



VIEW POSTER
ONLINE



PLAY FOR YOUR LIFE

AN INTERACTIVE, ROLE-PLAYING BOARD GAME TO CULTIVATE **COGNITIVE EMPATHY** IN CLINICAL PRACTICE

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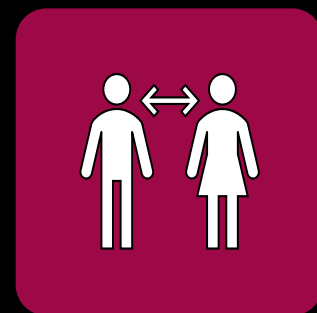
INTRODUCTION/BACKGROUND:

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 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).

OBJECTIVES:

The objective of this educational innovation is to provide an interactive, role-playing game in which players cultivate **COGNITIVE EMPATHY** as a professional skill that can be used to improve communication, patient outcomes, and reduce provider burnout.

HYPOTHESIS: After playing, participants will be better able to...



1. Understand the experiences of their patients



2. Effectively communicate with that understanding



3. Act in a therapeutic manner

METHODS:

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. 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.

YOU ARE IN A BAD RELATIONSHIP.

ESCAPE BY THE 10TH FIGHT OR YOU WILL DIE.

0. Take the **PRE-INTERVENTION SURVEY**
1. Choose your **RELATIONSHIP STORY**.
2. Read your backstory aloud to the group.
3. Start with a **HOUSE** and an **APARTMENT**.
4. Roll the dice to collect **RESOURCES** → save them as **INVESTMENTS**.
5. Accumulate **INVESTMENTS** to earn a **HOME**, a **CAR**, and a **JOB**. You need all three to escape the relationship.
6. When a '7' is rolled, **all players experience a FIGHT**.
7. **FIGHTS** drain your **INVESTMENTS**.
8. The 10th fight card (X) is a fictional death.
9. Read the "X" card aloud at the end of the game.

BECAUSE THIS IS NOT "JUST A GAME"

THIS HAPPENS TO **YOUR PATIENTS**

And **YOU** may be the only chance they have to get help.



COGNITIVE EMPATHY: the ability to "...IMAGINATIVELY ENTER THE EXPERIENTIAL WORLD OF ANOTHER WITHOUT LOSING AN AWARENESS OF ITS DIFFERENCE FROM ONE'S OWN."

THIS IS A **CLINICAL SKILL WE CHOOSE TO PRACTICE**. IT REQUIRES THAT WE:

1. **UNDERSTAND** the patient's situation
2. **COMMUNICATE** that understanding (to check **ACCURACY**)
3. **ACT** upon that understanding in a **THERAPEUTIC** way



RESULTS:

