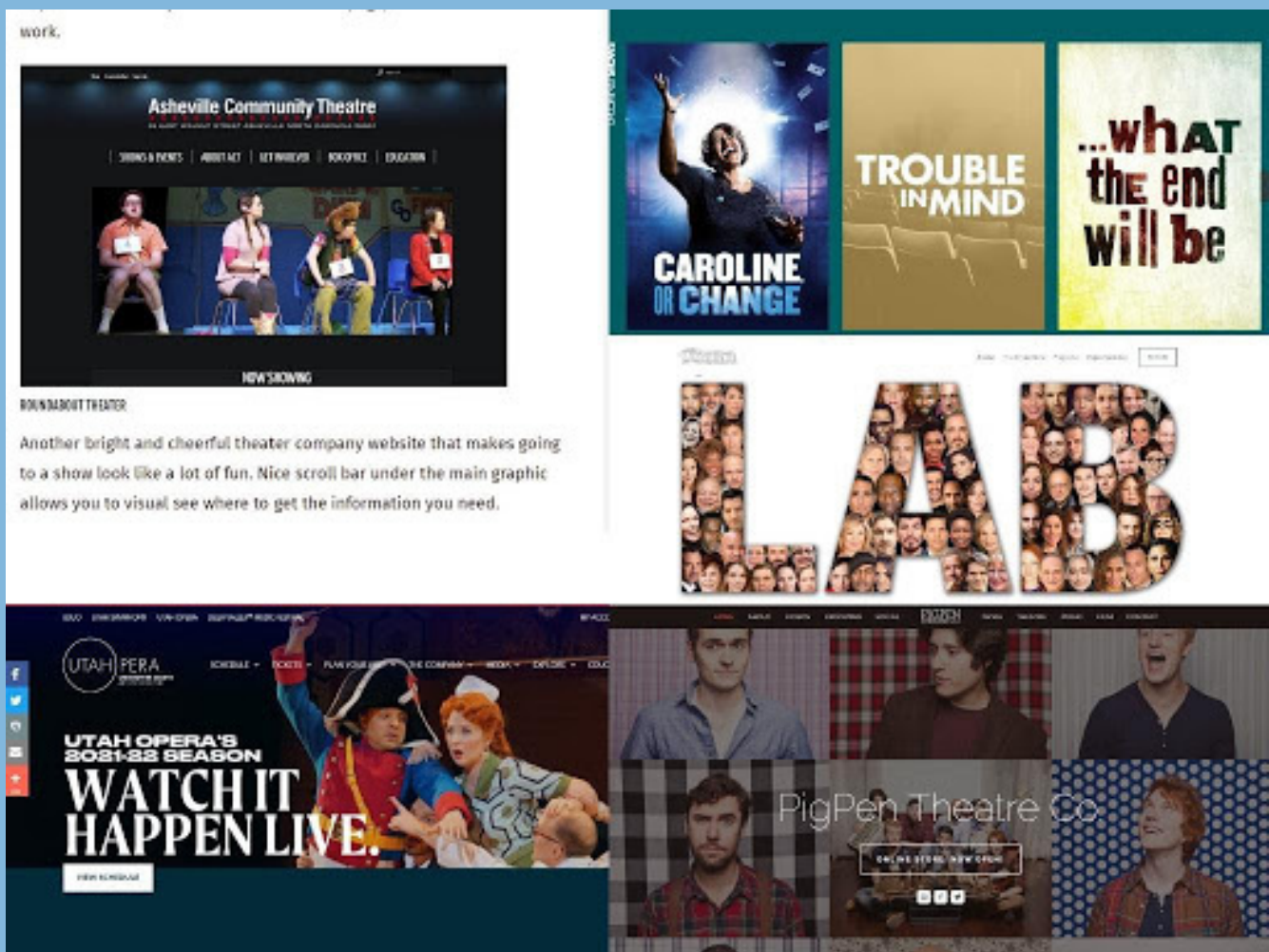
Informational Playbill

[illegible]

Media Forms & Story Aesthetic

Web-based Platform

The Web-based platform will be the main basis for theatrical communications, as well as our virtual voting platform during intermission. This platform will be capable of handling the traffic of our audience, our social presence/outreach to market the performance, as well as some level of virtual/distance participation for the performance in the event that in-person performances are not viable at the time of the show.



