

Diversity & Inclusion Mini-Grants

September 2021

UT HSC INCLUSION, EQUITY, AND DIVERSITY



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Final Reports

2020 Grantees

David Hamilton, D.V.M., DACLAM

Director

Laboratory Animal Care Unit

Awarded: \$2,500

“SEED Training to Enhance Team Dynamic and Inclusiveness”

PROGRAM/PROJECT OBJECTIVES:

- 1) Focus evaluation of our own up-bringing and life experiences that may prevent us from understanding another person's point of view
- 2) Identify areas of needed change within the LACU to create a more inclusive environment and one where everyone's opinion is heard and respected
- 3) Increase self-awareness and our sense of responsibility to protect and value the diversity within the LACU team

Timeline

The initial vision was to have in-person SEED sessions, as the interactions and discussions held throughout SEED training are strengthened by an in-person experience. Due to the COVID-19 pandemic however, the decision was made to move all the training to a virtual format, starting in January 2021. Training sessions were scheduled separately between management and technical staff, which would allow staff to speak more freely without supervisors present. The schedule and list of topics is shown below. Each session was 90 minutes in length, for a total of 10.5 hours of training per group. Each participant was presented a certificate upon completion of all sessions.

Topic	Management	Staff
Ground Rules, Vulnerability, Single Story, Windows & Mirrors	02/09/2021	02/16/2021
Stereotypes, Names	02/23/2021	03/02/2021
Muslim Video CBS; Class & Poverty-Dollar Street Experiment	03/09/2021	03/16/2021
The House you Live in VideoHouse Narrative (homework)Equity, Equality and Racism	03/23/2021	03/30/2021
Gender Piece (homework)Girl- Jamaica Kincaid Gender and Sexual Identity (Dr. Kate Stewart)	04/06/2021	04/30/2021
Gender Equity and Sexual Misconduct	04/20/2021	04/27/2021
Closing Session: Social Justice, Brian Stevenson, Privilege walk	05/04/2021	05/11/2021

Project Evaluation

An anonymous Zoom survey consisting of 9 questions was distributed to all SEED participants at the end of the last training session. All numeric scoring questions were based on a 1-5 scale with 5 being the strongest agreement with the posed statement. The survey questions and average scores/responses are presented below:

Question	Management	Staff
What was your favorite SEED topic/session?	The House you Live in	Stereotypes, Names
Do you feel that having completed SEED training will help LACU function better as a team?	3.5	2.25
What is your overall opinion about the SEED training?	3.9	3.31
SEED gave me a greater understanding of the issues experienced by marginalized people including women, minorities, LGBTQ individuals, the disabled and the elderly	4.1	2.88
Did you learn anything new about your colleagues that you didn't know before?	All Yes	10 Yes 6 No
Do you feel that having completed SEED training will help you in your job?	3.5	2.56
Do you feel that having completed SEED training will help you in your personal life?	3.8	2.81
UTHSC is committed to promoting inclusion, respect, and the inherent value of all members of the UTHSC community. How strongly do you feel a program like SEED can help UTHSC succeed in this mission?	4.0	3.31
Would you recommend the SEED program to other units/departments on the UTHSC campus?	11 Yes 1 No	12 Yes 4 No

Some conclusions that can be drawn from the results are:

1. On average, LACU management valued the training higher than the technical staff
2. 79% of participants stated that they learned something new about their colleagues
3. Most participants felt that having completed the SEED program will help them in their job and personal life
4. Most respondents feel that SEED training can help UTHSC succeed in its mission to promote inclusion and respect within its community
5. 82% of respondents stated that they would recommend SEED training to other units/departments at UTHSC

Overall, the SEED project was well received by all participants and generated lots of positive and thoughtful discussion outside of training sessions. All of LACU management attended the sessions through work computers, while most technicians logged in via iPads. There were more technical challenges within the technician group with sound feedback, background noise, distractions and people talking over each other. As stated in the Timeline above, SEED lends itself better to in-person interactions, and we feel that we would have received better survey responses from the technical staff had the training been performed on site and not virtually.

Sustainability

The SEED program is not so much a series of trainings or sessions but is designed to develop leaders of change. Per the SEED homepage: "SEED partners with communities, organizations, and schools to train leaders who facilitate their peers in conversational communities to drive personal, organizational, and societal change toward social justice." While we hope, and believe, that all participants in the LACU SEED program have become better people, co-workers, friends, mentors, and members of the community because of their experiences, the greatest impact will occur if SEED establishes itself at UTHSC and develops a core group across colleges and units that practice SEED principles in their daily work and bestow these principles to others throughout the campus. SEED does provide more in-depth training, resources and mentorship to develop New Leaders who can then "create and lead virtual SEED seminars that similarly engage their own colleagues and community members to create more gender fair, multiculturally equitable, socioeconomically aware, and globally informed schools, communities, and workplaces." This would obviously rely upon resources and commitment from the UTHSC administration.

Program Budget Actuals

The \$2500.00 budget was initially allotted to a stipend for Dr. Mildred Randolph, who facilitated the SEED program, and for other expenses such as food, drinks, and printed material. As all SEED sessions were ultimately held virtually, the \$2500.00 was paid to Dr. Randolph, as no additional expenses were incurred.

Kenneth Hohmeier, Pharm.D.

Associate Professor & Director of Community Affairs

Clinical Pharmacy and Translational Science, College of Pharmacy

Awarded: \$2,500

“Promoting Inclusion and Engagement for Online Learning”

PROGRAM/PROJECT OBJECTIVES:

The primary objective of the project, therefore, was to develop online learner support (LS) to promote inclusivity and engagement for remote learning and distance learning consisting of digital and social media for UTHSC College of Pharmacy student pharmacists.

Team

Tyler M. Kiles, PharmD - Assistant Professor and SNPhA Faculty Advisor
(*Co-Project Lead, Content Development*)

Andria White, MBA - Executive Administrator SNPhA Advisor
(*Content Development & Promotion*)

Nikki House, PhD - Academic Technology Consultant
(*Learner Support Technology Advisor*)

Marie Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP, FAST - Dean and Professor, College of Pharmacy, Professor of Surgery, College of Medicine
(*Content Development*)

Project/program objectives:

To overcome known barriers to inclusivity in online distance learning (ODL), “learner support” (LS) principles were used. LS is an evidence-based educational strategy for ODL which includes social activities to support learning, acknowledge the vulnerability of students in terms of study skills and confidence, and offer “continuity of concern” in which support extends beyond a single course and throughout the student’s university experience. Key to LS’ impact on inclusivity, is the concept of social presence. The primary objective of the project, therefore, was to develop online learner support (LS) to

promote inclusivity and engagement for remote learning and distance learning consisting of digital and social media for UTHSC College of Pharmacy student pharmacists. To facilitate accessibility, the content developed will be available via WiFi or cellular data networks and retrievable across technology platforms including smartphones, tablets, and computers. LS content will be housed and organized centrally on a new, mobile-friendly website.