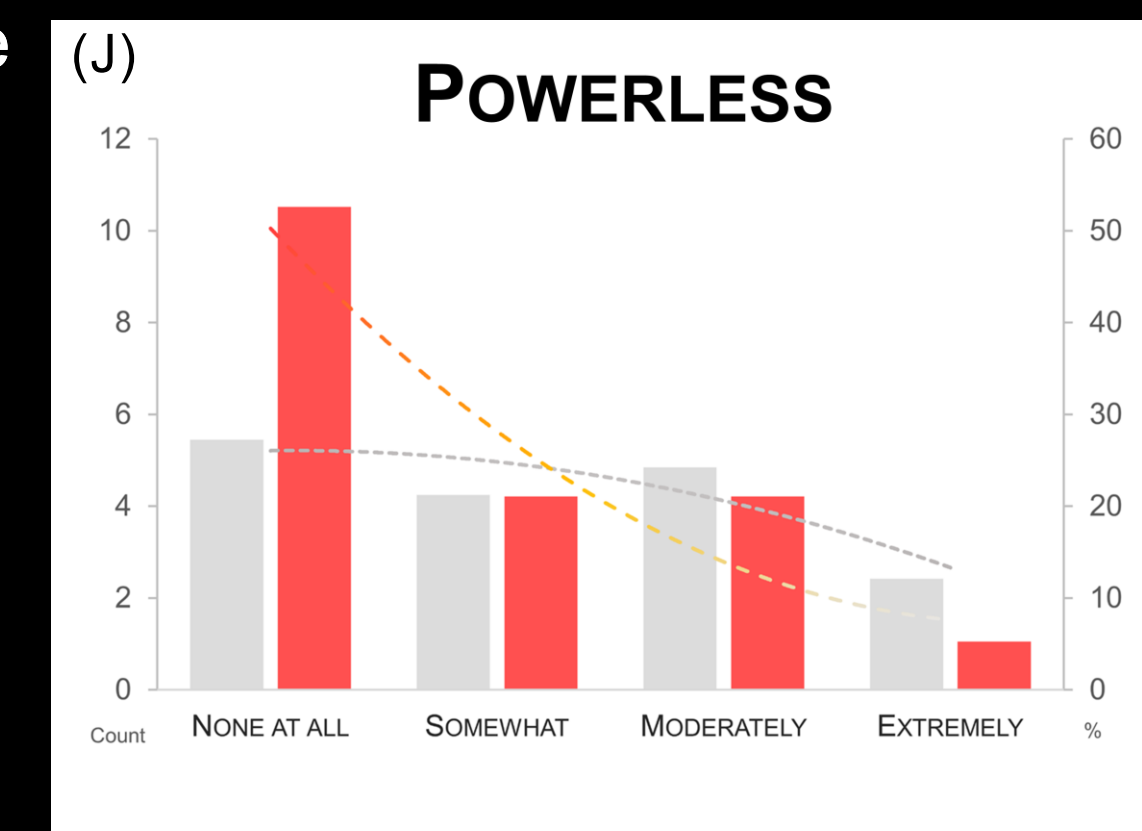
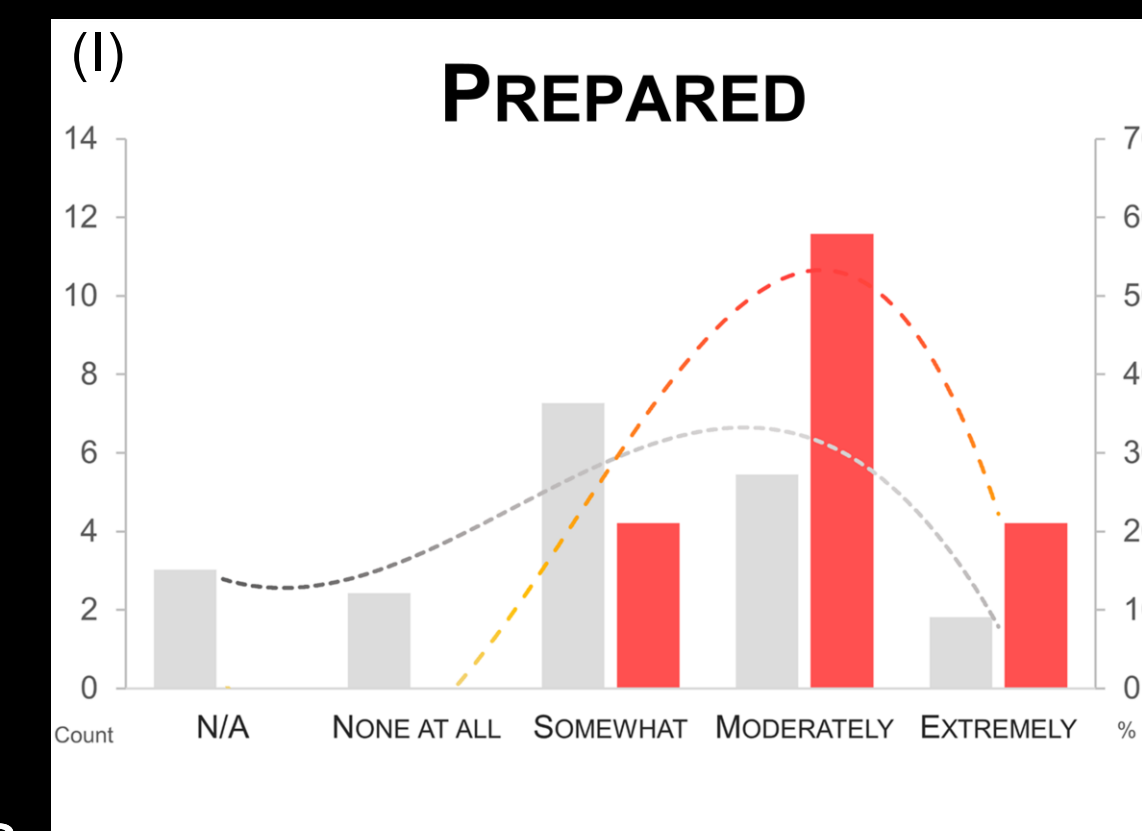
