

Figure 1.



Figure 2.

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 a lack of empathy and understanding limits the effectiveness of treatment of patients who are victims of intimate partner violence (IPV).

**Educational Objectives:** The objective of this educational innovation 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.

**Curricular Design:** Participants play a board game in groups of four to six players. Each player chooses a character story for an individual in an abusive relationship. The player will play as that character and attempt to leave the relationship. They must acquire resources and investments to gain a house, a car and a job, so that they can escape the dangerous relationship and survive (Figure

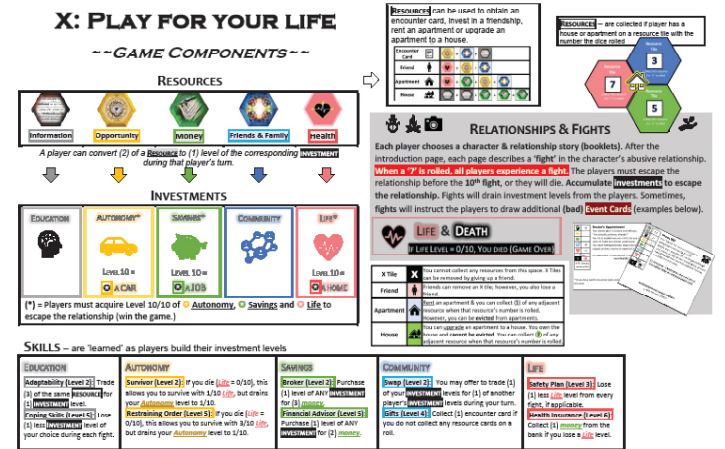


Figure 1.

we developed the material required for EM to begin to adopt UGRA as a new standard practice. Planned changes include producing the project’s ultimate goal of a textbook. Going forward, we plan to assess this with formal surveys.

## 48 X: Play for Your Life – An Interactive, Role-Playing Board Game Designed to Foster Empathy and Teach Medical Students How to Address Intimate Partner Violence in the Clinical Setting

Erica Warkus, Celina Ramsey, Nick Caputo, Kelly O’Keefe

**Introduction/Background:** Clinician empathy improves patient outcomes and satisfaction scores, reduces physician burnout and increases clinical efficiency. However, there are no educational methods shown to be effective at teaching empathy to medical students. The Emergency Department

1). Players must escape by the 10th ‘Fight’ or they will die. Information is relayed through event cards and character stories that progress through the stages of change and are read aloud by the players to the group during each fight (Figure 2).

**Impact/Effectiveness:** This educational intervention was evaluated through pre- and post-game surveys that gauged knowledge and effectiveness. The use of this interactive role-playing model to teach empathy and understanding was feasible and well received among students and professionals. Respondents reported increased comfort and scored higher on measures of empathy. They also correctly identified an imaginary patient’s readiness to change more frequently and were better able to identify the most effective interventions.

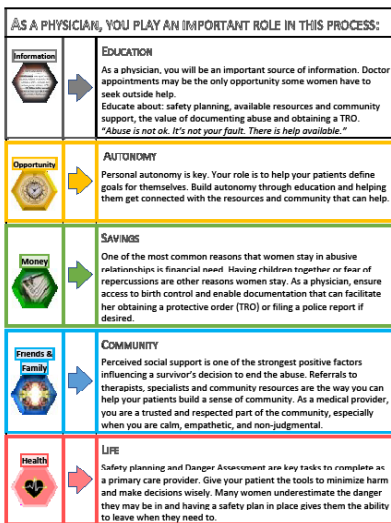


Figure 2.

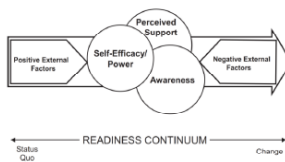


Figure 4. The psychosocial readiness model for IPV victims.

