Creative Teaching Award
Application Cover Sheet 2015-16
Center for Teaching Excellence, Duquesne University

Please type this information, except for signatures. Turn in one original signed copy. Also, submit it electronically as page one of your dossier.

Name(s) of Applicant(s): Alison M. Colbert, PhD, PHCNS-BC
Melanie T. Turk, PhD, RN

School/Department: School of Nursing

___X___ By checking here, you affirm that applicants have taught at Duquesne as full-time faculty one year or more

<table>
<thead>
<tr>
<th>Course # &amp; Title</th>
<th># of Students</th>
<th>Semester/Year Taught</th>
<th>Instructor</th>
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<tr>
<td>UPNS 114 Service Learning:</td>
<td>63</td>
<td>Spring 2015</td>
<td>Alison M. Colbert</td>
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<td>Health in Communities</td>
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<td>Melanie T. Turk</td>
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List other contributors and their roles, where pertinent
(e.g., library, ed tech, media personnel; graduate assistants; statisticians)
N/A

Title of Project: Building Empathy: Using Simulation to Help Nursing Students Understand the Experience of Poverty

Abstract (150 words)
As future members of the largest group of healthcare providers, it is essential that nursing students develop an understanding of the barriers and constraints of living in poverty and how such constraints may influence health disparities experienced by underserved individuals. With this in mind, we implemented a poverty simulation in the freshman-level nursing course, UPNS 114 Service Learning: Health in Communities, to help build empathy for persons living in poverty. The poverty simulation was conducted using the Community Action Poverty Simulation originally developed by the Missouri Association on Community Action in 2003 to help students understand the situations that families living in poverty experience every day. The impact on student learning was directly measured using an established tool (Undergraduate Perceptions of Poverty Tracking Survey) and indicated an improvement in students’ attitudes toward poverty and empathy for those living in poverty. Student reflections provided indirect evidence of student learning.

Applicant Signature(s)  

Department Chair's Name _Rick Zoucha, PhD, APRN-BC, CTN-A, FAAN__________________

Date 1/19/16
NARRATIVE

Course and context

The 2-credit undergraduate course UPNS 114 Service Learning: Health in Communities focuses on preparing nursing students for active and responsible community engagement as future professional nurses. Through academic instruction, meaningful service and critical reflective thinking, students at the freshman level are introduced to the communication skills and professional knowledge needed to influence the health and wellness of diverse populations. The content of the course includes introducing students to service learning and nursing communication (particularly with school-aged children with whom they spend their community hours), professionalism as a nursing student in the community, and culture and care in practice and service. The course is divided into eight in-class weeks and 6 weeks of community hours at an elementary school within the Pittsburgh Public School District. Part of learning about the cultural considerations of interacting and caring for diverse patients within their communities includes learning about the potential socioeconomic conditions and social determinants of health that may impact individuals. Because of this learning need, we implemented an experiential learning poverty simulation in the course to introduce beginning level students to the experience of living in poverty, in preparation for caring for vulnerable groups who are facing poverty.

Motivation for the innovation and innovativeness

Increasingly, families in the United States are living below the poverty level (11.1% in 1973 vs. 14.3% in 2009), including 20.1% of children less than 18 years of age; racial minority groups are affected in higher numbers, with more than 25% of Black and Hispanic or Latino Americans living in poverty (National Center for Health Statistics, 2012). Poverty, acting together with other social determinants of health, such as educational opportunities, housing quality, neighborhood safety, and employment status, is consistently connected with poorer health outcomes across the life span (Kaplan, 2009). As future members of the largest group of healthcare providers, it is essential that nursing students develop an understanding of the barriers and constraints of living in poverty, how such constraints may impact the
health disparities experienced by diverse groups, and what nurses can do to provide better and more compassionate care for patients with extremely limited resources.