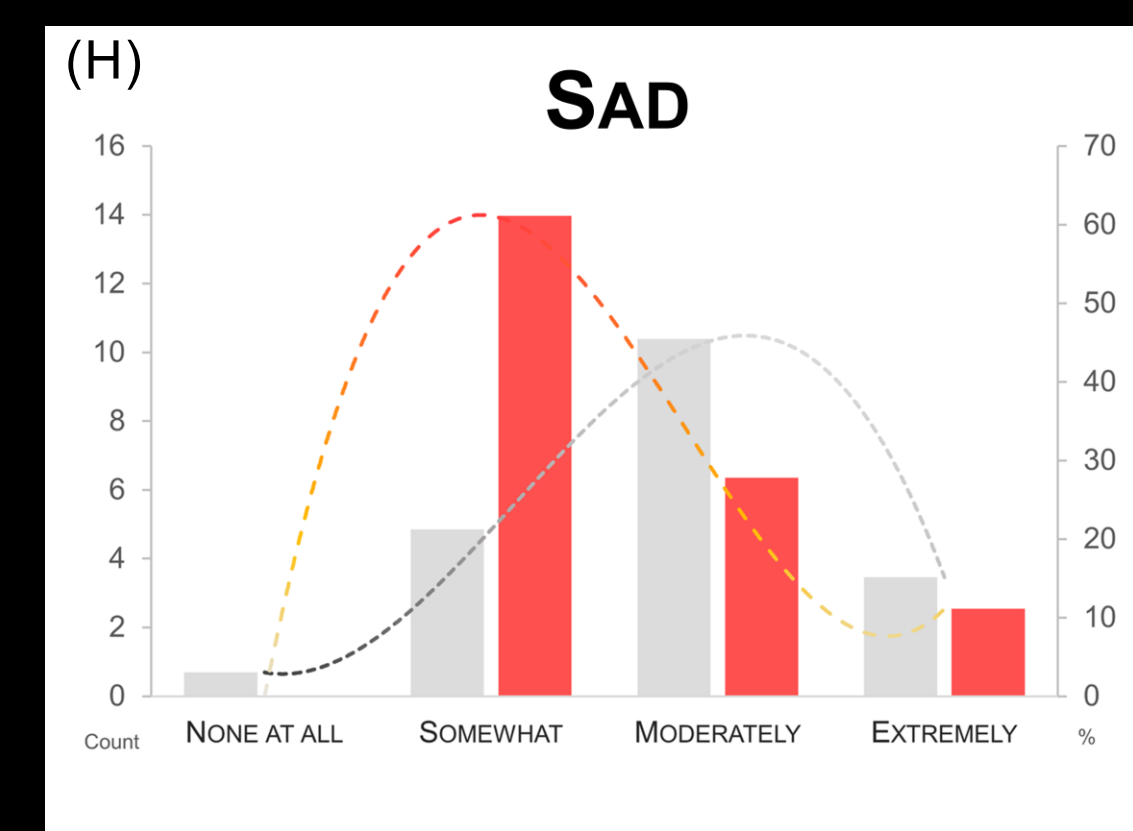
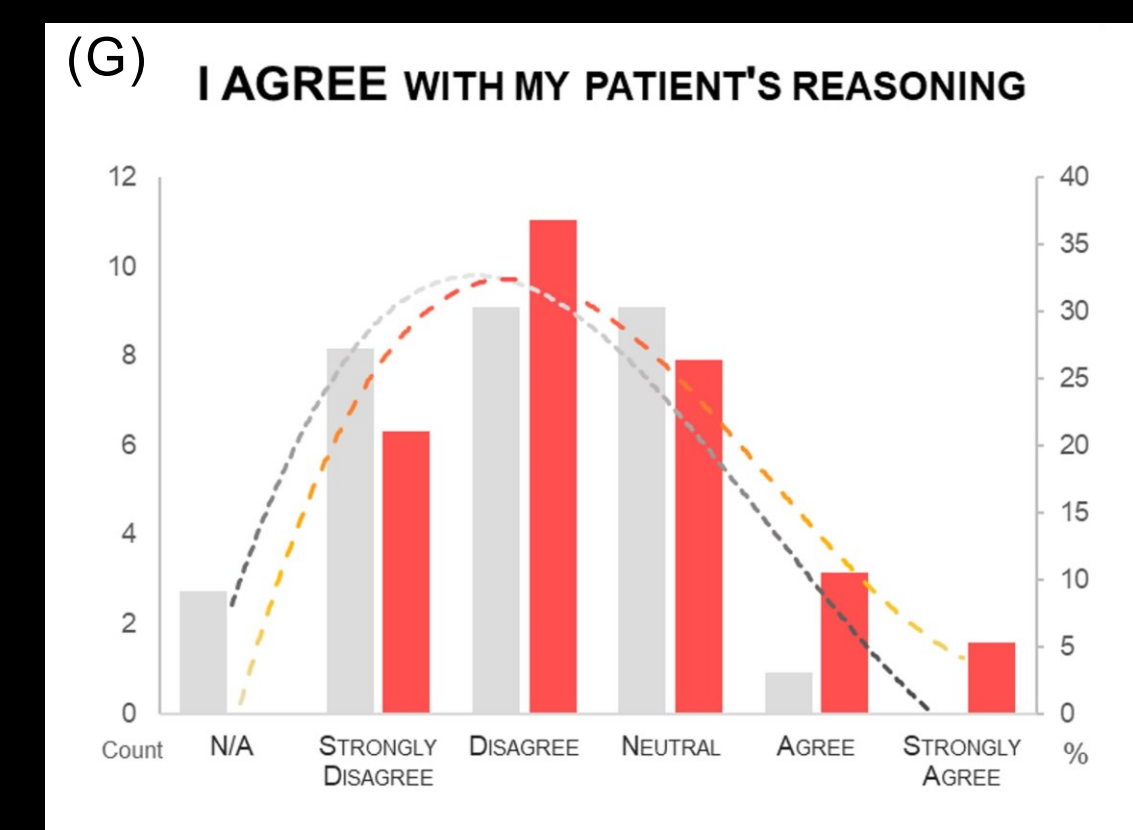