Media Forms & Story Aesthetic

Social Media Campaign

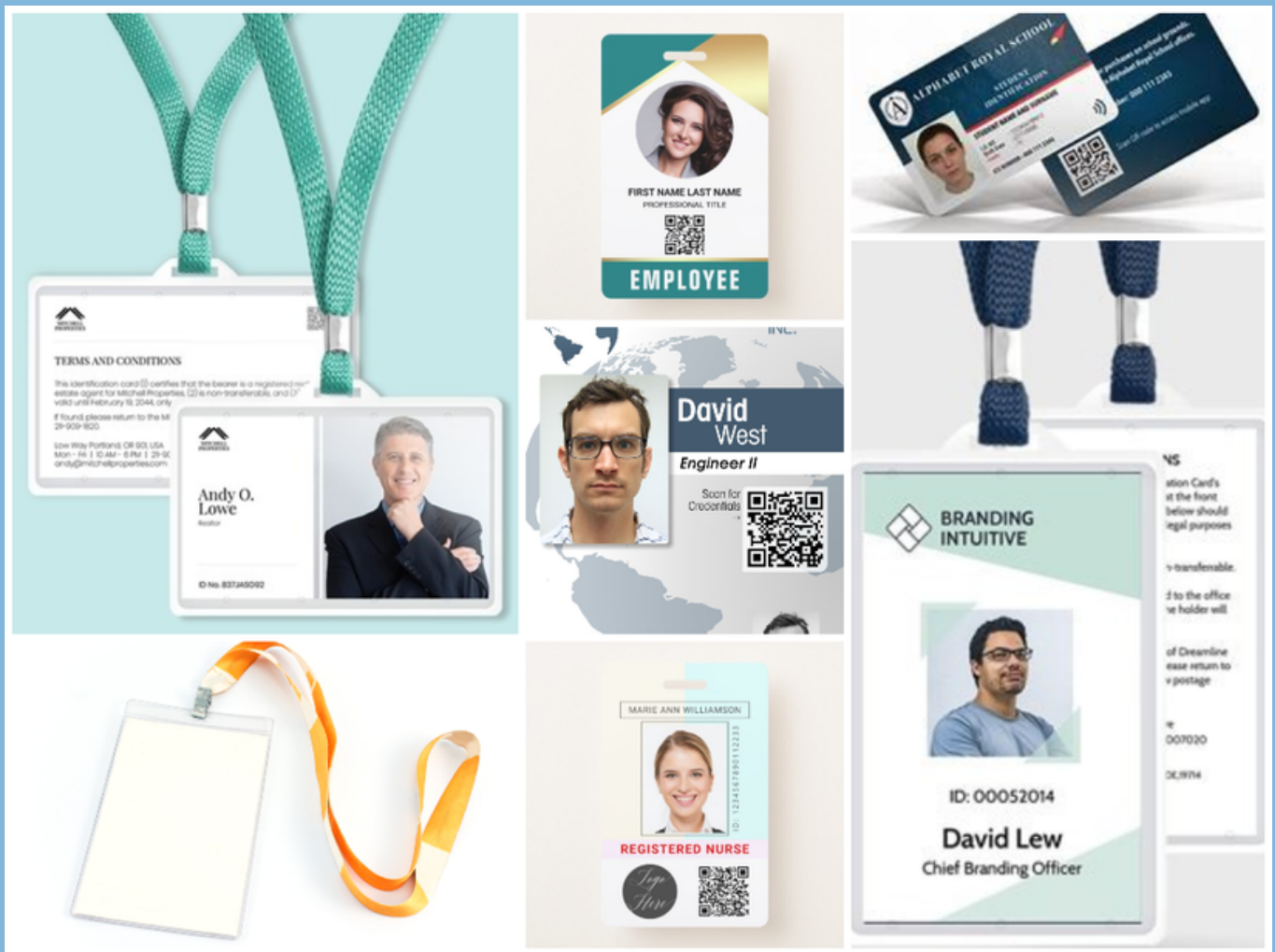
Social media will be used as a means for participants to interact with the show's creators and to provide promotion for the experience via the use of a hashtag. Guests will be able to pose with a photo backdrop in the lobby which will mimic a hospital room.



