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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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Permalink

<https://escholarship.org/uc/item/4tz6c8vr>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(2.1)

ISSN

1936-900X

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Publication Date

2026-03-27

DOI

10.5811/westjem.64245

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and one five months later - each observed by a supervising attending who provided immediate feedback. Confidence and competence were measured through pre- and post-intervention surveys and faculty evaluations.

Impact / Effectiveness: Resident confidence scores increased from 3.23 to 4.14 ($p < 0.001$), and the percentage who felt “very confident” rose from 29% to 100%. Faculty evaluation scores also improved significantly from 83.7% to 86.9% ($p < 0.005$). Participants described greater comfort, empathy, and self-awareness when managing difficult discussions. This reproducible, low-cost innovation provides measurable gains in communication skills essential to emergency medicine and can be readily implemented across training programs.

65 Enhancing Empathy for Non-English-Speaking Patients: A Novel Simulation for Emergency Medicine Residents

Sara Nelson, Irit Altman, Madeleine Puissant, Isha Agarwal, Tania Strout

Background: New immigrants and patients requiring interpreters rely on the emergency department (ED) for essential services, yet their care is often biased or delayed. At the same time, health profession students receive minimal training on the challenges these populations face. Prior work suggests that simulations in which learners assume the patient role can enhance empathy and promote behavior change.

Educational Objective: To develop a curriculum immersing learners in the experience of non-English-speaking patients seeking emergency care, aiming to foster empathy and understanding and ultimately improve care for this vulnerable population.

Curricular Design: Following Kern’s Six Steps, we conducted a targeted needs assessment through focus groups with new immigrants and community health workers (CHWs) to identify key barriers to care. These findings informed the development of a pre-work module and two patient experience simulations. The simulations place learners in the role of patient, cared for by non-English-speaking providers and illustrate the challenges new immigrants face in the ED. The simulation package includes learning objectives, simulation scripts, and a structured debrief.

Impact: We piloted the simulations with emergency medicine (EM) residents, CHWs, and interpreters over two days. Residents assumed the role of patients, while CHWs acted as physicians communicating in Arabic or French. Simulation specialists and EM faculty observed and provided feedback on the flow and content. The sessions proved feasible and emotionally engaging, with rich debrief discussions. Participants cited language barriers, fears about immigration status, medical care uncertainties, and safety concerns as key insights. Residents also shared ideas for

delivering more culturally competent care. A broader rollout and formal program evaluation are currently underway. We believe this novel intervention can enhance care for non-English-speaking and immigrant patients.

66 Innovating Morbidity and Mortality Conference: “Capturing the Chaos” Through Simulation

McKenna Knych, Lacie Bailey, Nancy Jacobson, Erica Forbes, Scott Rentfrow, Thomas Yang

Background: Traditional morbidity and mortality (M&M) conferences rely on retrospective review of a single case. This format fails to capture the complexity of EM practice, where physicians manage multiple undifferentiated patients in dynamic settings. Although CORD’s 2020 best practice recommendations for M&M identified simulation (sim) as a strategy to better capture the ED environment, few studies explore its use for M&M.

Educational Objectives: We piloted sim as an education modality for M&M, with objectives to recognize etiologies of errors, strengthen task-switching skills, and develop strategies for communication. We evaluated the feasibility, strengths, and limitations of using sim to present an M&M case.

Curricular Design: An actual ED case highlighting safety hazards and patient harm was selected. Eight PGY-2 residents participated in a high-fidelity sim based on the case in pairs. They concurrently managed six sign-out patients, reflecting the actual patients in the ED during the case and were interrupted every 60 seconds with questions. A structured debrief followed. In parallel, the same case was presented as a traditional M&M lecture and discussion for seven PGY-3 residents using identical discussion prompts.

Impact/Effectiveness: We evaluated both modalities with post-session surveys and facilitator observations. The

Table 1. Educational objectives and key findings

OBJECTIVES	KEY FINDINGS	
Recognize contributors to error	Sim M&M: Communication and system factors were each rated extremely influential by 42% (3/7), compared with 14% (1/7) for individual factors.	Traditional M&M: 0% rated communication or system factors as extremely influential. 43% (3/7) rated individual factors as extremely influential.
Strengthen task-switching skills	Sim M&M: 86% (6/7) reported the session high or very high impact on knowledge, skills, and attitudes.	Traditional M&M: 57% (4/7) reported high impact on knowledge and attitudes, 42% (3/7) for skills.
	All (14/14) reported enhanced skills in task-switching.	
Develop strategies for communication and patient safety	Sim M&M: Discussed task-switching strategies, managing interruptions, and team communication.	Traditional M&M: Discussed task-switching in terms of proactive task prioritization and delegation.
Evaluate the feasibility, strengths, and limitations of simulation M&M	Sim M&M: Resource-intensive. Authentic. Stress was higher as 71% (5/7) rated the session as moderately or highly stressful. Yet all (7/7) of the sim survey respondents said they would feel comfortable having their own case presented in this format.	