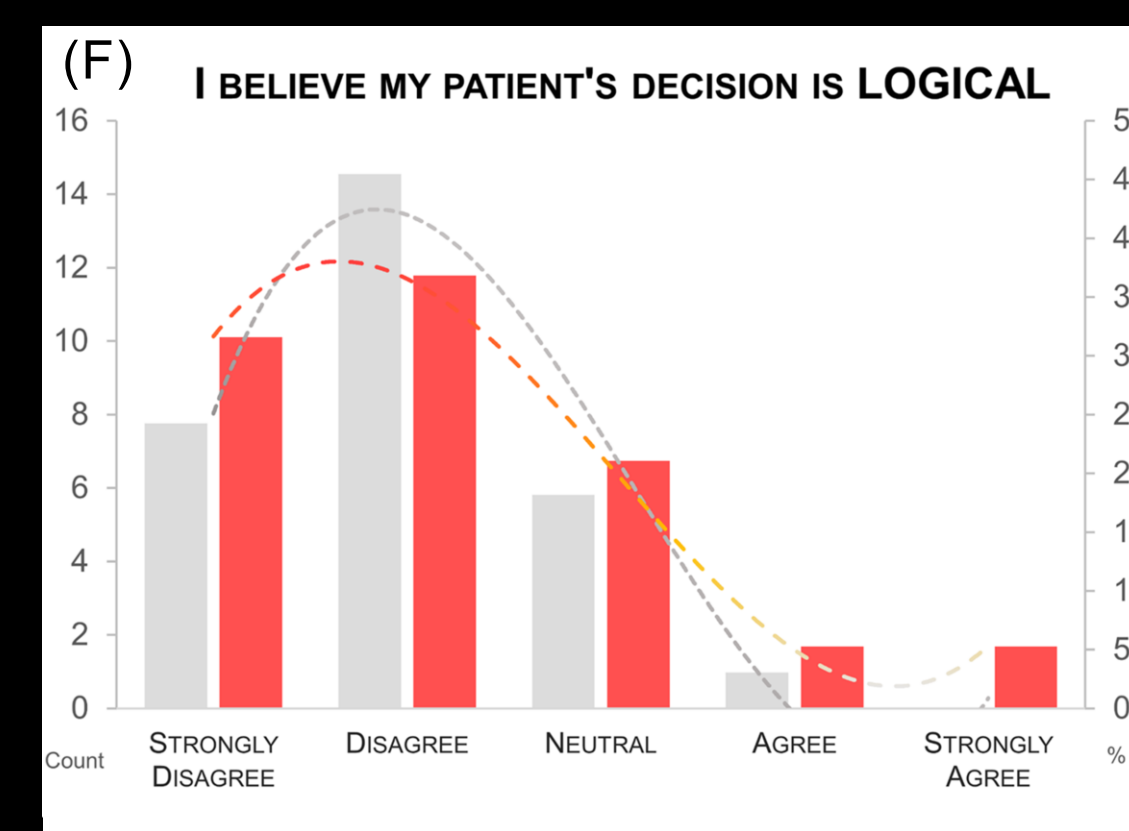
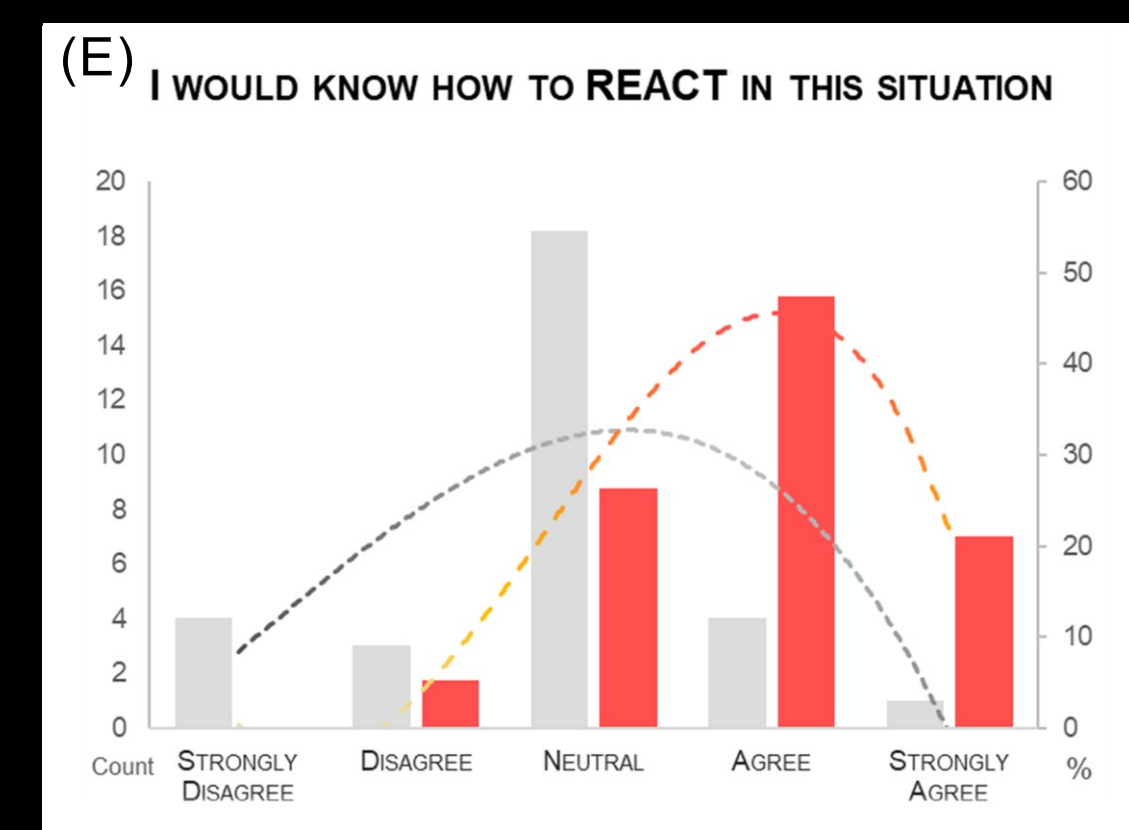
