Title
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

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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 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.

**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

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.