Secondary objectives will include determining the impact of the online inclusion and engagement strategy on student perceptions of inclusivity and engagement by exploring the thoughts, feelings, and lived experiences of these students using quantitative and qualitative methodology.

Project evaluation:

During the year the following initiatives were implemented as part of the LS program:

1. New website launch (using EduBlogs)
2. Podcast series (hosted on MediaSite and posted on EduBlogs)
3. Listening session series across fall and spring semesters (eight sessions total)
4. Incoming student pharmacist year-1 (P1) toolkit

New website launch

With the help of Dr. Nikki House of the Teaching and Learning Center (TLC), we developed and subsequently launched a new website using EduBlogs to house our LS resources (<https://uthscsnpha.edublogs.org>). This was the first program deliverable developed, and subsequently housed announcements and content for other program initiatives. The website has links to and sections for each of the following: about us, blog, living in Memphis as a student pharmacist, P1 toolkit, videos, SASSI, events, and about us. There is also a link out to the College of Pharmacy website. In addition to written blog entries, podcasts are also periodically uploaded to the website.

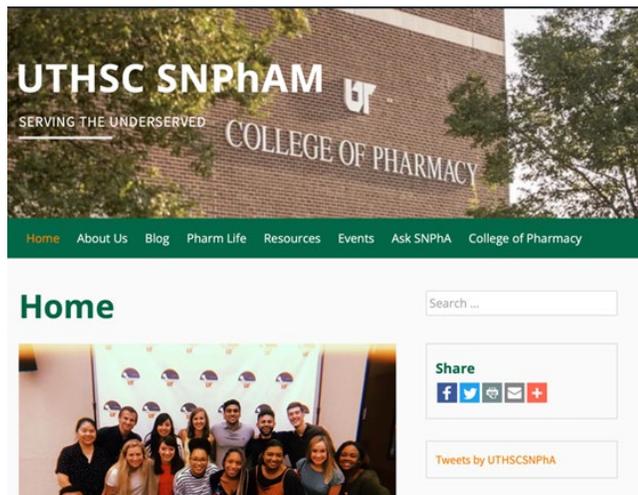


Figure1: Screenshot of the New EduBlog Website

Podcast series

A student and faculty hosted podcast began in 2020 and continued through 2021. Topics included career planning, networking, mentorship, pharmacist career paths, current events and issues in diversity, inclusivity and equity. All podcasts were recorded using Zoom, hosted using MediaSite, and posted on social media and the EduBlog.

Listening Sessions

Over fall 2020 and spring 2021 we hosted a series of Listening Sessions on topics related to diversity, equity, and inclusivity (DEI) – primarily centered on facilitated discussions between students, faculty, and staff. The primary aim of these sessions was to facilitate conversation around DEI in a safe place dedicated to those topics. Pre-session assignments included readings and videos. After a brief introduction on the topic, breakout rooms were created to promote intimate conversations for groups of 4-8 individuals. In collaboration with the Dean’s Advisory Board on Equity, Inclusivity, and Diversity and the Office of Student Affairs, these sessions included:

1. Healthcare Disparities (September 2020)
2. Inclusivity in Higher Education (October 2020)
3. Systemic Racism (October 2020)
4. White Fragility (November 2020)
5. COVID-19: Health Disparities and Equity (February 2021)
6. Healthcare Disparities: The Role of Structural Racism and Trust (March 2021)
7. The Pharmacist and Health Outcomes, Disparities, & Equity (April 2021)
8. Pharmacy’s Role in Addressing Healthcare Disparities and Equity: A Call to Action (April 2021)

P1 toolkit

A tool kit for incoming first year pharmacy (P1) students was conceptualized and created by student pharmacists to aid new students in the transition from their undergraduate institutions to the college of pharmacy. The tool kit included compiled advice, activities, and guidance. It is posted on the EduBlogs website.

Both qualitative and quantitative data was collected over the 12 months of the program in the form of in-depth, semi structured interviews and an online survey instrument. Overall, student feedback on program components was positive across both qualitative and quantitative assessments. Students appreciated opportunities to network, learn from experienced pharmacists and classmates in upper-classes, and socialize with students of similar cultural backgrounds. However, a major concept that emerged from the data was that there was an overwhelming amount of new resources available over the past year due to the COVID-19 pandemic and resulting remote learning environment. For this reason, students were not always aware of resources specific to our “learner support” intervention. Moreover, of all the program components, it was those that fostered social engagement which were the most preferred.

Thematic analysis of semi-structured interviews:

In total, eight student pharmacists were interviewed in the spring of 2021 about their thoughts, feelings, and lived experiences related to the program initiatives. Interviews were audio recorded and subsequently transcribed by a third-party transcription service. Transcripts were coded using thematic analysis. Two themes emerged from the data:

THEME 1: Desire for community of students with shared lived experiences

This theme described the students desire to be part of community of students and faculty who share similar life’s experiences and cultural backgrounds. Students indicated that LS that specifically promoted social engagement and networking among students were helpful in promoting inclusivity during the pandemic and remote learning environments.

... just more comfortable just because, you know, we're being an African-American, we're already in a minorities is on an everyday basis. So just being around people who are, I guess, experienced, and I just share that like commonality with you was very important to me. And this is good, I guess, networks with, with other minorities, because it's so rare, especially for this profession. (TC)

"it's very important. I think we also don't really see a lot of black people in the healthcare field anyways. So, seeing us just involved while we're in pharmacy school and wanting to build those connections before we even graduate is really important. And I think it's important just for people who want to, who are deciding if they want to go to pharmacy school or not as well, just knowing that they have a community there for them... (5)

"... it was helpful getting advice and putting me in connections with other people within leadership and just the Memphis community in general." (2)

"...it's kind of just building on your connections. And also, I know that they have like different sessions towards, you know, helping us to be prepared for the field a little bit in there. So like branding and things of that nature." (4)

THEME 2: Repeat communication via multiple mediums for new initiatives

This theme related to the promotion and communication surrounding program initiatives. Although much of the content was valued by students, there was a consensus that overall awareness of all programmatic components was limited by the large amount of email communication students received while engaged in remote learning. Students centered their advice on both increasing the frequency of communication and mediums for communication (e.g., email, social media, word of mouth, classroom announcements).

"I remember hearing about it. ...I don't know when it's been kinda crazy this semester, so I guess just reminding people that it's there every once in a while, especially because I know for a lot of members, school is just sometimes overwhelming with personal life and sometimes we forget." (4)

"I would say first social media, if you can get it out on social media.... but I think that would be the best way to, just to, just to get it out a little bit more. (8)

"Honestly, I mean, I, because this is my first time hearing about it, so probably sending the reminders or mention it when we have our [classes]. And, then like when we get our weekly blast emails, maybe a mentioning there." (1)

Analysis of the Listening Session Survey:

In the spring of 2021, an online survey was launched to specifically identify perceptions of the listening session series. Participants were primarily from Memphis (i.e., main

campus) and included participants from all four pharmacy classes (Table 1). On a five-point Likert scale, students felt that most sessions were helpful or extremely helpful. Overall, just under 1/3 of the student respondents attended each of the sessions.