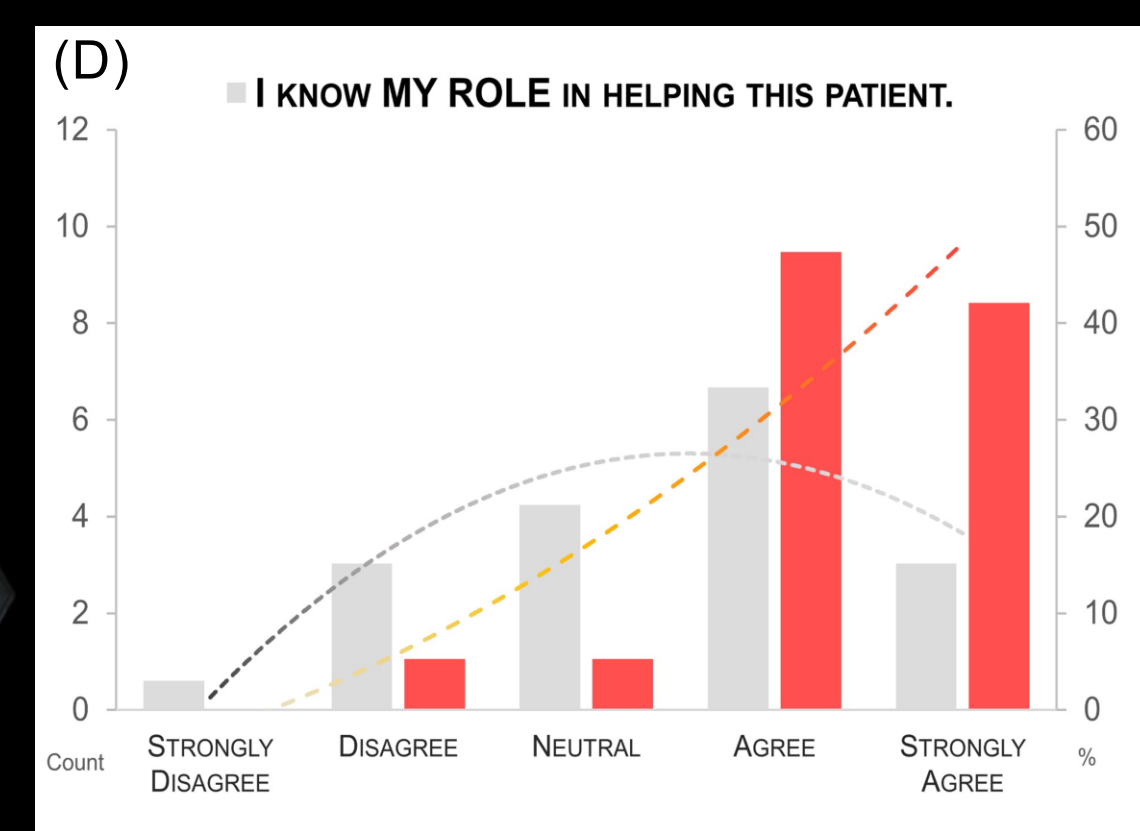
