

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

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### 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 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

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



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### 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

Duffee JH, Kuo A, et al. American Academy of Pediatrics. Council on Community Pediatrics. Committee on Psychosocial Aspects of Child and Family Health. Poverty and Child Health in the United States. Pediatrics. March 2016.



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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 socio-cultural 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



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### 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?

## 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

## 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)

## 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

Question	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

## 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, PBL11, PBL12, PROF1, PROF2

Huffman, B. D., Barnes, M., Farnell, C., Gelin, C., Lichtenstein, C., Doreddy, J., & Koo, A. (2018). The community health and advocacy milestones profile: A novel tool linking community pediatrics and advocacy training to assessment of milestones-based competence in pediatric residency training. *Academic pediatrics*, 18(4), 329-375.

## 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?

## Acknowledgements

- UH Rainbow Pediatric Residents
- Ms. Nori Minich – statistical analysis
- Professor Laura McNally-Levine and CWRU School of Law
- MedTAPP Funding