Table 1: Campus demographics

Answer	Count	Percent
Memphis	34	77.27%
Nashville	8	18.18%
Knoxville	2	4.55%
TOTAL	44	100%
Class of 2021	4	25.00%
Class of 2022	1	6.25%
Class of 2023	6	37.50%
Class of 2024	5	31.25%
TOTAL	16	100%

Table 2: Listening Session attendance and perceived helpfulness of session

	Question	Student number	Score
1.	Healthcare Disparities (Listening Session #1: 9/4)	15	4.533
2.	Inclusivity in Higher Education (Listening Session #2: 10/2)	13	4.692
3.	Systemic Racism: A Journey Through Race (Listening Session #3: 10/30)	14	4.643
4.	Privilege and Fragility (Listening Session #4: 12/4)	13	4.538
Average			4.602

Sustainability:

The program will continue in during the 2021-2022 academic year. In order to bolster sustainability, program investigators formed a new, student-led digital content committee (DCC) which was written into the bylaws of the UTHSC chapter of the Student National Pharmaceutical Association (SNPhA) in the spring of 2021. The committee will develop and promote future digital LS resources to promote inclusivity within the College. Future promotion as new LS material will be promoted through communication campaigns including multiple mediums such as social media platforms, email, and classroom announcements. Focus will be placed on events and initiatives which center on networking and socializing, both between students and students and pharmacists (including alumni and faculty).

Dissemination:

The program has not been published in any peer reviewed formats at the time of this report.

Budget

The project was \$2,826.39 under budget. Despite this, all materials and services required for project completion were procured. The main reasons for coming under budget were honorarium being declined by invited speakers, use of existing technology for content delivery and promotion, and inability to purchase website subscriptions beyond 12 months.

Category	Budgeted	Actual Spent
Honorarium for speakers	\$1000	\$0
Equipment and promotional material	\$1500	\$133.66
Website and web hosting maintenance	\$500	\$39.95
<i>TOTALS</i>	<i>\$3000</i>	<i>\$173.61</i>

Kathy Kenwright, Ed.D., MLS(ASCP)SI, MB
Medical Laboratory Science Program Director & Associate Professor
Diagnostic and Health Sciences, College of Health Professions

Awarded: \$2,500

“Lend a Book (LAB)”

PROGRAM/PROJECT OBJECTIVES:

The objective of the program was to provide textbook resources for students who are financially challenged with the purpose of helping to facilitate their retention and success in the MLS program.

Project Summary

The Medical Laboratory Science (MLS) program was awarded \$2500 to start the Lend a Book (LAB) program. The objective of the program was to provide textbook resources for students who are financially challenged with the purpose of helping to facilitate their retention and success in the MLS program. The first books were purchased on July 28, 2020. We bought three Blood Bank books and lent them to second year minority MLS students who were identified by the Financial Aid Office as students with high financial need. The books were returned at graduation. In addition, these three students borrowed Board of Certification Study Guides which were purchased with the grant money. The students have successfully passed the American Medical Technologists exam and are all now employed as MLS in laboratories in the Memphis area.

The second cohort of students to benefit from this LAB grant are the students who enrolled in August 2020. Sixty-six percent of this cohort represents a minority and had several students with medium financial need; therefore, all students were notified that a limited number of books were available. Chemistry, microbiology, hematology and molecular books were purchased and lent to students who requested them. Typically, we had 3 books available in each subject area. However, the number of available books varied based on the price of the books. For example, the molecular books were \$60.00 and are only used for one semester. We were able to buy 5 of them. The outcomes for this cohort are still unknown as they will graduate in 2022 and take Board exams at that time. Unfortunately, we did have to dismiss one student from the program after her first semester. This student had personal issues outside of the classroom and fell behind. The remaining students have successfully completed their

first year of the MLS program. A list of books that have been purchased and lent to students is attached.

Program Budget¹

We spent a total of \$3045 on books which was a little over budget. However, we were able to supplement with program funds at the end of the fiscal year.

Sustainability

A third cohort will benefit from this grant beginning on August 16th. We have accepted 10 students and 50% represent a minority. We were able to purchase 8 urinalysis books which will be available to the incoming students. These books are a new edition that was recently published and will be used for several years. We did not buy urinalysis books in 2020 because we were aware that a new edition was coming soon.

I consider this program to be successful and it has made faculty more aware of the great need for books and made us realize that many students were trying to get through the program without purchasing books. It appears that feeder schools place less emphasis on the importance of textbooks. Due to the success of the LAB program, we have secured a grant in the amount of \$3000 from the American Society of Clinical Pathology. This will enable us to expand our library of books and help additional students.

Submitted by
Kathy Kenwright; August 11, 2021

¹ Extensive list of books included as Appendix A

Thomas Laughner, Ph.D.
Director
Teaching and Learning Center
Awarded: \$2,500

“Universal Design of Learning: Creating a Culture of Change”

PROGRAM/PROJECT OBJECTIVES:

1. Instructors will be able to describe the principles of Universal Design for Learning
2. Instructors will introduce principles of UDL into one or more of their own courses
3. Instructors will identify and partner with at least one other instructor to introduce principles of Universal Design for Learning into one or more of their courses

Project Timeline

The program consisted of a series of live sessions, interspersed with asynchronous online activities. The sessions had three areas of focus:

1. Defining diversity, equity, and equity (DEI)
2. Defining Universal Design for Learning (UDL) and how it supports DEI
3. Advocating DEI and UDL to participants' peers

Schedule

August 2020 [“Practical Tips for Creating an Inclusive Learning Environment.”](#)

Janeane Anderson, PhD, College of Nursing, UTHSC. Pre-recorded April 24, 2020.

Assignment: Reflection activity with three questions. Discuss your “a-ha”s from the webinar, discuss something from the webinar that you will include in your own classes, how would you approach a colleague to discuss one or more things you learned from Dr. Anderson’s talk?

**September 17,
2020**

["Practical Steps to Getting Going Quickly with UDL."](#) Andrew Dell'Antonio, PhD and Chand John, PhD, University of Texas at Austin.

Assignment: Reflection activity with three questions. Discuss your "a-ha"s from the session, discuss something from the session that you will include in your own classes, how would you approach a colleague to discuss one or more things you learned from the talk?

**October 29,
2020**

["Inclusive Learning Contracts and Teaching Philosophies."](#) Janeane Anderson, PhD, College of Nursing, UTHSC.

Assignments: 1. Reflection activity with three questions. Discuss your "a-ha"s from the session, discuss something from the webinar that you will include in your own classes, how would you approach a colleague to discuss one or more things you learned from the session? 2. Submit a revised teaching philosophy that includes reflections on inclusive learning spaces.

**December 15,
2020**

["Embracing Diversity in the Classroom."](#) Christie Cavallo, College of Nursing and Nikki Dyer, EdD, College of Dentistry, UTHSC.

Assignment: Reflection activity with three questions. Discuss your "a-ha"s from the session, discuss something from the session that you will include in your own classes, how would you approach a colleague to discuss one or more things you learned from the talk?