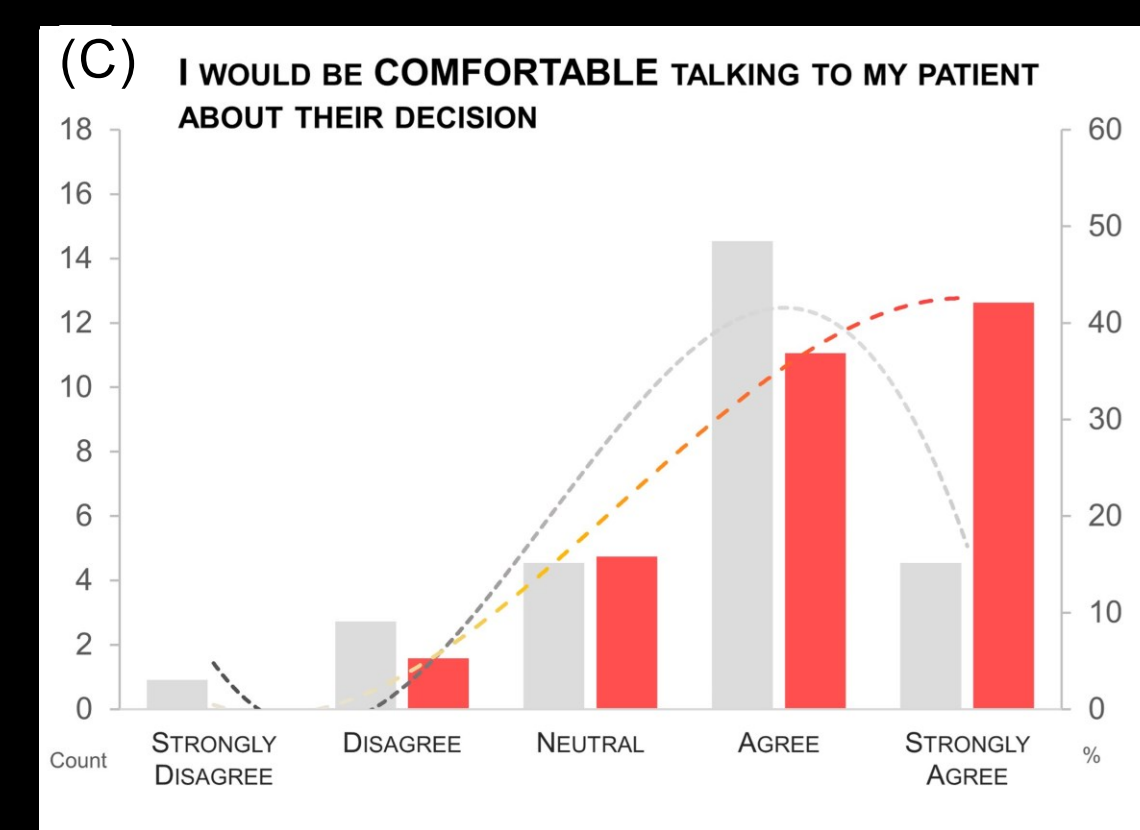
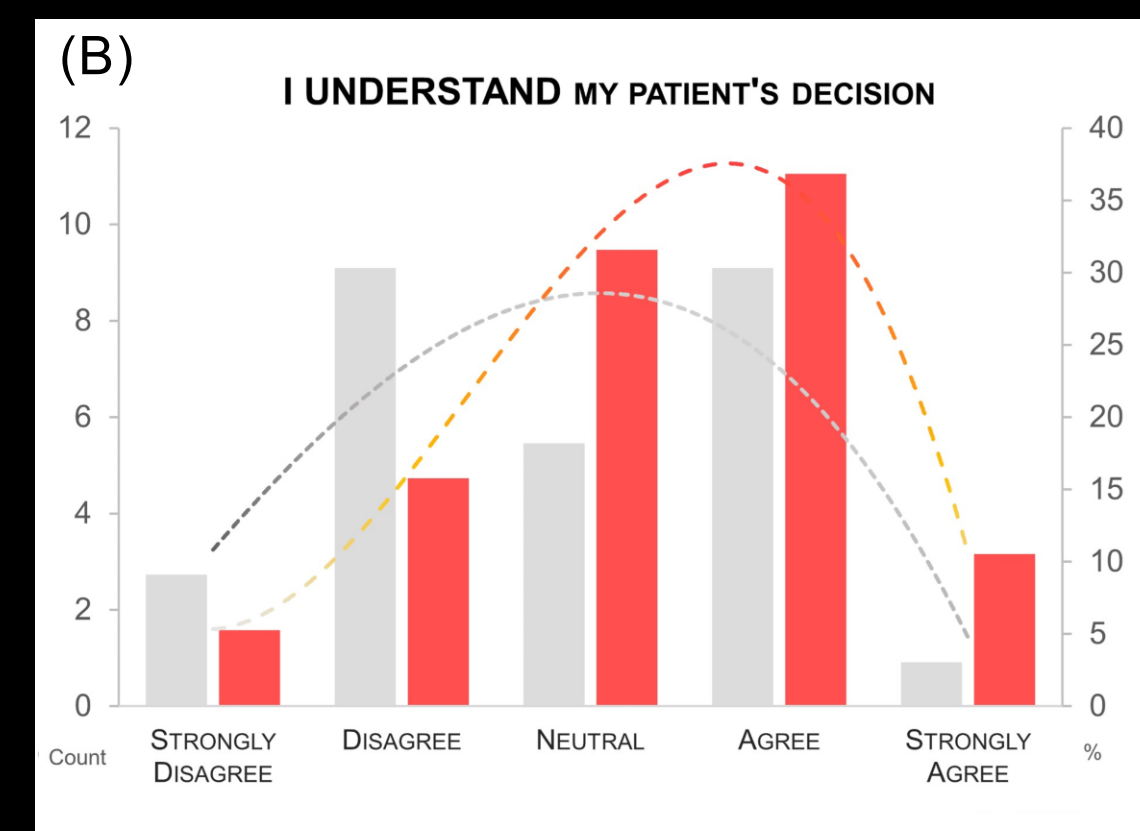
