‘Life in the state of poverty’ simulation: Preparing future health professionals via transformative learning

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Learning Objectives

• Identify the importance of providing students with collaborative and transformative team-based learning opportunities.

• Discuss the interprofessional planning process in designing effective hands-on simulation-based learning activities.

Introduction

• Pilot effort

• Interpret students’ reflections regarding ‘Life in the State of Poverty’
  – Simulation that exposes students to the difficulties associated with poverty that many of their future patients experience

• Students are asked to reflect on their learning regarding ethical decision-making in healthcare & their future role as a health professional.

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Background

- Transformative learning opportunities, such as simulation activities, assist students with thinking critically, applying course material in an effective manner, and fostering team-building.¹

- Simulation activities also prepare students for situations & populations they may encounter as health care professionals working in teams.²

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Poverty Simulation Overview

- Developed by ROWEL and now available through the Missouri Community Action Network.³

- Participants assume the roles of up to 26 different families living in poverty.

- The task of the “families” is to provide for basic necessities and shelter for one “month,” consisting of 4 15-minute “weeks.”

- We can better address the issues & needs of persons affected by poverty if we gain a greater understanding of life in a state of poverty.
  - Confusion, defeat, frustration, exhaustion & despair

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The “Life in the State of Poverty Simulation” at James Madison University

- History
  - 2002 – present

- Numbers
  - 3,206 students

- Majors
  - Health Sciences, Physician Assistant, Social work, Nursing, Occupational Therapy, Dietetics, PPH Learning Community, Health Services Administration

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Method

• **3-hour hands-on simulation** w/various majors & local professionals/agencies.

• **Course requirement** over two semesters.

• **120 UG health sciences majors** were randomly assigned to a "family unit."

• Students were required to **navigate the various community agencies** while providing basic needs for their respective families.

• Five prompts were provided for students’ written reflections following the simulation.
  
  – Madison Collaborative - 8 Key Questions (2013)
  
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Method – 8 KQs

• **8 Key Questions:**
  
  – **Fairness** - How can I act equitably and balance legitimate interests?
  
  – **Outcomes** - What achieves the best short- and long-term outcomes for me and all others?
  
  – **Responsibilities** - What duties and/or obligations apply?
  
  – **Character** - What action best reflects who I am and the person I want to become?
  
  – **Liberty** - How does respect for freedom, personal autonomy, or consent apply?
  
  – **Empathy** - What would I do if I cared deeply about those involved?
  
  – **Authority** - What do legitimate authorities (e.g. experts, law, my religion/god) expect of me?
  
  – **Rights** - What rights (e.g. innate, legal, social) apply?
  
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Method – Data Analysis

• **NVIVO 10 word frequency query**
  
  – Identify potential themes

• Follow-up with manual checking & coding
  
  – Verify NVIVO themes

• Creation of word cloud

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Results

- Several major themes in students’ reflections
  - Help (N = 183)
  - Health (N = 160)
  - Time (N = 158)
  - Families (N = 126)
  - Money (N = 108)
  - Resources (N = 92)
  - Transportation (N = 67)
Results – Fairness

• “Some families were given more aid and resources than other families. Sometimes this was because they had a greater need for it but other times it was just the luck of the draw. The random cards that were handed out to each family were not always fair because some families who were worse off ended up getting bad cards which they did not deserve.”

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Results – Fairness (cont’d)

• “You never truly know what someone is going through so it would be wrong to not give everyone a fair chance to educate or help them...This simulation gave me the opportunity to truly see how well this major matches with my personality. Where ever I end up working, I can always look back on this experience and remember to put myself in someone else’s shoes and to always give people equal opportunities.”

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Results – Outcomes

• “I could not think long-term as I usually do. Different obstacles were being thrown my way every minute that every time I had a plan a wrench was thrown into it and I had to make a new plan. There was never any time to think long-term; I was just trying to find a way to survive week to week. I think that is the case for many people living in poverty.”

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Results – Responsibilities

• “Perhaps, the families suffered a medical issue and were forced to send all their money paying off enormous medical bills. I think as a community it is our responsibility to carry those who cannot carry themselves.”

Results - Character

• “Being poor is physically and emotionally stressful and I hope not to forget that truth throughout my career.”

• “When I am living in the real world I never want to become so involved in my own life that I forget that others are struggling to and I need to look out for my community members.”

Results – Liberty

• “When does poverty become a public issue that we confront together, rather than a private trouble?”

• “…especially after I ‘lived it,’ I believe it is our social responsibility to strive towards true justice and equality for all.”

• “I was reminded that people are sometimes unfortunate victims of circumstance. I know and have seen this to be true in my life but it is so easy to forget.”
Results – Empathy

• “Many students who attend James Madison University come from affluent backgrounds, and it is important that we, as students, humans, and future health professionals have the ability to empathize with people coming from all different backgrounds, including those coming from lower income households. We need to advocate for those who are unable to advocate for themselves.”

• “I have been thinking about my future career as a health professional a lot lately, and I have decided that whatever it is I end up doing I am going to make sure I stay true to myself and advocate for people who are too busy, too stressed, and too scared to advocate for themselves.”

Results – Authority

• “As far as the law and authority goes, I believe that to be more of treating all individuals equally (not discriminating) and following parts of the Hippocratic oath, especially do no harm.”

• “Legitimate authorities expect me to go about my daily life morally, without taking what does not belong to me and without skipping out on paying bills. I believe that a lot is expected of individuals suffering with money problems, and the authorities should be more understanding.”

Results - Rights

• “Numerous rights apply to all human beings. Many controversies and debates happening in politics right now are surrounding the idea that some things are human rights while others are privileges. I believe that people need to stick together, and advocate for each other. People deserve the right to freedom, food, shelter, and health care in my opinion.”
Results - Summary Quote

• “This experience has taught me a lot more than I expected to learn. I learned that everything is not what it seems, and that someone could be doing the best they can to fix their situation but they have no control. When in poverty, people cannot just worry about one thing at a time. They have to try to control and fix multiple issues at once. I also learned about how stressful the environment is for a family in poverty.”

Discussion

• Impact of the simulation on students’ evaluation of structural/systemic & personal problems within their assigned family units
  – Demonstrated via the major themes

• Students displayed advanced critical thinking & application skills via their written reflections
  – Exemplified the effectiveness of the simulation as an impactful learning opportunity

Limitations

• Small sample size ($N = 110$)

• One university; consecutive spring semesters
  – Cannot generalize to other student populations

• Captive audience vs. voluntary

• Mostly health professions students
  – COB, COE, Engineering, etc. to add different perspective
Conclusions & Implications

• Benefit of interprofessional collaboration
• Value of students working in interdisciplinary teams
• Importance of implementing the 8KQ’s in future reflection prompts

References