**January 6,
2021**

["Advocating a Civil Classroom for an Inclusive Learning Environment."](#) Tom Laughner, PhD and Devin Scott, PhD, Teaching and Learning Center, UTHSC.

Assignments: 1. Reflection activity with three questions. Discuss your "a-ha"s from the session, discuss something from the session that you will include in your own classes, how would you approach a colleague to discuss one or more things you learned from the talk? 2. Take the Harvard University Implicit Association Test.

**January 21,
2021**
**February 18,
2021**

"Fostering Equity, Connectedness, and Inclusion in Your Courses With Universal Design for Learning and Designing for Equity." [Part 1](#). [Part 2](#). Kevin Kelly, EdD, San Francisco State University.

Assignment: Reflection activity with three questions. Discuss your "a-ha"s from the session, discussion something from the session that you will include in your own classes, how would you approach a colleague to discuss one or more things you learned from the talk?

**March 18,
2021**

["Technology to Support UDL."](#) Christina Moore, Oakland University.

Assignment: Reflection activity with three questions. Discuss your "a-ha"s from the session, discussion something from the session that you will include in your own classes, how would you approach a colleague to discuss one or more things you learned from the talk?

April 15, 2021

"Sharing the Wealth." (not recorded)

Assignment: Create a short video that discusses how you will share the information you learned through this program with your colleagues.

May 20, 2021

Wrap-Up (not recorded)

Metrics, Surveys, and Other Feedback

The faculty listed below completed the certificate requirements. They each received a certificate signed by the Chancellor and Vice Chancellor for Academic, Faculty, and Student Affairs and the "Inclusive Learning" medallion. They were recognized for their work at a recognition ceremony on August 27, 2021, along with participants in last year's three other certificate programs.

Sarah Aguirre	College of Dentistry
Rebecca Reynolds	College of Health Professions
Michael Herr	College of Medicine
Thomas Yohannan	College of Medicine
Jaqueline Burchum	College of Nursing
Sharon Little	College of Nursing
Michelle Miles	College of Nursing
Sarka Beranova	College of Pharmacy
Andrea Franks	College of Pharmacy
Dawn Havrda	College of Pharmacy
Chelsea Peeler	College of Pharmacy

Faculty reported value in the program.

“I had no clue about the concept of UDL and was hesitant about enrolling in this program. However, I had reached out to you who helped me to realise the usefulness of this program. It was new territory for me and I learned about educational philosophy and educational initiatives that are geared towards a broader audience. I liked the format of the monthly lectures followed by self reflection and it was wonderful to interact with educators from different disciplines. Though I am not a classroom instructor in the strictest sense, many UDL principles can be applied in the clinical setting as well. It is definitely beneficial for my long term educator goals.”

“I have enjoyed learning about UDL over the past year as it incorporates many principles to facilitate learning such as equity, equality, and inclusion.”

“I’ve really enjoyed being in this course. I’ve learned a lot and thought a lot about how students are challenged when they access course content. I’ve thought about how students connect to the material and how they connect differently than how the instructor connects to the material.”

“I didn’t fully understand the universal design of learning before this course. I now know how easy it is to incorporate UDL into my courses and the difference that it makes to the learners.”

Faculty were asked to submit short videos that answered the three primary questions asked throughout the series. Below are links to a few of those videos.

[Andrea Franks, College of Pharmacy](#)
[Sharon Little, College of Nursing](#)
[Rebecca Reynolds, College of Health Professions](#)
[Thomas Yohannan, College of Medicine](#)

Limitations

Overall, the series was hugely successful. Overwhelmingly, participants indicated that this program should be continued. While there were no insurmountable limitations, a couple of factors proved challenging.

First, as with everything that any of us tried to do last year, the pandemic was at the forefront of everything we did. Because some of our faculty have been on the front lines of patient care, it was difficult for them to participate as fully as they would have liked. We tried to be as flexible as we could, though, and allowed them to watch recordings when they were available and when the content of the live session made it feasible to view later. We extended deadlines as needed. Fortunately, we had already planned for the live sessions to be held via Zoom, so we did not have to modify any of our programming. The second challenge was finding time when most of the participants could gather for the live events. Inevitably, live events conflicted with clinic time for some of our faculty, which made it difficult for them to fully participate. I don't know of a solution to this challenge, though, since this will be a problem no matter what time we select.

Areas of Growth/Continuation

The grant allowed us to bring in some fabulous speakers from other universities, of which we now have recordings. We plan on using those recordings and other materials that were developed for this series into our "Inclusive Learning" medallion. In addition, we will use this content to advance the depth of future instances of the series by allowing participants more time to discuss and reflect during live sessions, rather than just listening to speakers.

Final Costs

Because we did not need to include travel expenses, as all speakers presented via Zoom, expenditures were less than budgeted. The grant paid for three speakers, one of whom presented twice. One of the speakers decided not to invoice us for his talk.

The cost for those three speakers was \$1200, leaving \$1300 in unspent funds.

H. Phuong Nguyen
Employee Relations Administrator
Human Resources, Office of Employee Relations

Awarded: \$2,500

“Join Hands: A Cultural Humility Workshop”

PROGRAM/PROJECT OBJECTIVES:

The overall objective of the program aimed to achieve the below outcomes for faculty & staff:

- Increased cultural competency, knowledge, and skills of participants
- Increased awareness of unconscious bias of participants
- Achieve a positive and open intercultural exchange
- Promote a healthier and more inclusive workplace environment
- Promote employee engagement and commitment to diversity and inclusion

Goal

The Human Resources (HR) Office of Employee Relations (ER) acquired the mini-grant to support the University’s mission of promoting diversity and inclusion on our campus and to augment our employee engagement offerings. The identified target areas of the project was to focus on cultural humility, improve the University’s workplace environment, and continue our strategic partnership with the Office of Inclusion, Equity & Diversity (OIED).

The overall objective of the program aimed to achieve the below outcomes for faculty & staff:

- Increased cultural competency, knowledge, and skills of participants
- Increased awareness of unconscious bias of participants
- Achieve a positive and open intercultural exchange
- Promote a healthier and more inclusive workplace environment
- Promote employee engagement and commitment to diversity and inclusion

Evaluation

To assess the success and effectiveness of the project, the final report utilizes fundamental concepts from the logic model, a program evaluation framework. This model served as a roadmap to inform our method of collecting quantitative and qualitative data and to aid in the assessment of our project. Dr. Mollie Anderson, Ph.D., from the University of Memphis Department of Psychology was instrumental in guiding the design of our program and pre/post survey questionnaires. Our collaborator, Playback Memphis, played a key role in designing the program and conducted our post-event focus group session. The data collected is partially included in this report and the complete data set from raw sources is attached

A. Program Details

Our program included two separate experiential workshop sessions facilitated by Playback Memphis Theatre: the first offered on April 8, 2021, and the second on April 9, 2021. Each session had an interactive workshop duration of 2 hours with a maximum capacity of 50 participants per session (100 total). Originally, the grant proposal aimed to offer the workshops in-person in order to achieve an immersive participatory theatre experience. However, given the challenges presented by the COVID-19 pandemic, and due to the University's safety precautions regarding large gatherings, we adapted our program for a less-than-ideal virtual experience.