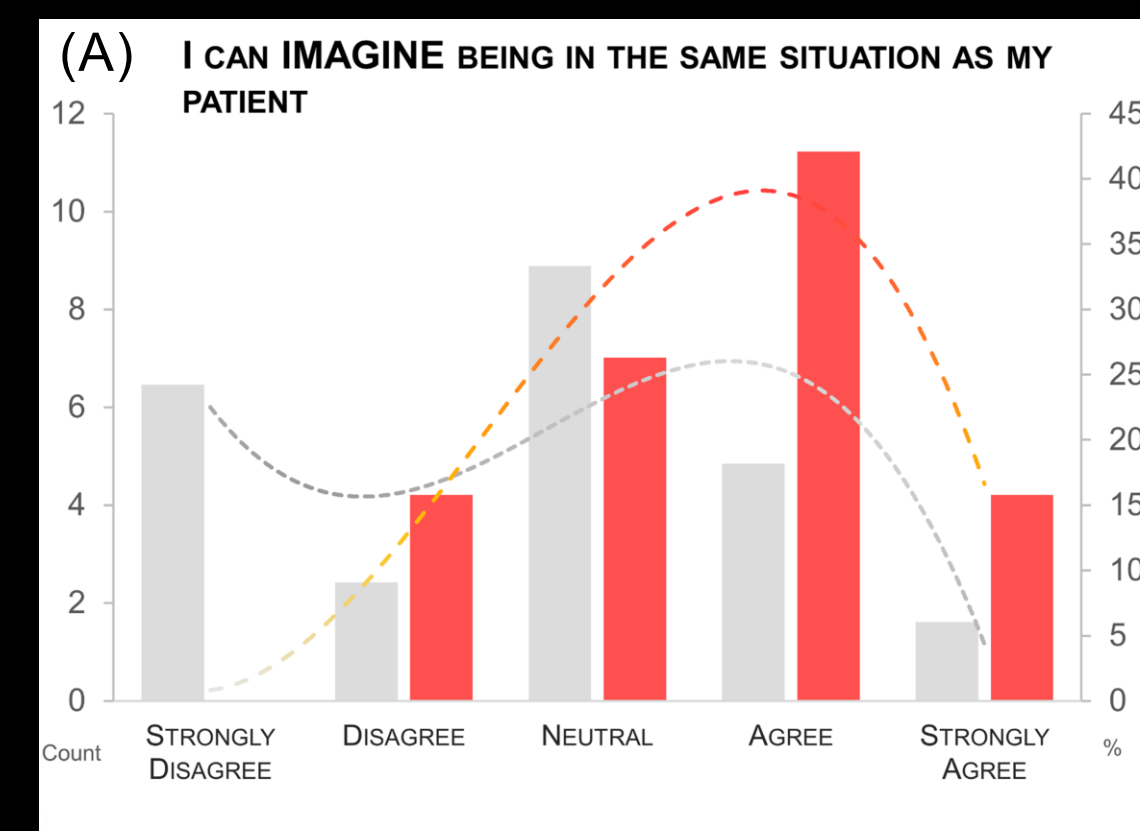
After playing, participants reported...

