

# Evaluation of an Interprofessional Poverty Simulation Experience

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**Objectives:** To evaluate the impact of a poverty simulation exercise when conducted as an interprofessional education (IPE) activity by determining if participating students demonstrated changes in: 1) Attitude toward poverty and 2) Perceptions of interprofessional socialization and value.

**Background:** Since 2013, Drake University College of Pharmacy and Health Sciences pharmacy students have participated in a poverty simulation exercise. A previous study demonstrated positive changes in attitude toward poverty in pharmacy students following participation in this poverty simulation exercise.<sup>1</sup> In 2017, this poverty simulation was offered as an interprofessional education (IPE) activity.

**Methods:** Doctor of Pharmacy (*n* = 97), Doctorate of Occupational Therapy (*n* = 26), and Bachelor of Science in Nursing (*n* = 25) students participated in a poverty simulation as an interprofessional education experience. The Missouri Association for Community Action Poverty Simulation was utilized.<sup>2</sup> Students were randomly assigned to simulated family units with various life circumstances, while ensuring a mix of healthcare professional students per family. The families simulated typical daily living activities during 4 periods designated as weeks. Following the simulation, students participated in debriefing sessions to discuss their experience, including specific questions related to interprofessional issues: 1) In your future professional role, how might you adjust your behaviors to better serve those in poverty? 2) What should patients in poverty expect from their healthcare team? 3) As a group of healthcare professional students, what actions can you take now to help those in poverty to receive optimal health care?

Prior to and following the simulation, students completed two online surveys: Attitude Toward Poverty Short Form (ATP-SF)<sup>3</sup> and Refinement of the Interprofessional Socialization and Valuing Scale (ISVS-9A)<sup>4</sup>. Paired-samples *t*-tests were used to determine the results.

**Results:** Statistically significant improvements in attitude toward poverty were noted in 14 items on the 21-item ATP-SF. The domains of stigma and structural perspective showed statistically significant improvement while the personal deficiency domain did not. Statistically significant improvements in student perceptions related to interprofessional socialization and value were also demonstrated using the ISVS-9A scale, with 6 items on the 9-item scale showing statistical significance.

Yellow Highlight: Significant and improved difference  
 Blue Highlight: Significant but not improved difference  
 No Highlight: No significant difference

ATP-SF Pre/Post Results ( <i>n</i> = 124)	PRE	POST
<b>Factor: Personal deficiency</b>		
Poor people are different from the rest of society	3.54	3.42
Poor people are dishonest <sup>***</sup>	4.15	3.86
Most poor people are dirty <sup>**</sup>	3.79	3.97
Poor people act differently <sup>*</sup>	3.13	2.91
Children raised on welfare will never amount to anything <sup>**</sup>	4.62	4.44
I believe poor people have a different set of values than do other people	3.02	2.92
Poor people generally have lower intelligence than non-poor people <sup>**</sup>	3.54	3.77
<b>Overall score: Personal deficiency</b>	25.79	25.29
<b>Factor: Stigma</b>		
There is a lot of fraud among welfare recipients <sup>*</sup>	3.23	3.44
Some "poor" people live better than I do, considering all their benefits <sup>***</sup>	3.77	4.10
Poor people think they deserve to be supported <sup>***</sup>	3.22	3.55
Welfare mothers have babies to get more money <sup>*</sup>	3.84	3.99
An able-bodied person collecting welfare is ripping off the system <sup>**</sup>	3.20	3.55
Unemployed poor people could find jobs if they tried harder <sup>***</sup>	3.25	3.75
Welfare makes people lazy <sup>***</sup>	3.25	3.69
Benefits for poor people consume a major part of the federal budget <sup>***</sup>	3.11	3.47
<b>Overall score: Stigma<sup>***</sup></b>	23.62	29.54
<b>Factor: Structural perspective</b>		
People are poor due to circumstances beyond their control	2.46	2.28
I would support a program that resulted in higher taxes to support social programs for poor people <sup>***</sup>	2.98	2.70
If I were poor, I would accept welfare benefits <sup>***</sup>	2.44	2.15
People who are poor should not be blamed for their misfortune <sup>**</sup>	2.45	2.24
Society has the responsibility to help poor people <sup>*</sup>	2.26	2.10
Poor people are discriminated against	1.85	1.77
<b>Overall score: Structural perspective<sup>***</sup></b>	14.44	13.24

Scale: 1 = Strongly agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly disagree  
 \**p* < .05, \*\**p* < .01, \*\*\**p* < .001

ISVS-9A Pre/Post Results ( <i>n</i> = 124)	PRE	POST
I am able to share and exchange ideas in a team discussion. <sup>**</sup>	2.56	2.26
I have gained an enhanced perception of myself as someone who engages in interprofessional practice. <sup>***</sup>	2.77	2.33
I feel comfortable in speaking out within the team when others are not keeping the best interests of the client in mind. <sup>***</sup>	2.93	2.48
I believe that the best decisions are made when members openly share their views and ideas.	2.13	1.98
I feel comfortable in describing my professional role to another team member. <sup>**</sup>	2.48	2.20
I have gained an enhanced awareness of the roles of other professionals on the team.	2.52	2.57
I have gained an appreciation for the importance of having the client and family as members of the team	2.26	2.08
I am comfortable engaging in shared decision making with clients. <sup>***</sup>	2.52	2.16
I feel comfortable in accepting responsibility delegated to me within a team. <sup>*</sup>	2.24	2.06
<b>Overall Score<sup>***</sup></b>	22.41	20.12

Scale: 0 = Not applicable, 1 = To a very great extent, 2 = To a great extent, 3 = To a fairly great extent, 4 = To a moderate extent, 5 = To a small extent, 6 = To a very small extent, 7 = Not at all  
 \**p* < .05, \*\**p* < .01, \*\*\**p* < .001

**Implications:** An improved attitude toward poverty was measured for the stigma and structural perspective domains following participation in an interprofessional poverty simulation experience. Changes in the ATP-SF were similar to previous studies with pharmacy students.<sup>1</sup> Improvement in interprofessional socialization and value as measured by the ISVS-9A tool was demonstrated. The Missouri Association for Community Action poverty simulation served as an effective interprofessional education experience for pharmacy, occupational therapy, and nursing students.

**References:**

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