B. Demographics

Demographic data was collected via registration, pre-survey, and subsequent verification of participant information. Registrants and participants are enumerated separately as not all registrants ultimately participated in the sessions. Below are key demographic data sets that capture the relative diversity of our registrants and participants according to sex, race, age, and job titles:

Number of Participants:

UTHSC: 75 total participants

Session 1: 46 total participants including Playback Memphis members

Session 2: 35 total participants including Playback Memphis members

Sex:

Female: 46

Male: 29

Other:

Unknown

Age:

18-30: 13

31-64: 60

65+: 2

Ethnicity/Race:

Black/African American: 34

White: 33

Multi-racial: 2 Hispanic/Latino:1 Native American: 1

Native Hawaiian/Pacific Islander: 0 Asian: 1

South Asian: 3

Number of Registrants: 97

Job titles of registrants:

Accounting Assistant

Accounting Assistant

Adjunct

Admin

Admin Aide

Administrative Assistant

Administrative Associate II

Administrative Coordinator

Administrative Coordinator

Administrative Data Coordinator

Administrative Specialist II

Administrative Specialist II

Admissions Manager

Assistant Dean

Assistant Dean - Finance &
Administration

Assistant Professor

Assistant Professor Nursing

Assistant Vice Chancellor

Associate Director, CDD

Associate Professor

AVC, HR

Business Manager

Business Manager - LACU & RSA

Chair of Dermatology/Physician

Chief Academic Officer/Ascension
St Thomas

Chief Safety Officer

CHIPS

Circulation assistant

Clinical Coordinator

Clinical Veterinarian

College of Nursing Learning
Navigator

Community Engagement
Specialist

Community Engagement
Specialist

Contracts Coordinator
Coordinator

Coordinator/ Occupational Health

Cultural Competency Coordinator

Director of Assessment/Research

Director of Clinical Research
Development

Director of Molecular
Bioinformatics

Educational Specialist

Employee Relations Manager
Environmental Specialist
Executive Assistant to the Chair,
Physiology
Family Advocate Counselor
Financial & Budget Analyst
Financial Associate
Financial Coordinator
Health & Safety Specialist
Health & Safety Specialist
HR Coordinator
HR Coordinator
Institutional Biosafety Officer
Maintenance
MD
Medical Administrative Specialist
Medical educator
New Innovations Coordinator
Operations Specialist II
Pediatric Anesthesiologist
Police Lieutenant
Program Director
Research Associate
Research Nurse Coordinator
Research Project Coordinator
Senior Administrative Associate III
SP Trainer
Sponsored Programs Analyst
Sr. Administrative Services
Assistant
Sr. Fee Control Clerk

Sr. Health & Safety Specialist
Standardized / Simulated Patient
Trainer
Standardized Patient
Standardized Patient
Standardized patient
Standardized Patient
Student Services Coordinator

C. Inputs

According to the logic model, inputs refers to resources committed, such as partnerships, labor, time, and money expended to implement the project. The following are the identified inputs for our project:

1. Partners: Playback Memphis Theatre (ensemble members included 1 director/facilitator, 5-6 actors and 1 musician)
2. Time: Approximately 25 hours were dedicated to this project, which include planning, designing, partner meetings & training, program duration, and assessments.
3. Money: \$ 2,500
4. Equipment: Outlook, Microsoft, QuestionPro, and Zoom virtual platforms

D. Outputs

Outputs refers to the program's delivered activities or services and number of people served.

1. Activities: 4 hours of Playback Memphis Theatre workshop experience and 1 hour of focus group facilitation.
2. Number of people served: 75 total UTHSC participants.

E. Outcomes

Outcomes refers to what we aimed to achieve and any change that resulted in increased, enriched, or enhanced knowledge, skills, attitudes, behaviors, or conditions. To assess how effective, we were in achieving our desired outcomes, we designed and used anonymous pre/post- event surveys and a focus group session to collect data indicating change in knowledge, skills, attitudes, motivation, and awareness of cultural humility and biases. Informal emails and chat submissions were also collected to capture the full range of feedback received.

1. Pre-Survey: Online survey completed by 49 participants prior to attending the workshop. Average time of completion: 6 minutes. The pre-survey was in a digital format on the University's QuestionPro platform and was sent via email on the week of the program. Below are some highlighted data points:

- 71% of participants have not attended or are unsure if they attended a cultural humility learning opportunity.
 - Knowledge level score out of 0-5 sliding scale:

Unconscious Bias	2.63
Cultural Humility	3.12
Diversity	2.37
Inclusion	2.39
Anti-racism	2.55
 - Demographic data (see part B).
2. Post-Survey: Online survey completed by 14 participants after attending the workshop. Average time of completion: 3 minutes. The post-survey was in a digital format on the University's QuestionPro platform and was sent via email immediately following the program and again on the following day. Below are some highlighted qualitative submissions from participants who completed the post-survey:
- *"Kudos to the innovative thinkers that understood the power of performance to speak on such sensitive material."*
 - *"There were several key takeaways I could name, but just to name a few: Having an awareness of my own world views and biases is key to truly confronting discrimination and prejudice. We have an opportunity to turn struggle into strength. Embrace my culture while standing on the truth of my history."*
 - *"It was a beautiful gift how the artists both performed for us and shared with us."*
 - *"Expectations met and exceeded! I was not sure how this would work virtually but it was still such an amazing experience."*
 - *"To be honest, I was not expecting a unique and different experience like this. I was expecting a typical boring lecture. I absolutely enjoyed it!"*
 - *"I have heard of Playback Memphis, but was so happy to get to see them in action and to do this with colleagues. Thank you for organizing this."*
 - *"Thank you for a very powerful and experiential workshop today."*
 - *"I was not 100% sure what the session was going to be based on... That being said, I was open to the experience as a whole, and the experience did not disappoint!"*
 - *"We are not alone! UT is a community, and we all strive for change."*

Below are key quantitative data points submitted by participants:

- Very satisfied or satisfied with the workshop: 85%
- Very satisfied or satisfied with virtual format: 100%
- Average satisfaction score out of 0 - 5 sliding scale:

Workshop content	4.36
Session Duration	4
Interactive Component	4.64
Facilitators/Actors	4.36
Breakout Sessions	4.5
Average score	4.37

3. Focus Group: Playback Memphis facilitated our 1-hour Zoom focus group session on April 30, 2021, with 5 UTHSC participants. Amazon gift card incentives were advertised and offered to participants who provided feedback via the chat function and in interview style. In summary, participants unilaterally learned and gained knowledge related to cultural humility from attending the workshop. Pedagogically, the material was delivered in a creative story-telling narrative with improvisational activities, breakout discussion, and a musical component that participants deemed enriching. Key highlights:

Facilitator question: *What worked?*

Participant answers:

