

POVERTY SIMULATION IMPLEMENTATIONS: LESSONS WE HAVE LEARNED

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PRESENTATION PURPOSE

- Share lessons learned by Poverty Simulation implementation team
- Describe insights regarding
 - Simulation set-up and take-down
 - Student preparation
 - Student debriefing

INTRODUCTION (ASSESSMENT)

*"The biggest enemy of health in the developing world is poverty."
—Kofi Annan*

- Poverty statistics
 - Worldwide
 - ~1.2 billion people in extreme poverty
 - United States
 - 40.6 million people in 2016
 - 13.3 million were children
- Poverty effects
 - Influential determinant of health
 - Lack of shelter, clean water, adequate sanitation

ASSESSMENT

- Public Health Nursing Practice
 - Nurses frequently come in contact with individuals/populations at risk for poor health due to low economic status
 - Essential for nurses to understand concepts of social determinants of health, and health equity and equality
 - Healthcare provider stereotypes regarding impoverished individuals persist

ASSESSMENT

- Quad Council Recommendations
- The Essentials of Baccalaureate Education for Professional Nursing Practice
- Brigham Young University College of Nursing Mission, Vision, & Values
- Evidence-Based Literature

DIAGNOSIS & GOAL

- Students lacked knowledge, understanding, empathy, and cultural sensitivity regarding impact of poverty
- Experiential learning goal
 - Help undergraduate students recognize personal stereotypes about poverty
 - Increase student sensitivity to challenges of individuals and families with few socioeconomic/financial resources

PLANNING

- Missouri Association for Community Action Poverty Simulation (CAPS)
 - Require undergraduate public health nursing students participation
 - Collaborate with Utah County Community Action team
- Student preparation
 - In-class discussions
 - Pre-simulation reading assignments
 - Accommodate students at risk for significant anxiety response
 - Interdisciplinary student participation enriches experience

CAPS INTERVENTION

- Team of 25 professors and simulation specialists
 - Volunteers
 - Simulation experts
 - College of Nursing faculty and staff
 - Librarian
 - Student teaching assistants
 - Family members
 - College of Nursing Public Relations team
 - Public Health and Sociology departments faculty

CAPS INTERVENTION

- Simulation activities
 - Volunteers
 - Operate simulated community sites
 - Grocery stores
 - Banks
 - Employment
 - Social services
 - Schools
 - Police stations
 - Childcare
 - Healthcare facilities

CAPS INTERVENTION

- Simulation activities
 - Four 15-minute simulated work weeks
- Student participation
 - Nursing students required
 - Sociology and public health students invited
- Simulate life situations similar to those experiencing poverty
 - Assigned identities
 - Assigned to diversely configured families

CAPS INTERVENTION

- Simulation activities
 - Students develop strategies to meet family's basic needs
 - Food, shelter
 - Finances, employment
 - Education, healthcare
- Realistic life challenges
 - Emergencies
 - Illnesses
 - Job loss
 - Criminal activities

CAPS INTERVENTION

- Debriefing
 - Student debriefing groups randomized
 - Cross-section of participant roles
 - Adult and children equally represented
- Debriefing sessions are critical and facilitate enhanced learning
 - Provokes deep emotions
 - Fosters empathy towards impoverished
 - Enhances understanding of poverty
 - Dispers previously held stereotypes
 - Influences future career service

CAPS INTERVENTION

- Simulation activities
 - Debriefing
 - Safe place to express thoughts and feelings
 - All are expected to participate
 - "How did you feel about this experience?"
 - What were your favorite and least favorite aspects of the simulation?
 - What were some of your successes?
 - What role did you play in this simulation? How did your role affect you personally?
 - What surprised you about this experience?
 - What are some take-home points about this experience?

EVALUATION

- Student reflective writing
 - Extraordinary impact on student understanding
 - Health disparities
 - Healthcare access barriers
 - Influence of social determinants on health
 - Participants report
 - Increased empathy
 - Improved understanding
 - Increased desire to help alleviate negative influences of poverty

SIMULATION TEAM LESSONS LEARNED

- No two poverty simulations are alike
- Each student cohort identifies unique epiphanies
 - Influences of poverty
 - Social determinants of health
 - Health equity and equality
 - Being poor is time-consuming
 - "Being poor is not being lazy"

SIMULATION TEAM LESSONS LEARNED

- Preparation
 - Funding
 - Library collaboration
 - Cost of kit and director training approximately \$3,000
 - Recommend
 - Poverty simulation experience for implementation team
 - Seminar participation
 - On-campus collaborative partnerships
 - Department of Sociology
 - Department of Public Health

SIMULATION TEAM LESSONS LEARNED

- Preparation
 - Setting the stage and careful preparation needed
 - Large rooms needed
 - Simulation floor set-up is lengthy – requires time and organization
 - Volunteer facilitator pre-briefing and training
 - Debriefing facilitator preparation is beneficial to provide meaningful discussion
 - Initially: Facilitators received formal pre- and post-simulation debriefing training
 - Currently: New facilitators meet separately with simulation expert for training
 - Informal post-simulation debriefings continue

SIMULATION TEAM LESSONS LEARNED

- Preparation
 - Collaborate with Community Action director
 - Introduces the simulation
 - Shares personal experiences
 - Brings other community employees/volunteers
 - Interacts with simulation administration team

SIMULATION TEAM LESSONS LEARNED

- Post-simulation
 - Simulation kit reassembly is best done immediately following simulation
 - Formal and informal team discussions identify vital improvement areas

SIMULATION TEAM LESSONS LEARNED

- Challenges
 - Constantly need new supplies
 - Dry erase pens
 - Timer batteries prn
 - Printing expenses
 - Room scheduling
 - Stress
 - Time consuming set-up and reassembly

SIMULATION TEAM LESSONS LEARNED

- Challenges
 - Participants
 - Volunteers – need 25 volunteers
 - Simulation calls for 82 participants - need at least 78 participants
 - Students
 - Not knowing how to handle each family situation
 - Lack of familiarity with community resources

STUDENT INSIGHTS

- "...Nurses need to be aware of the facilities and resources local to them so that they can educate their patients who are in poverty."
- "It was more important to have the necessities such as food and shelter than it was to control my illness."
- "Impoverished people have a great deal of competing needs, namely the basics of food and shelter that are screaming for their attention."
- "It just hit me that I will look at every impoverished patient differently... I just felt so much love for every single person... I will forever be empathetic, nonjudgmental, and... understand."
- "...I had an ah-hah moment; people are not poverty."

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