**Box 5. Support and Resources**

**National Coalition Against Domestic Violence**  
<http://www.ncadv.org>  
 Online tool for creating a safety plan

**National Domestic Violence Hotline**  
 1-800-799-SAFE  
 TTY 1-800-787-3224  
<http://www.ndvh.org>  
 Help with safety planning and crisis interventions  
 Text-trained counselors  
[www.crisistextline.org](http://www.crisistextline.org)  
 Text "START" to 741741

**Futures Without Violence**  
<http://www.futureswithoutviolence.org>  
 Posters, brochures, safety planning cards

**National Health Resource Center on Domestic Violence**  
 Supports health care providers improve responses to intimate partner violence; offers free, culturally competent materials appropriate for a variety of settings  
[www.enabuse.org/health](http://www.enabuse.org/health)  
 888-80-ABUSE (888-792-2837) Mon-Fri, 9 am-5 pm PST  
 TTY 800-595-4889  
 email: [health@enabuse.org](mailto:health@enabuse.org)

## 49 “Visual Odyssey”: An Asynchronous Initiative to Encourage Learning of Core Concepts in Emergency Medicine

Nicole Schnabel, Jamie Swisher

**Introduction:** In 2012 the Academic Emergency Medicine conference consensus stated, “flexibility of scheduling with a Web-based asynchronous teaching model, coupled with its similar effectiveness to traditional methods, makes it a very attractive adjunct to development of a well-balanced EM didactic curriculum”. In the ten years since this statement was released asynchronous learning has increased in popularity among emergency medicine (EM) residents, however novel asynchronous curricula remain limited. Our faculty were interested in implementing an educational initiative that would encourage learning outside of didactics and could be tailored to the educational needs of our residents.

**Objectives:** Visual Odyssey (VO) is an asynchronous learning initiative with goals of encouraging self-directed learning by residents and increasing knowledge regarding recognition and treatment of classic conditions in EM.

**Design:** VO is an email containing a prompt and a picture followed by several questions. The VO topics are chosen by the faculty and questions require 15 minutes to complete. The VO is sent out weekly with a new prompt as well as answers to last week’s questions. There is an incentive for participation. This novel format allows faculty to have autonomy in choosing topics they feel are integral to resident education or gaps in our curriculum. This method is appealing to the residents because of its convenience and brevity.

**Impact:** A survey answered by 35 of 36 residents revealed that 76.5% found VO to be “Beneficial” or “Very Beneficial” to their learning. On average 40% of residents

submit answers. Interestingly, 76.4% of residents work through the cases or look at the answer slides even if they do not submit. This indicates the residents are utilizing VO as a tool for asynchronous learning regardless of the incentive. When asked why residents did not submit a response, forgetfulness was mentioned most. Given this a future change is to distribute a weekly reminder.

## 50 Addressing Immigrant Health in the Emergency Department: An Interprofessional Perspective

Leonardo Garcia, Carolina Ornelas-Dorian, Katrin Jaradeh, Caroline Burke, Theresa Cheng, Robert Rodriguez, Christopher Peabody, Nicholas Stark

**Introduction/Background:** To understand knowledge gaps in the healthcare of immigrants, we conducted interprofessional needs assessment interviews with local attorneys, physicians, and social workers who work with immigrants. Clinicians, both in the literature and through our needs assessment, note significant gaps in immigrant health. There is a need for a medical education intervention, ideally during emergency medicine (EM) residency.

**Educational Objectives:** Our objectives were developed based on themes that emerged from the 11 interprofessional needs assessment interviews. Session objectives were to 1) define the role of the EM clinician when caring for immigrants, 2) illustrate best practices around asking, documenting, and sharing immigration specific health care information, 3) outline principles in interacting with immigration law enforcement, and 4) identify existing immigration resources and advocacy opportunities.

**Curricular Design:** We created a 30-minute, interactive didactics session (with pair share and large group discussions) based on a real-life EM case during our residency program’s weekly didactic conference. Curriculum was reviewed by attorney and physician content experts prior to implementation. To capture the impact of the lesson, we administered pre and post surveys consisting of 5 Likert scale questions on confidence with immigration topics and 3 multiple choice content questions.

**Impact/Effectiveness:** A total of 38 participants completed either the pre or post survey. Overall, there was a significant improvement in both confidence (self-reported rating of 2.58 pre to 4.18 post out of 5, p-value<0.001) and knowledge (1.40 pre to 2.33 post out of 3 correct, p-value<0.001) between the two surveys. This interprofessional approach to curriculum design offers a novel approach to addressing the knowledge gap on implementation of protocols and policies pertaining to immigrant populations. We hope to expand this approach across institutions.