- *The moments we stood in solidarity with others. It makes you feel not alone and learn what you might have in common*
- *The creative approach to non-creative topics*
- *The musical element*
- *Relatable and personal stories*
- *Encouraged and inspired me*
- *Diversity of actors*
- *Universal human themes*
- *Engaging performance*

Facilitator question: *What can be improved?*

Participant answers:

- *Have more trainings like this in each department*
- *More time in breakout sessions*
- *Not emphasize the black and white binary experience*
- *In-person*
- *Role play and scenarios*
- *Follow-up and longer workshops*
- *Skills-based/relationships-based workshops*
- *Theoretical facts and statistics on cultural humility*

Sustainability

The Office of Employee Relations plans to pursue continued partnership with Playback Memphisto extend and build upon our offering in the future. We will explore college/department sponsorships and other funding opportunities with campus partners to aid in this effort. The College of Medicine in Chattanooga has established interest in furthering our program for their campus for AY 2021-22. We are confidently forecasting that past participants can be re-engaged for future offerings based on the data from our surveys and focus group. The post-survey indicated that the majority of respondents, 10 out of 13, answered "Yes" while the remaining 3 answered "Maybe" to the question: "If HR were to offer additional sessions to build on your workshop experience and further explore the topic of cultural humility, would you attend?"

Limitation

The unique theatre workshop experience was limited in duration as a one-time offering for participants and thus posed an inherent barrier to achieving long-term impact. A continuation or expansion of the workshop experience, would present a potential for lasting change in the University's workplace environment. This includes changing institutional and cultural norms and developing common language as it pertains to diversity and inclusion, which can contribute and lead to change in employee communication, practices and behaviors.

The experiential workshop experience was an innovative and nontraditional program. For the few participants unaccustomed to a performance-based and participatory experience, the workshop did not resonate as intended with them. Participants unfamiliar with Playback Memphis Theatre's art form of improvisational theater indicated expecting a different experience. Also, the virtual experience created an additional limitation to a workshop originally designed for a live in-person experience. The workshop experience could be enhanced as an in-person offering to develop community, facilitate collective bonding and learning, and deepen humility is a practice that can only be gained and developed through regular and continual engagement. An area of growth indicated by the collected feedback is our marketing efforts. We can improve in this area by advertising more broadly and providing more informational details to manage expectations and better prepare participants for the experience. Furthermore, strategizing different tactics for increased survey and focus group

participation is another identified area of improvement that would help with more accurate assessments of our program.

Publication

The program was only internally publicized given our targeted demographic of participants (UTHSC Faculty & Staff). The HR webpage, HR Reporter newsletter, HR Mailchimp, UTHSC Daily Digest, and OIED newsletter advertised the program. Playback Memphis is planning to develop an expanded curriculum addressing cultural humility and expressed interest in continued partnership with UTHSC.

Program Budget

The total grant amount of \$2,500 was remitted to Playback Memphis for services rendered.

Conclusion

Overall, the program received largely positive feedback and was deemed successful in achieving our proposed goals and short-term outcomes. We achieved a positive and open intercultural exchange and managed to promote a healthier and more inclusive workplace environment by creating a safe platform to communally, respectfully, and vulnerably engage in our differences and commonalities. We promoted interdepartmental employee engagement across campuses and a variety of divisional areas and occupational ranks. We increased participant awareness of biases and advanced our commitment to diversity and inclusion by offering a meaningful and unique social learning space for diverse faculty and staff.

Admittedly, long-term impact or sustained cultural change could not be achieved by a single offering and would require a wholistic, deepened, and more committed engagement with a target group. Nevertheless, this initial experience demonstrated innovative potential for continued engagement and a promising capacity to increase cultural competency and awareness of unconscious bias. This conclusion is supported by the data-based assessment of our program.

Amanda Simmons, PhD, CCC-SLP

Department of Audiology and Speech Pathology, College of Health Professions

Awarded: \$1,250

“Development and Implementation of Computer- Based Learning Modules on Alternative Communication for Pediatric Nurses and Nursing Students”

PROGRAM/PROJECT OBJECTIVES:

Objective 1: Determine pediatric nurse and nursing student priorities related to alternative communication education and support through qualitative data collection and analysis.

Objective 2: Develop concise computer-based learning modules (CBLs) on alternative communication, as well as communication boards that nurses can use clinically.

Objective 3: Develop pre- and post-assessment questions with high validity and reliability.

Objective 4: Provide CBLs that demonstrate a knowledge increase in content areas.

Objective 5: Provide CBLs that increase participants' perception of their comfort using alternative communication

Objective 6: Provide CBLs that have a high perceived relevance of content to clinical practice.

Objective 7: Provide CBLs that change attitudes toward alternative communication's role and importance in nurse clinical practice.

Project Objectives

Project objectives and subsequent outcomes are described here:

Objective 1: Determine pediatric nurse and nursing student priorities related to alternative communication education and support through qualitative data collection and analysis.

Outcome: Two in-person focus groups were conducted (one with pediatric nurses (n = 7) and one with nursing students (n = 2)) during the winter (February through March of 2020). Individual semi-structure interviews were conducted with six additional participants. The collection and analysis of this qualitative data

provided insight into the primary concerns, education needs, and priorities of pediatric nurses and nursing students from across the United States.

Data indicated primary themes including *communication*, *clinical experiences*, and *educational needs*. The *communication* theme identified a need for additional clarification of terminology across disciplines, but indicated the important role that communication plays in nurses' work, noted experience with communication breakdowns, and minimal experience with communication supports and tools. This led into the *clinical experience* theme which focused more on barriers and facilitators identified in the acute care setting for nurses and nursing students. There was a reported need for information on how to know what patients might benefit from alternative communication, a need for the support of the unit and upper-level management, and additional time to learn and trial alternative communication strategies and supports with patients in the clinical setting. The final overarching theme included *education* which demonstrated limited augmentative and alternative communication (AAC) education experience for nurses, but a highlighted need for such education and training moving forward. Nurses discussed the role of patient education, while this subtheme was absent from discussions with nursing students.

Overall, the participants' responses supported previous research indicating the importance of communication in their clinical work, but a paucity of educational, managerial, and tangible support for alternative communication. This outcome provided the necessary support to move forward with Objective 2.

Objective 2: Develop concise computer-based learning modules (CBLs) on alternative communication, as well as communication boards that nurses can use clinically.

Outcome: Three required online education modules, each about 15 minutes in length, were created based upon pediatric nurse and nursing student feedback in the previous objective (Objective 1), as well as best practice evidence in the field of speech-language pathology. These education modules were assessed using a pre-test and post-test design to measure participant learning outcomes, perceived relevance and effectiveness of the education, and changes in self-efficacy. A fourth optional module was developed and provided to participants interested in completing it. This optional module was approximately 15 minutes in length and discussed the use of a tool to create personalized alternative communication boards for the participant's clinical setting.

Objective 3: Develop pre- and post-assessment questions with high validity and reliability.