■ **GREATER EMPATHY:** (A) Participants reported increased ability to **IMAGINE** being in their patient's situation. (B) They also reported greater **UNDERSTANDING** of their patient's decision. This occurred even though participants did **NOT FEEL THE DECISION WAS LOGICAL** (F) and were **NO MORE LIKELY TO AGREE** with the patient's reasoning (G).

■ **Feeling MORE PREPARED** (I) and **MORE COMFORTABLE** (C): As a result, they felt less **HELPLESS** and reported lower scores on negative emotions such as **SADNESS, FRUSTRATION & POWERLESSNESS** (H, K, J).

■ **LESS BURN OUT** (L) as a result of playing the game.

■ **Gaining KNOWLEDGE:** participants learned via narratives and stories as well as from the learning resources provided during the game and were able to use this to **IMPROVE THEIR TREATMENT** of the simulated patient.



CAN YOU IMAGINE BEING IN A RELATIONSHIP LIKE THAT?

Medical education techniques currently lack effective methods to teach empathy to medical students and other learners within the healthcare realm. This interactive, educational game was created using the information synthesized from nearly 250 peer-reviewed articles about (1) intimate partner violence; the role of (2) screening and (3) clinical interventions in the (4) Emergency Department and in the (5) primary care setting; articles that review the (6) Innovation-Decision process, (7) the Stages of Change and motivational interviewing techniques, (8) transtheoretical model, (9) Readiness Continuum model; as well as myriad articles that discuss the (10) barriers to effective screening and intervention on the part of both patient and medical providers and, (finally) (11) the role of the legal system in ensuring the safety and success of patients who are survivors of intimate partner violence. The result is a role-playing board game that incorporates many elements of modern life into the struggles that the players face as they attempt to escape from an imaginary abusive relationship that they—unlike the thousands of women killed by their partners or former partners—knew would be deadly in the end. It is intended for students, residents, physicians, nurses, clinical staff, social workers, counselors, and more. This role-playing board game is designed to be played in less than an hour, after which, that answer might be: **"YES. I can imagine it."**

THIS METHOD OF TEACHING COGNITIVE EMPATHY COULD BE APPLIED TO EDUCATION ON CARING FOR PATIENTS WITH:

POOR HEALTH LITERACY

OBESITY / CHRONIC DISEASE

NON-ENGLISH LANGUAGE

SUBSTANCE ABUSE & ADDICTION

PSYCHIATRIC ILLNESS

MEDICATION NON-COMPLIANCE

SOCIOECONOMIC DISADVANTAGE

CULTURAL DIFFERENCES

DISCUSSION:

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 in this ongoing research (n=33) scored higher on measures of cognitive empathy. They also correctly identified an imaginary patient's readiness to change more frequently and were better able to identify the most effective interventions to perform as a medical professional.

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 an innovative and promising educational method that may increase the effectiveness and preparedness of ED providers in their future careers. Work is in progress to evaluate this unique tool in other scenarios and trainee populations.

Would YOU SURVIVE?



PLAY THE GAME. FIND OUT.

REFERENCES:

Due to limitations on space, please view the references for this poster at: tinyurl.com/X-PlayForYourLife-SMHCS-refs

Questions? Contact: erica.warkus@gmail.com