Media Forms & Story Aesthetic

Artifacts

Audience members will receive an ID badge to provide them a tangible reminder of their “role” as a consultant. Badges will have a QR code that will allow audience members to access the voting website quickly, as well as the hashtag for social media postings.



Story Network

Internal Connections

The internal connections of Palliative's storyworld allow for self-paced exploration. While the first contact will most likely begin with purchasing a ticket to the theatrical experience-- the QR ID badges, pamphlet/program, website, and onboarding video function independently as entry points to the transmedia storyworld.

The ID badges are a physical meta prop that act as a wearable touchstone to the storyworld and a conversation piece. Upon first glance, it could look as if the person wearing the badges has some form of medical-world contact, either as a patient, provider, or worker. However, upon closer inspection of the unique QR interface on the badges, it acts as a talking point that allows for our story world's spreadability through discussion—the QR badges links directly to Palliative's website.

The pamphlet/program with its micro-case study is a narrative and visual demonstration of the kind of work that an audience member will perform in the theatrical experience. At the end of the report, the same QR code, and a link will direct them to the website.

While it is unlikely that a person will stumble upon the onboarding video on YouTube, the video ends with a link to the website.

The website is the tent pole for the Palliative digital experience. People may purchase tickets to the theatrical show through this central hub, watch the onboarding video, and download a pdf version of the pamphlet. The ID badges remain unique to the theatrical experience, which audience members must attend in person to acquire.