Outcome: Pre-test and post-test questions were developed and piloted with individuals in our lab (University of Tennessee - Augmentative and Alternative Communication Lab: UT-AAAL) and fellow speech-language pathology clinicians for wording, organization, and clarity measures. Following feedback and revisions, questions were then provided to a pilot group of participants who completed all three required modules with pre-test and post-test measures. In the pilot, question validity and reliability were found to be adequate, as indicated by pilot participant feedback, positive changes in knowledge of AAC, reported self-efficacy using AAC, and Cronbach's alpha measures. No additional changes were made to the questions between the pilot and trial implementation phases. In the full trial implementation, validity and reliability were found to be acceptable (Cronbach's alpha ≥ 0.68 for all measures assessed).

Objective 4: Provide CBLs that demonstrate a knowledge increase in content areas.

Outcome: Pre-test to post-test results were analyzed using repeated measures ANOVAs for each module. All three modules indicated a statistically significant change from pre-test to post-test for knowledge outcomes (Module 1: $F(1, 65) = 392.69, p < .001, \eta^2 = .83$; Module 2: $F(1, 67) = 23.52, p < .001, \eta^2 = .26$; Module 3: $F(1, 67) = 84.16, p < .001, \eta^2 = .53$).

Independent samples t-tests were conducted to further explore potential interaction effects indicating possible group differences (i.e., pediatric nurses and nursing students) regarding knowledge outcomes for module 3. Results indicated that the groups differed significantly for pre-test score with pediatric nurses having a lower pre-test score compared to nursing students. This difference disappeared at the post-test, indicating that both groups were able to learn the taught material to each achieve approximately 95% accuracy after the education modules, despite their average pre-test scores (pediatric nurses = 77%, nursing students = 85%).

Overall, all participants demonstrated knowledge gains when the online education modules were completed with >90% accuracy achieved at post-test for all three modules across both groups.

Objective 5: Provide CBLs that increase participants' perception of their comfort using alternative communication

Outcome: Participants' perceived comfort using AAC was measured with a pre-test to post-test (repeated measures) 100-cm sliding scale indicating self-efficacy as well as using a validated three-part self-efficacy Likert scale (Kang, et al., 2019). The repeated measures self-efficacy scale, indicated statistically significant increases from pre-test to post-test for both groups and for all

participants (Module 1: $F(1, 62) = 97.27, p < .001, \eta^2 = .61$; Module 2: $F(1, 54) = 77.20, p < .001, \eta^2 = .54$; Module 3: $F(1, 58) = 197.65, p < .001, \eta^2 = .76$).

For all three modules, the average pre-test score for perceived self-efficacy ($M = 45.23$) increased at post-test (Module 1: $M = 45.23$ to $M = 85.07$; Module 2: $M = 49.22$ to $M = 82.48$; Module 3: $M = 30.40$ to $M = 85.17$). There were differences noted between the pre-test and post-test self-efficacy scores between groups with nursing students consistently (across all three modules) indicating lower self-efficacy scores than pediatric nurses. Module 1 self-efficacy scores increased at a similar rate for both groups; however, modules 2 and 3 indicated interaction effects as nursing students reported higher rates of gain in self-efficacy from pre-test to post-test when compared to pediatric nurses.

Objective 6: Provide CBLs that have a high perceived relevance of content to clinical practice.

Outcome: Content relevance was measured for each module with a series of 5-point Likert scale questions. Overall averages indicated that participants *somewhat to strongly agreed* (4.25-4.40) with the content relevance for their current or future clinical work. The hypothesized outcome was an average score >4 which was achieved.

Objective 7: Provide CBLs that change attitudes toward alternative communication's role and importance in nurse clinical practice.

Outcome: Open-ended post-test questions probed participants' potential clinical use and benefit from the educational modules. Participant feedback indicated a heightened awareness of the role of communication and alternative communication strategies in their clinical work. Nurses and nursing students were able to report tangible, yet simple, changes they would make to their clinical practice in the coming days to better support their patients' communication.

Open-ended responses included:

- *"I will use this [regarding wait time] because I now realize how people who are sick and/or children in general need more time to process what was just presented to them."*
- *"I find myself not allowing any time after asking my patient a question in order to be speedy and complete tasks in a timely manner. This changes my perspective on how much time I need to be spending with patients."*

In addition, after completing these education modules, just over 72% of participants reported seeing 1-4 patients who could benefit from low-

technology AAC per week if they had access to it. This indicates the need for access to low-technology supports, and that these participants are now aware of what types of patients could benefit from these strategies.

Project Evaluation

As proposed in the grant application, this project was assessed through pre-test and post-test evaluations for each of the three included education modules. This project enlisted 15 participants in the qualitative portion, 5 participants in the pilot, and 69 participants in the trialing phase. All participants appeared to benefit as evidenced by positive knowledge gains, improvements in self-efficacy, positive reports of content relevance and method and educator effectiveness. All results (qualitative, quantitative, and open-ended feedback) indicated that participants were engaged and benefitted from the information provided.

Sustainability

The current data collection is complete and in the process of being written into multiple manuscripts for further dissemination. However, we hope to continue improving upon these education modules in future iterations with additional partners and organizations. There are a variety of lessons learned and tools that can be applied to future interdisciplinary education efforts. We plan to take best practices from this experience and incorporate them into additional education efforts on alternative communication, as well as developing hands-on training opportunities in the future.

A primary limitation of this study was the requirement that most aspects had to be completed online due to the COVID-19 pandemic (started in mid-March of 2020). Future research would likely benefit from hands-on training opportunities for participants as well as more long-term follow-up to determine levels of retention of content and impact of education on clinical practice. Additionally, all participants self-selected into this research study, therefore, selection bias is a likely limitation despite a wide net being cast for participants across the United States. A final limitation is the unequal group sizes (pediatric nurses = 25, nursing students = 44) though this is likely due to the COVID-19 pandemic as nurses have served our communities diligently over the last year, participation in an optional online education research study, may not have been a top priority.

Publications and Presentations

This research has been published in the form of a dissertation document entitled, "Development and Implementation of Computer-Based Learning Modules on Alternative Communication for Pediatric Nurses and Nursing Students." Additional aspects of this research are in the process of being written up for a variety of publications to disseminate results and lessons learned across a wide range of journals read by both nurses and SLPs. This research will be presented in part at the Association of Rehabilitation Nurses (ARN) Conference and the American Speech-Language-Hearing Association (ASHA) Convention both in November 2021. Information from this research will also be presented at the International Society of Augmentative and Alternative Communication (ISAAC) biennial conference in July 2022 in Cancun, Mexico.

Budgeted vs. Actual Funds Expended

Item	Number needed	Cost per item	Total Budgeted	Total Spent
Digital Visa gift card	95	\$10.00	\$950.00	\$750.00 (75 GCs)
Color copying services - UTK	2 low-tech boards for each of 85 participants - total of 190	\$0.65 each board (2 boards per participant)	\$124.00	\$198.34
Pack of laminating sleeves (100)	3	\$11.80 (Walmart)	\$36.00	\$16.58 (1 pack of 100)
Postage (coil of 100 forever stamps)	2	\$55.00 (Post Office)	\$110.00	\$110.00 (2 rolls of 100 each)
Mailing envelopes (pack of 150)	1	\$10.98 (Sam's Club)	\$11.00	\$21.76 (1 pack of 100)
TOTAL			\$1,231	\$1,097
				Under Budget \$134

References

Kang, Y. N. et al. (2019). "Development of a short and universal learning self-efficacy scale for clinical skills". In: PLoS ONE 14.1, pp. 1-11. ISSN: 19326203. DOI: 10.1371/journal.pone.0209155

Kuan Xing, Ph.D., M.Ed.