Experiential learning via simulation is commonly used to prepare nursing students for clinical experiences and can be defined as “a near representation of an actual event which may be presented by using computer software, role play, case studies or games that represent reality, and actively involve learners in applying the content of the lesson” (Billings and Halstead, 2005). However, a majority of simulation learning experiences focus on acute care settings using high-fidelity or other high-tech equipment-laden scenarios (American Association of Colleges of Nursing, 2008). Recently, poverty simulations are beginning to be used in nursing curricula to help facilitate students’ understanding of the challenges of and structural barriers associated with living in poverty. These simulations have resulted in positive changes in attitudes and less judgmental behavior toward individuals who live in poverty (Yang et al., 2014; Patterson & Hulton, 2011); greater empathy for the realities, stressors and frustrations of underserved individuals (Johnson et al., 2015); and an enhanced understanding of the effect of poverty and structural barriers on health (Noone et al., 2012). Yet, poverty simulations have been implemented with junior- and senior-level nursing students (Yang et al., 2014; Patterson & Hulton, 2011; Noone et al., 2012; Menzel et al., 2014), who are already interacting with patients in clinical settings. These positive changes reported by students indicate that poverty simulation should occur earlier in the nursing curriculum, before clinical experiences begin. Thus, we chose to implement this poverty simulation in the freshman-level Service Learning course as a beginning preparation for working with vulnerable patients who face poverty.

Scope of the innovation

This innovation was broad in scope and involved 63 students in the Service Learning course, 15 faculty and staff from the School of Nursing and a community partner, Just Harvest. Each faculty and staff member assumed one of several roles during the simulation experience itself, as described on the pages that follow. Founded in 1986, Just Harvest is a non-profit organization whose mission is to “educate, empower and mobilize people to eliminate hunger, poverty, and economic injustice by
influencing public policy, engaging in advocacy, and connecting people to public benefits” (Just Harvest, 2016). Two representatives from this organization brought the necessary equipment and props, provided instruction and helped us implement the innovation.

**Learning goals**

Learning goals for the poverty simulation experience aligned with the course objectives for the Service Learning course, specifically the course objectives of:

- The student will recognize cultural (and socioeconomic) influences that impact the health seeking behaviors of identified neighborhoods/communities.
- The student will analyze the role/responsibility of the professional nurse as it relates to neighborhoods/communities.
- The student will analyze the significance of service learning and its effect on his/her strength as a person and as a nursing student.

The poverty simulation provided the opportunity for students to immerse in the lived experience of poverty as an individual, a member of a family, and a member of a community. Specific learning goals for the poverty simulation that supported the course objectives included:

1. The student will develop a more empathetic attitude toward individuals living in poverty.
2. The student will recognize structural barriers faced by individuals living in poverty.

**Description of the Innovation**

Appendix D denotes the timeline for this teaching innovation. The content on learning about and beginning to learn to care for socioeconomically-disadvantaged individuals was threaded throughout the course, but specifically began in week three as noted on the Syllabus and Course Schedule in Appendix B. During this week, students completed background readings on the impact of socioeconomic factors on health, such as child wellbeing in wealthy countries and the evidence that links education level with health. In the class discussions that followed, students expressed surprise at the effect of educational attainment on health, even when other factors like income are taken into consideration. They were also alarmed by how poorly the United States is ranked in relation to 29 other developed countries based upon
the overall well-being of its children. In Week 5, City Councilman Cory O’Connor with our community partner from Citiparks came to class to talk to the students about the elementary schools and the disadvantaged communities in which the schools are located. These are the Pittsburgh Public Schools where they completed their community service hours as part of the course. Students spent 6 weeks in the elementary schools, including an orientation day, working with school-aged children based upon the needs of their assigned school. Part of this service work included writing a 500-word reflection paper each week of school-service hours, based in part on the reflection questions. Please see Appendix E for the Reflection Questions and writing examples from student reflections that support the learning objectives.