External Connections

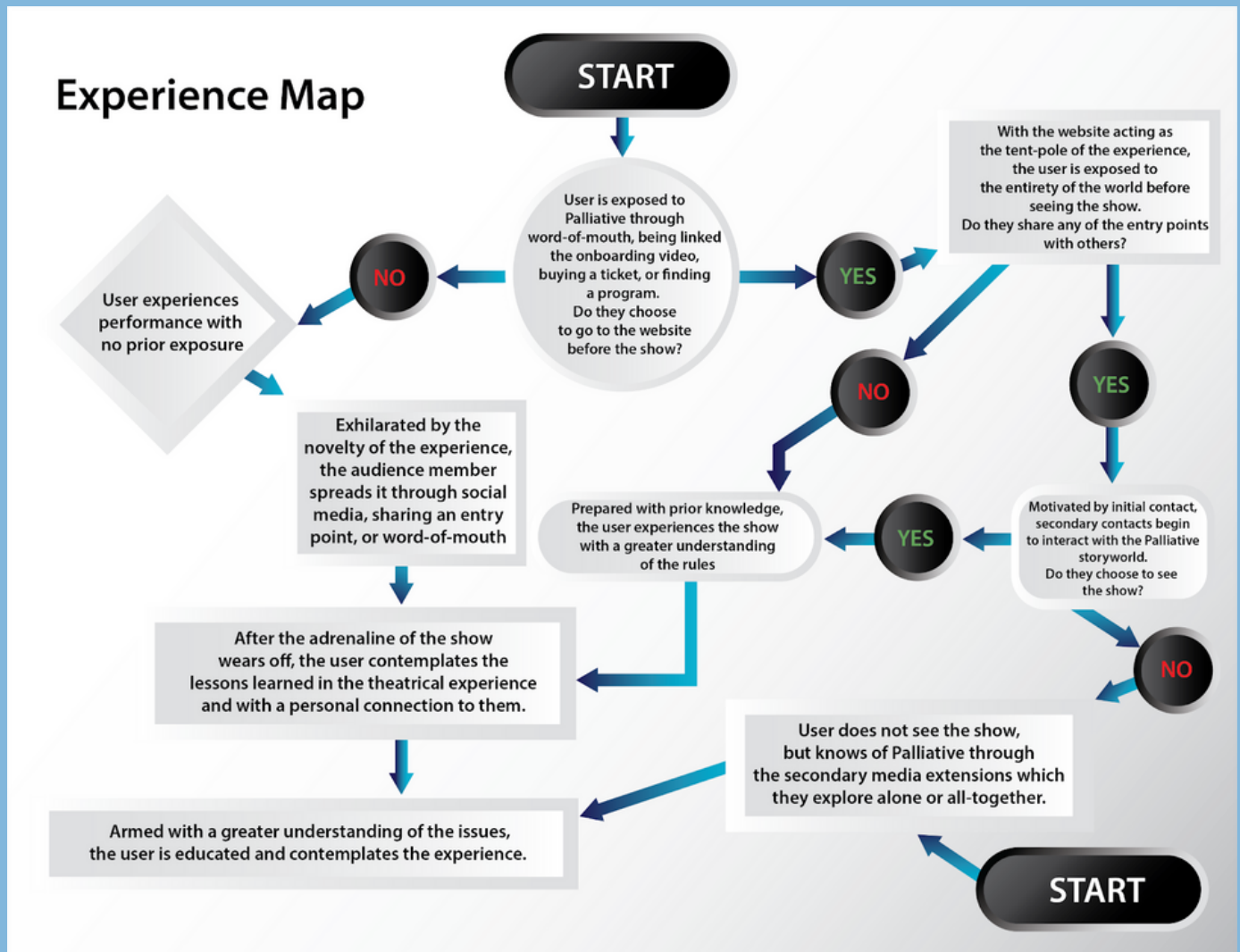
One of the main ways that participants will be able to connect to the outside world will be through social media interactions. Audience members will have opportunities to post on social media using a hashtag from the theatrical event. A photo backdrop of a hospital waiting room will be available where audience members can pose for photos to post to social media platforms. Audience posts will allow them the opportunity to start conversations around the issues presented in the live event, as well as to potentially interact with other audience members and designers of the event itself.

More importantly, audience members will have exposure to a simulated decision making process around the issue of palliative care and the U.S. healthcare system. Based on their experience with the live theatrical event, participants may be more inclined to engage with these topics in their own lives or to conduct further research of their own. This could lead to participants sharing their findings or their own experiences via social media through the use of the event hashtag. These posts will contribute to the ongoing discussion of the theatrical experience and further the reach and visibility of the project.



Audience Journey

Experience Map



Audience Journey



User Engagement

The Palliative audience will build mastery by engaging with the onboarding video, informational playbill, and the live theatrical event. The onboarding video will provide the audience with valuable information that establishes the storyworld and the audience role in the live event. Through the informational playbill, audience members will deepen their knowledge of the healthcare system, palliative care, and the real-world decisions that family members are forced to make. The live theatrical event will allow the audience to engage most significantly as they will vote at intermission to determine the second half of the story. The audience vote will provide the audience members with a unique experience, demonstrating how their decision results in a specific outcome. By observing this outcome and its impact in the theatrical story, audience members will develop an understanding of the decision-making required in healthcare situations, and will be better prepared to potentially make these decisions in the future.

