Development of a Global Knowledge Sharing Program to Improve Care of Intimate Partner Violence Survivors

Amy Mead MBA, BSN, RN, CEN[1], Kate Buehler BSN, RN, CEN[1], Krysta Baack PharmD[1], Wesley Zeger DO[2], Aaron Barksdale MD[2], Amy Cutright MD[2]
1. Nebraska Medicine, United States
2. University of Nebraska Medical Center, United States

Introduction: Intimate partner violence (IPV) is a violation of human rights that transcends geographical and cultural boundaries. Each country's approach to this problem is inherently different and fragmented, making it a global public health dilemma. During the COVID-19 pandemic, nearly every country experienced significant increases in cases of IPV and other violent crimes. This highlights the dire need for continued improvements in our policies and procedures regarding victim identification and care.
Methods: Learners from the United States (US) and Japan engaged in a weeklong lecture series covering topics of child abuse, IPV, sexual assault, and human trafficking. The objective of this project was to engage in an open dialogue to compare and contrast each country's judicial and health policies regarding violent crimes. Before and after each lecture session, learners were asked to complete an eight-question self-assessment (1=strongly disagree to 5=strongly agree) evaluating their knowledge of the topics.
Results: A five-day lecture series was presented to 159 learners (68% nurses, 6% social workers, 3% physicians, and 23% others). Survey data demonstrated a consistent post-course improvement in self-assessment of clinical evaluation skills ($\bar{x}$ =3.1-3.7, p=0.0001), case management skills ($\bar{x}$ =2.9-3.4, p=0.0007), awareness of resources ($\bar{x}$ =3.2-3.7, p=0.006), willingness to report suspected cases ($\bar{x}$ =4-4.3, p=0.032), and understanding of a forensic nurses' role ($\bar{x}$ =3.3-4.1, p=0.0001). A decrease in self-reported overall competency was observed after each lecture session ($\bar{x}$ =4.6-3.7, p=0.0001). A majority (58.7%) of learners indicated the lecture series content would change their future practice.
Conclusion: This project was successful in establishing a knowledge exchange between the US and Japan, highlighting key differences in each country's judicial and healthcare procedures while identifying areas in need of improvement. The continuation of similar relationship-building and knowledge-exchange efforts is critical to global efforts in combating IPV and violent crimes to improve community wellness.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s56
doi:10.1017/S1049023X26102957

Does the Evidence Exist: Effectiveness of High-Fidelity Simulation Versus Low-Fidelity Simulation on Knowledge and Skill Performance for Resuscitation Simulation Training, a Systematic Review

Mohamed Sultan MRCEM, FRCEM, MEd
University Hospital Limerick, Ireland
University of Limerick, Ireland

Introduction: Resuscitation Simulation-based education plays a vital role in the modern education of medical and nursing students. This systematic review explores the merits of high-fidelity and low-fidelity simulation in medical education, specifically focusing on resuscitation training for nursing and medical students.
Methods: The MEDLINE, CINAHL, EMBASE, and Cochrane Library were searched. The last search was updated in June 2023. Studies were screened according to inclusion and exclusion criteria.

For quality evaluation, the Medical Education Research Study Quality Instrument and the Cochrane Collaboration's Risk of Bias tool were used.
Results: Eleven randomized control trials were ultimately included. The total participants was 796 students (399 High fidelity and 397 Low-fidelity). The majority were medical students. The MERSQI showed a median score of 13 for the included studies; the maximum percentage was 80 %, and the minimum was 67 %. Performance bias exists in all the included studies. On the one hand, six studies (n=374) demonstrated improvement in favour of the HF simulation group. On the other hand, four studies (n=320) failed to show any improvement in skill performance between both groups. One study showed a slight improvement in skill performance at the conclusion. Six RCTs examined knowledge improvement as an outcome, and five (n=332) showed no difference at the report's conclusion. In three (n=235) out of the four studies that examined the retention of skills, performance, and knowledge over different follow-up periods, the results showed no observed advantage of high-fidelity manikins over low-fidelity manikins.
Conclusion: The results indicate that although high-fidelity simulation may have its benefits in areas of skill performance and confidence, it may only sometimes excel over low-fidelity simulation when it comes to acquiring and retaining knowledge and skills.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s56
doi:10.1017/S1049023X26102969

Improving Teaching Effectiveness: Using Clips from K-Drama to Train Health Care Professionals for Mass Casualty Incident Response

Bao Jun BSc, Sok Keng Tan BSN, Mathew Yi Wen Yeo MBBS, MMed, MSc
Khoo Teck Puat Hospital, Singapore

Introduction: Singapore is a densely populated nation with a population density of 8207 people/km^2. Khoo Teck Puat Hospital (KTPH) is a 795-bed public acute care hospital that sees over 138,000 patients annually, and must be operationally ready to respond to mass casualty incidents (MCI). This study aims to evaluate the effectiveness of a new teaching method using clips from popular Korean medical dramas to enhance interest, realism, and preparedness for staff, most of whom lack prior training or experience for MCI.

https://doi.org/10.1017/S1049023X26102969 Published online by Cambridge University Press