The actual poverty simulation was conducted using the Community Action Poverty Simulation originally developed by the Missouri Association on Community Action in 2003 to help participants understand the situations that families living in poverty experience every day – the decisions they have to make, and the fears and frustrations that they feel (Missouri Association on Community Action, n.d.). The Community Action Poverty Simulation provided the opportunity for students to walk a mile in the shoes of families in poverty and to assume the role of a family member living on a low-income budget. The experience was divided into four 15-minute “weeks” in which students must provide for their family, navigate assigned tasks and maintain their home. Each student was assigned a role in 1 of 18 families. Some families were newly unemployed, some were recently deserted by the “breadwinner,” some were homeless, and others were recipients of TANF (Temporary Assistance for Needy Families), either with or without additional earned income. Still others assumed the role of senior citizens receiving disability or Social Security or grandparents raising their grandchildren. Each family received an information packet with simulated tasks that needed to be completed during the 15-minute “week,” such as finding employment, buying groceries for the family, paying rent, ensuring children have childcare or go to school, and navigating a web of community agencies that provide health and social services. Family members had to address difficult circumstances, such as making a decision to stay home from work to care for a sick child while potentially losing one’s job or choosing to pay the utility bills and rent in lieu
of purchasing medications. The packets also contained information about the various service agencies along with a limited amount of “money” and number of transportation passes. During each 15-minute “week,” families had a limited amount of time to seek services, obtain support, accomplish their designated duties, and simply decide how to best spend the little money they had to survive the month.

The simulation was conducted in a large room with the “families” seated in groups in the center. Around the perimeter, were tables representing community resources and services for the families. These services included a bank, super center, Community Action Agency, employer, utility company, pawn broker, grocery, social service agency, faith-based agency, payday and title loan facility, mortgage company, school, and child care center. Faculty and staff volunteers were recruited to staff the resource tables and to assume the roles of police officer and an “illegal activities” person. Volunteers interacted with families based on their assigned role. For example, the banker circulated among the families to collect on loans; the mortgage/rent collector gathered rent payments, illegally evicting families who did not pay; and the pawnbroker offered families half the value of items they wanted to pawn, in addition to charging a transaction fee. The two hour and forty-five minute simulation experience consisted of one hour for the instruction and orientation for volunteers, one hour for the actual simulation scenario, and forty-five minutes for debriefing and discussion after the “month-long” simulated scenario.

The debriefing period was led by the community partner from Just Harvest together with the two faculty members teaching the course (Drs. Colbert and Turk) to help students reflect on their thoughts and feelings about the simulation experience. The community partner highlighted for students the challenges and obstacles they encountered to help reinforce for students what their life in poverty was like with a shortage of money and an abundance of stress and anxiety. Students reported overwhelming frustration with their efforts and the processes that were needed to accomplish certain tasks, such as waiting in line to apply for a job only to have the office close when you get to the front of the line. Faculty members discussed with students issues they experienced, such as not buying their medications when groceries were needed for the family, which reinforced for students the complexity of someone adhering to taking their medications when there are other financial obligations. Students commented on how they could see
the stress and frustration they experienced during the weekly scenarios could impact one’s ability to remember to take a medication three or four times a day, for example.

**Innovation’s contribution to learning**

The poverty simulation’s effect on student learning was directly measured using the valid and reliable 39-item Undergraduate Perceptions of Poverty Tracking Survey, which is designed to measure 1) general attitudes toward those living in poverty, 2) understanding and empathy for those living in poverty, and 3) commitment to addressing poverty (Blair et al., 2014). The survey was administered in class using a Blackboard survey two weeks prior to the actual poverty simulation and one week after the poverty simulation took place. With a possible range of 39-195, lower scores indicate a more positive, empathetic view of those living in poverty and the notion that one is more likely to believe the underlying cause of poverty is a lack of resources and opportunity. There are 6 subscales representing the respondent’s: 1) attitudes about welfare programs (Welfare Attitudes), 2) extent to which he/she thinks of the poor as different from the non-poor (Poor are Different), 3) willingness to do more to help the poor (Do More), 4) belief in whether everyone has an equal opportunity to succeed (Equal Opportunity), 5) belief in basic rights to food, clothing, shelter, etc. (Fundamental Rights), and 6) attitudes about whether a lack of resources is a challenge for the poor (Lack of Resources).

Paired t-tests were performed to assess for significant changes from the pre-simulation survey total and subscale scores to the post-simulation scores. As shown in Appendix C, a significant decrease was noted in total scores from pre-simulation to post-simulation with a decrease of 8.8 ± 10.3 points (mean standard ± deviation, SD), \( p < .001 \). These results indicate an improvement in students’ attitudes toward poverty and empathy for those living in poverty. These results reflect achievement of the specific learning goal, “The student will develop a more empathetic attitude toward individuals living in poverty.”