User Contribution

Users will be able to interact with our transmedia storyworld through social media hashtags, as well as contribute on our website and virtual platform. Specifically, there will be a comment and contribution style space on our website where audience members can relate to the story through personal comments and share their review of the experience. As a side note, all contributions will be screened for “spoilers”, so that potential audience members for future shows can gain more information on the storyworld without the risk of reading posts that may spoil the experience or sway their participation as a future audience member. There will also be a space on our site that directly links to hashtags of the show from social media platforms like Instagram and Facebook. That way people will be able to see photos from previous audience members, behind the scenes of the show, and other worldbuilding content in one place, especially if they don’t have social media. We want our audience and potential audience members to interact with the story as practice for real life situations. This will help enrich their experience of our storyworld, as well as help spread the word as to why our storyworld and this experience is important. It’s not just a story, but preparation for a not-so-distant reality for many people as their parents and loved ones age.

Producer Network

Contributors

Creative Director

- Frank E Sanabria II
 - Frank E will oversee the project in its totality, ensuring a cohesive vision and experience for the audience member.

Theatrical

• Writer

- Frank E Sanabria II
 - To ensure authenticity and impart the first-hand experience to the script, Frank E will write the play.

• Producer

- Kelby Siddons
 - Kelby is the creative director of Phase Eight Theater Company. Using her extensive background in the theater scene, she will ensure the success of the production.

• Director

- Bradley Akers
 - Bradley is a veteran theatrical director in Jacksonville. Using his decades of experience and a penchant for emotionally driven stories, he will guide the show.

• Stage Manager

- Katie Cress
 - Katie is an experienced Stage Manager, formerly of the 5 & Dime Theater Company, with over forty shows under her belt.



Actors

• The Children

- Paul Cereghino portraying Frazier
 - Paul is an experienced actor and acting coach who specializes in dramatic roles, but also has captivating comedic skills.
 - Frazier, the middle child, is looked to as the leader of the family and his choices reflect that of the audience.
- Laura Deveney portraying Bianca
 - Laura is a professional actor with a resume boasting several leading roles in plays featuring family dramas.
 - Bianca, when faced with her mom's death, beckons it as a release from her blood family and a way to move on with her own life and choices.
- Gray Lancaster portraying Autumn
 - Gray is a professional actor and theatre teacher with interactive performance experience.
 - Autumn is the most estranged from Mom due to a grudge but wants more than anyone else for her to live.

Contributors

The Children (continued)

- Robert Michael Hanson portraying Braeden
 - Robert has worked with many theater companies as an actor and theatre technician and has personal experience with family medical situations.
 - Braeden is the youngest child, the most separate from the others, and the quietest but when it comes down to it, the purest.
- Evan Fornachon, portraying Rooney
 - Evan is a versatile actor with many professional credits and several years of interactive performance experience.
 - Rooney arrives at his mother's bedside begrudgingly to support his family and end up playing a key role in the decision to save his mother's life or end it.
- **The Nurses**
 - Kimi Short portraying Nurse Joy
 - Kimi has many years of acting experience and is skilled at balancing comedy and drama.
 - She is the ICU nurse in charge of caring for mom and in spite of having a morbid enjoyment of relaying bad news, she wants mom to live.

- Nancy Nigh portraying Nurse Stuckey
 - Nancy is a veteran of the stage, but also possesses exceptional presentational speaking skills.
 - Stuckey is the palliative care nurse who relays the audience's choice to the family. She only speaks to Frazier and Autumn as Braeden and Rooney go out to find food

The Mom

- Laura Kyro portraying Mom
 - Laura is an award-winning actress with great instincts and the ability to take direction extremely well.
 - Mom survives the horror of her plight to end up on the other side and see her kids almost complete around her and then have it all be taken away as some things can't be fixed

Contributors

Creative

• Writer

- Frank E Sanabria II
 - Maintaining authenticity and continuity among the stories, Frank E will continue to develop the written portion of the media extensions.

• Graphic Designer

- Ana Cañaveralejo
 - Works for a large fortune 500 company in Brazil with experience in directing large teams and managing branding guidelines and content.

