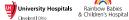
#### **POVERTY SIMULATION: A NOVEL** APPLICATION FOR PEDIATRIC CULTURAL **COMPETENCY TRAINING**

Marie A. Clark, MD, MPH; Brian Na, MD; Shiyu Bai, MD; Keith Ponitz, MD; Ross Myers, MD; and Jerri Rose, MD

Case Western Reserve University/University Hospital Cleveland Medical Center/Rainbow Babies, Cleveland, OH





#### **Objectives**

- Participants in this workshop will:
  - Acquire the skills necessary to implement a simulation-based learning activity to help learners understand and address social and cultural differences (the Poverty Simulation);
  - Discuss the benefits and challenges of a using a "social simulation" approach to educate pediatric trainees and faculty;
  - Apply methods of evaluating a socio-cultural simulation in their own training programs



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## Workshop Agenda

- 1. Poverty Simulation all participants will participate in a brief version of the Poverty Simulation
- 2. Small group discussion: Benefits and barriers to use of social simulation training in teaching cultural competency and social determinants of health
- 3. Large group discussion: Evaluation of the simulation experience and trainees
- 4. Questions and final discussion

## **Poverty in America**

- Poverty is all around us: urban and rural areas have highest rates with recent increases in suburban areas
- Child poverty causes severe and life-long health consequences
  - 15.5 million children under 17 lived in poverty (21.1%) in 2014
- All pediatricians must understand the health risks of poverty and how to connect families to appropriate resources
- Residency is an important moment to sensitize trainees to the needs of families living in poverty



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#### Use of Simulation

- Simulation has traditionally been utilized to teach interviewing, physical exam and procedural skills
- Few studies have focused on the use of simulation for sociocultural training
- Poverty Simulation created by the Missouri Community Action Network
  - 10 years of experience with its use
  - Varied audiences: clinical leadership, medical students, nursing, physician assistants, residents from OB, family medicine, psychiatry and internal medicine

# **Poverty Simulation**





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#### Debrief

- · Guiding questions we ask trainees:
  - How did you feel about yourself as you navigated this month?
  - How many people were able to pay their rent, feed their families, go to work each week, and go to the doctor?
  - What feelings did you have about the people in the community who were supposed to be helping you?
  - What about this might resonate with experiences any of your patients may have had?
  - How might this experience change your approach to your clinical work?



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#### Small Group - Benefits and Barriers

- Discuss the benefits and barriers for potential groups of participants in the simulation:
  - Trainee Participation Residents/Fellows/Medical Students
  - Faculty Development
  - Community Participation



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#### **Rainbow Simulation Evaluation**

- Population: 32 PGY-1 (27 categorical pediatrics, 4 med/peds, 1 peds/genetics)
- Setting: Intern Orientation
- Question: Does the poverty simulation impact on our residents' attitudes toward poverty?

## **Evaluation Methods**

- Tools:
  - Attitude Toward Poverty Short Form (ATP-SF) validated form in university students
    - 21 questions (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree) divided into 3 domains (Personal Deficiency, Stigma, Structural Perspective)
  - Internally created evaluation form addressing satisfaction and self-report knowledge and behavior
- Voluntary participation (pre-simulation, immediately post, 6 months post-simulation)



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## **Evaluation Results**

- 27/32 (84%) participated in the pre-simulation and immediately post-simulation surveys
- 22/32 (69%) participated in the 6 month follow up survey
- ATP-SF
  - Internal consistency throughout all the 3 domains
  - No significant changes in ATP-SF values at the three time-points



## **Evaluation Results**

	Strongly Agree	Agree	Un- decided	Disagree	Strongly Disagree
I have a greater sense of respect for those who live with a low income.	84%	13%	3%	0	0
I have a greater understanding of the challenges of life with low- income.	75%	25%	0	0	0
My professional work will improve as a result of participating in this simulation.	75%	25%	0	0	0
I would recommend this simulation to a colleague.	91%	9%	0	0	0
This simulation achieved its stated goal	88%	12%	0	0	0



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#### **CHAMPS**

- · Community Health Advocacy Milestones Profile
  - Peer-reviewed tool linking CPTI training objectives to Milestones-based competencies of the ABP/ACGME
  - Educators can map community health/advocacy (CHA) curricula to Milestone-based competencies/sub-competencies
- CHA goals and objectives: culturally effective care, child advocacy, medical home, special populations, pediatrician as a consultant/collaborative leader/partner, educational and child care settings, public health and prevention, inquiry and application
- Example milestones: ICS1, ICS2, PBLI1, PBLI2, PROF1, PROF2

Hoffman, B. D., Barnes, M., Ferrell, C., Gellin, C., Lichtenstein, C., Donnelly, J., Ju. & Kuo, A. (2016). The community health and advocacy milestones profile: A novel tool linking community pediatrics and advocacy training to assessment of milestonest-based compositions in pediatric residency straining. Academic pediatrics,



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## **Evaluation Large Group**

- How could you evaluate trainees using the Poverty Simulation?
- How could you use the Poverty Simulation as an opportunity to evaluate trainees?



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