

X : Play for your life - An interactive learning exercise to teach empathy and foster productive, clinically-relevant discussions in difficult social situations

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Abstract 1 - X : Play for your life - An interactive learning exercise to teach empathy and foster productive, clinically-relevant discussions in difficult social situations

Problem

The Emergency Department is sometimes the only setting in which victims of human trafficking or domestic violence can be identified or connected with social support and resources, yet multiple intangible barriers can limit the effectiveness of Emergency Medicine (EM) providers when they treat patients who are victims of intimate partner violence (IPV). As a result, many healthcare providers avoid discussions about IPV in the clinical setting due to fear of awkwardness/embarrassment, lack of time, or perceived lack of available resources or assistance for victims of abuse. Therefore, these intangible barriers lead to Emergency Department (ED) “bounce back” visits, increased utilization rates and healthcare costs as high as \$12 billion nationally. Additionally, nurses and physicians who are unprepared or ill-equipped to help patients who are survivors of IPV report higher rates of burnout and decreased ability to provide high quality care in the clinical setting.

Approach

The objective of this educational intervention is to provide an interactive, role-playing game to aid medical students and residents in their future clinical interactions with patients who are experiencing IPV. Although the current version of this role-playing game is targeted towards the treatment of patients experiencing IPV, the conceptual model can be applied to a variety of settings that require clinician empathy such as caring for patients in the setting of palliative care, polysubstance addiction and abuse, homelessness, mental illness, or chronic physical disabilities.

Outcomes

The interactive game was played by students, residents, clinical staff, social workers, counselors. Most respondents would recommend interactive learning techniques involving role-playing as a way of building empathy and understanding for patients in complex social situations that affect their health outcomes or clinical care. Behavior changes were reported by 8 (80%) participants after the program. Follow-up surveys found that self-reported usages of the recommended behaviors had increased, including use evidence-based interventions to support survivors of IPV, as well as increased subjective comfort in discussions about IPV.

Next Steps

The use of this interactive role-playing model to teach empathy and understanding was feasible and well received among professional students and residents. Participants reported sustained behavioral changes as well as increased comfort in clinical situations that previously would have made them feel uncomfortable or unprepared. This approach is a promising educational method that may increase the effectiveness and preparedness of ED providers in their future careers. Work is in progress to evaluate this tool in other scenarios and trainee populations.