• Webmaster

- Jeff Shelton
 - Has 15 years of experience in web design, particularly for nonprofit organization, creative personalities, and arts projects.

• Printmaster

- Grace Longfellow
 - has 20 years of experience traveling and printmaking for several traveling theater productions and music festivals. She also has all of her own equipment for mass production with her printmaking business.

• Social Media Director

- Toria Callow
 - has experience in managing multiple social media accounts as well as converting social media campaigns with effective real life

Videography

• Writer

- James Rogers
 - graduated from Ball State University in the Telecommunications department with a concentration in screenwriting.

• Producer

- Micah Rogers
 - Graduated from Ball State University with a degree in Telecommunications and video production. Has produced several award winning short films.

• Director

- Drew L. Brown
 - Drew L. Brown is an American filmmaker from Jacksonville, Florida. He received a Student Academy Award from The Academy of Motion Picture Arts & Sciences in 2014



Contributors

Actors

- **Host**

- James Enstall
 - A seasoned stage and commercial actor with experience hosting events. Also is an on-air radio personality.

- **Nurse**

- Jennifer Theby Quinn
 - Has worked in multiple cities as a professional actress, including contracted work in AEA productions. Experience acting in training videos.

- **Concerned family member 1**

- Carl Frost
 - Carl has played several lead and supporting roles involving family dramas and is highly concerned about all things family-related.

- **Concerned family member 2**

- Rebecca Loughridge
 - Rebecca has worked with professional and community theaters, as well as film projects for the past 20 years.



Braintrust

Medical

- **Patient Experience Advisor**
 - Karla Morris
 - As the woman who experienced the drama first-hand as 'Mom', her experience is vital to telling the truth of the event.
- **Palliative Advisor**
 - Shawn LaChance
 - A palliative advisor and nurse serving the Jacksonville, Florida community, Shawn will ensure authenticity and accuracy concerning palliative care.
- **Medical Advisor**
 - Dr. Bradley Fritz
 - Dr. Fritz specializes in anesthesiology and is based out of Barnes-Jewish Hospital in St. Louis, Mo. He has experience in multiple medical disciplines, as well as theatre.

Theatrical

- **Theatrical Experience Advisor**
 - Brittany Hester
 - Brittany has a degree in theatre education, 12+ years of experience working in interactive performance settings as well as technical/design experience.

• Themed Experience Advisor

- Logan Zowaki
 - Lead project manager for Sally Robotics corporation specializing in the design and construction of themed dark rides, Logan offers his expertise in creating an in-house experience for the theater venue.

Creative

• Graphic Design Advisor

- Brian Oakley
 - A professor of digital media and design, formerly an animator for Adult Swim, Brian will ensure quality controls and advising for graphic elements of the production.

• Videography Advisor

- Isaac Brown
 - A gilded professor of and commercial video producer, Isaac's professional experience and critique will lend quality to the video media extension.

Production Timeline

Production & Deployment

Story Production Schedule

To fully produce a production-ready script for a theatrical performance of roughly 90 minutes with two possible endings, two months of dedicated writing time should be allotted. This includes two weeks for preparatory writing (characters synopsis, plot outline, rough draft), one week for a first draft, one week to receive feedback and suggestions from the brain trust, and two weeks for a rewrite and second brain trust check before a strong enough draft to begin pre-production will be ready. Pre-Production will include casting, finding a venue, acquiring set dressing, making props, building a set, and rehearsals, taking an additional two months at an accelerated pace. Once ready, the performance itself could take as little as an evening or several weeks, depending on the availability of the venue and ticket sales.

Writing, filming, and editing the video content can be completed within one week. The video should be no longer than three minutes for ease of viewership and free up resources for other aspects of the show and would be completed during the first stage of pre-production.

All printed and written materials, including graphic design, should take no more than a week and be completed concurrently with the other aspects of the project during pre-production.

Since the website is minimalist in design and function, its development should take no more than three days, especially since it will have created all of its assets ahead of time in the early pre-production stage.