Further analysis of changes in subscale scores revealed significant decreases in 4 of the 6 subscales (Appendix C), including the Welfare Attitudes, Poor are Different, Do More, and Equal Opportunity subscales. Particularly, a mean decrease (± SD) of 4.91 ± .51 points, \( p < .001 \), on the Welfare Attitudes subscale indicates a significant improvement among the students’ attitudes toward welfare.
programs, persons who accept welfare assistance and improvements in empathy to the poor (improved empathy is indicative of believing it is okay for individuals to accept help) (Blair et al., 2014). This significant change also directly supports achievement of the learning goal, “The student will develop a more empathetic attitude toward individuals living in poverty.”

Views about individuals living in poverty can generally be categorized into a structural perspective or a perspective that being poor is a result of personal inadequacy (Sun, 2001). The structural perspective embraces the belief that individuals are poor due to structural barriers imposed by society rather than as a result of individual short-comings or deficiencies (Sun, 2011). Significant decreases in the mean scores of the Poor are Different (1.06 ± 3.15, \( p = .01 \)) and the Equal Opportunity (1.85 ± 3.02, \( p < .001 \)) subscales provide support for the achievement of the learning goal, “The student will recognize structural barriers faced by individuals living in poverty.” Example items from these scales include I believe poor people create their own difficulties, and The poor face challenges that are the same as everyone else. Decreases in these subscales suggest that, after engaging in the poverty simulation, students recognized the implicit structural barriers that individuals who live in poverty must attempt to overcome. Also in support of the students’ recognition of structural barriers faced by individuals living in poverty is the significant decrease in the Do More subscale (1.06 ±3.15, \( p = .003 \)). Items in this subscale, such as Businesses should do more to help the poor, and Society has a responsibility to help the poor capture the notion that businesses and society should help with the existing conditions and barriers faced by individuals from low socioeconomic levels.

With any low-fidelity simulation, the most common concern of instructors is that students will not engage. The situation is obviously not real; it only lasted for approximately two hours; the money is fake; the service providers are nursing instructors that the students already know. And at first, it felt fake. During the first “week,” students were laughing, pretending to be the assigned persona, and while they took the assignment seriously, it was as an academic exercise. But as time passed and activities became more urgent, the tone of the room changed. Students started to get visibly upset when they were treated badly or if they were sent away because they could not provide adequate identification to get public
assistance. At each service table, the student was asked for a bus pass—and with each passing week, students could see their resources dwindling quickly; they knew they would not be able to get what they needed because they did not have a bus pass. By the final week, the room felt tense, frantic at certain times, and most students were clearly frustrated. The simulation had worked, as students allowed themselves to engage fully in the experience of living in poverty.

Further indirect evidence of student learning was evidenced after the simulation ended. The debriefing was done first in small groups, and then with the class as a whole. Students had the opportunity to talk with their assigned “families” about the challenges of navigating through the month, and then they shared their insights with the larger group. At first, students were reluctant to express their opinions, but as others started to share their feelings of being uncomfortable, unsupported, and flustered by the need to get so many things done, others spoke more freely about the shared experience of marginalization. The community facilitator from Just Harvest helped students name this feeling, and allowed students the time and space to reach their own conclusions about the effect that may have on health and engagement in care. Students, in their own words, shared how the experience has changed their perspective about living in poverty.

For the faculty teaching this course, the intention of the poverty simulation experience was to meet the specific course objectives by exposing students to the reality of poverty in America; traditionally, this is most easily defined as those who are homeless or more “visibly” poor. However, it is the working poor—those families who are struggling to make ends meet while working, managing families, and navigating the limited community services available—who make-up the largest portion of people living in poverty. And like any family, these families have health issues, urgent and routine, that require attention. Nurses must be able to provide care in a way that acknowledges the difficulties of poverty, and nurses must also be part of the greater healthcare workforce that seeks to address the myriad of health disparities resulting from a lack of resources. As evaluated by the student’s qualitative and quantitative responses, this experience has contributed to building empathy in this group of freshman students and preparing them provide better, more comprehensive care to populations at risk.
References