Since social media is unpredictable and organic, the timeline for these elements is considered post-production and will allow for unlimited user contribution, spreadability, and interaction.

Story Deployment Schedule

In addition to all of the above-outlined needs for the story, production, audience engagement, and recording of the production, we plan to have a social media rollout that would ideally work within one or two months before the show. Here is a snapshot of the two weeks before the show dates to explain what we would post on our separate social media channels. The focus we would have for each platform provided the differences in the audience that we've previously outlined. The one-two month plan would accordingly spread out our content and focus on connecting with our audience through ticket giveaways, promotions, stories, and encouraging the use of our hashtags and other social media devices (outlined in previous documents) to help form and build meaningful engagement surrounding our storyworld.

Production Timeline

MAY

05

MONDAY 01	TUESDAY 02	WEDNESDAY 03	THURSDAY 04
FB: Show Graphic (dates/times) IG: Lead Actor Portrait	FB: 3 min video show overview IG: Show graphic (dates/times)	FB: Cast/crew interview IG: Encourage story tags/use hashtag	FB: website reveal IG: Website reveal
FRIDAY 05	SATURDAY 06	SUNDAY 07	NOTES
FB: Promotional/story world video teaser (release next week) IG: Promotional/story world video teaser (release next week)	FB: Live walk around (3 minutes) IG: Behind the scenes Reel	FB: Tickets on sale! IG: Tickets on Sale!	FB: invite friends to like page IG: Post on IG Stories every day this week
MONDAY 08	TUESDAY 09	WEDNESDAY 10	THURSDAY 11
FB: Show storyworld/show teaser IG: Show storyworld/show teaser	FB: Show Graphic (dates/times) IG: Reel from rehearsal	FB: 3 min video from rehearsal IG: Show graphic (dates/times)	FB: Buy tickets! IG: ticket giveaway
FRIDAY 12	SATURDAY 13	SUNDAY 14	NOTES
FB: Day of/Show Info IG: Day of/Show Info	FB: The show!! IG: The show!!	FB: Post your selfies IG: Post your selfies	FB: encourage sharing IG: Encourage tagging

PRODUCTION TIMELINE

EARLY PRE-PRODUCTION	PRE-PRODUCTION	PRODUCTION	POST-PRODUCTION
Scriptwriting, graphic design, filming, playwriting, research, interviews, focus groups, location scouting (Two Months)	Website development (priority), show casting, set construction, ticket sales, printing, and manufacture of materials. (Two Months)	Performance of the theatrical experience (One Day to Several Weeks)	Social Media interaction (Infinite)

Results Testing

Results Testing

Throughout the pre-production process, we would complete the following to ensure the production elements were being realized most beneficially:

- Interviews will be conducted with individuals who enjoy attending live theatre events as well as interactive themed experiences.
- We will observe individuals in analogous settings such as theme parks, theatre productions with audience participation, and viewings of choose-your-own-adventure films.
- We will conduct surveys to obtain information relating to questions such as:
 - What is your favorite part of a live theater experience?
 - What is your least favorite part of a live theatre experience?
 - What do you like or dislike about audience participation at live events?
 - What do you enjoy most and least about medical shows/dramas?
 - Do you like or dislike being challenged by stories and media that could prepare you for real-life situations? Why?

After audience members have engaged with the live theatrical event, we will measure responses and engagement by tracking Palliative's social media analytics. We will follow our followers, hashtags, and content that is created and shared by audience members. Similarly, as we plan to partner with a theatre company to produce the live event, we will also review the analytics of their email marketing.

Audience members will also be directed to a web-based survey at the close of the theatrical experience, where they will be able to provide feedback regarding the live event, its content, and its different media components. Participants will be able to rate their experience and be allowed to write in their comments.

Through the use of social media analytics and audience feedback, we will identify the most and least successful aspects of the production to determine if there are areas that need additional tweaks or improvements.



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