Director of Assessment and Research

Center for Healthcare Improvement and Patient Simulation

Awarded: \$2,500

“Developing Standardized/ Simulated Patients (SPs) to Better Portray the Social Determinants of Health (SDoH)”

PROGRAM/PROJECT OBJECTIVES:

A group of SPs were recruited to participate in a poverty simulation. Through this poverty simulation, SP participants were expected to: (1). Demonstrate improved understanding about SDoH issues, specifically on poverty; (2). Demonstrate a more positive attitude toward SDoH (e.g., poverty) and disadvantaged populations in healthcare; and (3). Actively reflect on the portrayal of patients affected by SDoH.

Project/Program objectives.

In June 2020, the Center for Healthcare Improvement and Patient Simulation (CHIPS) was awarded a mini-grant by the then-named Office of Equity and Diversity for a project titled “Developing Standardized/Simulated Patients (SPs) to Better Portray the Social Determinants of Health (SDoH),” led by Dr. Kuan Xing in collaboration with CHIPS team members including Teresa Britt, Jamie Pitt, Dr. Jacque Bradford, Amy Rush, Tim Dotson, and Sophia Mosher among others.

The objectives of the project. A group of SPs were recruited to participate in a poverty simulation. Through this poverty simulation, SP participants were expected to: (1). Demonstrate improved understanding about SDoH issues, specifically on poverty; (2). Demonstrate a more positive attitude toward SDoH (e.g., poverty) and disadvantaged populations in healthcare; and (3). Actively reflect on the portrayal of patients affected by SDoH.

Project development and rollout. Initially we proposed in-person poverty simulation activity. Dr. Kuan Xing initiated an Institutional Review Board (IRB) protocol and it was approved by UTHSC IRB office (IRB protocol #: 20-07790-XM). Due to the COVID pandemic, we had to change our poverty simulation delivery method. By looking into the simulation literature and consulting with other colleagues and simulation centers, we identified the online poverty simulation approach and chose a free online poverty simulation platform called *SPENT* (<http://playspent.org/>). Our CHIPS team developed the prebriefing and debriefing session with supporting material to provide a safe environment and maximize SPs' online poverty simulation experience. We conducted the same simulation event twice in May 2021 (20 SPs participated at Day 1 and 22 SPs participated at Day 2), and all prebriefing, poverty simulation activities, and debriefing were conducted online via a virtual conferencing platform Zoom.

Project evaluation.

All participants ($N = 42$) received a pre- and a post-poverty simulation survey. Those surveys included questions about their self-reported understanding level about SDoH issues and a scale for their attitude toward poverty and people with poverty. Additionally, they received a follow-up survey one month later after the completion of their poverty simulation where they shared their perceived usefulness of this poverty simulation experience and their final thoughts and feelings.

Pre- and post-poverty simulation survey results. (1). Self-reported knowledge level about poverty/SDoH. In the pre- and post-surveys, we asked, "What is your knowledge level about SDoH?" SPs responded to a 5-point Likert scale where "5" represented "Much higher than average" and "1" represented "Much lower than average." In the pre-poverty simulation survey SPs tended to rate their knowledge level between "Average" and "Higher than Average" ($M=3.45$, $SD=.63$); however, their self-reported knowledge level was significantly higher in the post-poverty simulation survey ($M=4.14$, $SD=.61$): They tended to rate their knowledge level between "Higher than average" and "Much higher than average." (See Figure 1)

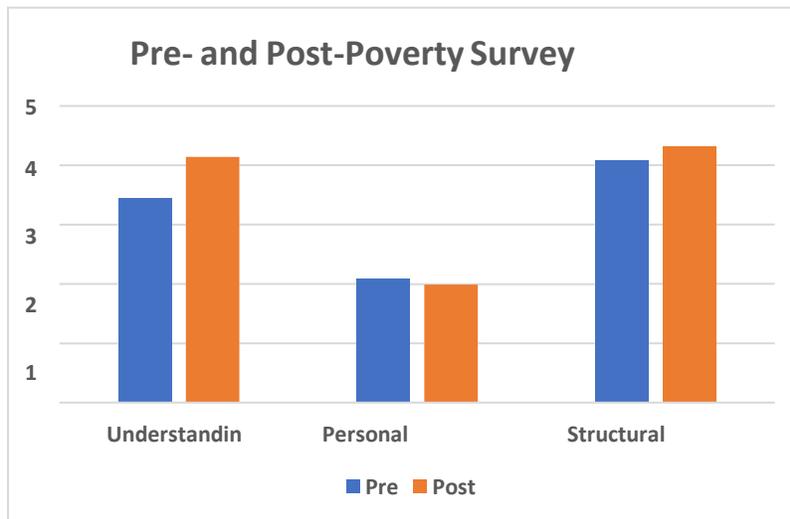


Figure 1. Pre- and post-poverty simulation survey results: Understanding and attitudes

(2). Attitude toward poverty/people with poverty. We adopted an attitude survey (16 items) from a previous study (Todd et al., 2011) in which 12 items were negatively worded on “personal deficiency”, e.g., “Poor people watch too much TV,” and 4 items were about “structural poverty”, e.g., “The society has the responsibility to help people with low income.” Overall, SPs were more likely to disagree with those statements on “personal deficiency”; the mean score of SP participants’ responses from the pre- to post-survey decreased slightly (pre: $M=2.09$, $SD=.58$; post: $M=1.99$, $SD=.47$; scores lower than “3” represented “disagree”). About their “structural poverty” attitude, SPs agreed on those statements, and they were more likely to rate higher on their agreement in the post-simulation survey (pre: $M=4.09$, $SD=.54$; post: $M=4.31$, $SD=.56$; scores higher than “3” represented “agree”). (Also see Figure 1)

Follow-up poverty simulation survey results. Perceived usefulness: In their follow-up poverty simulation survey, 33 participants responded to the question “how useful do you think the poverty simulation is to your SP work in SDoH related scenarios” (response rate 79%). Among those participants, 75.8% reported “extremely/very useful,” 21.2% reported “somewhat useful,” and 3.0% reported “little useful.”

Written responses. Participants also reported their self-reflection/comment on

their poverty simulation in their post-poverty simulation survey after debriefing. Mostly, they reported to gain deeper understanding about how to portray patients who are affected by poverty/SDoH: *"I think it gives me an extra layer of foundation- like good stage makeup- to help make the character/patient be a more complete human"* (Quote #1); *"I think it will provide richer context for social history, allowing me to provide more body to my occupation and where I live"* (Quote #2). Also, this experience enriched their vision about giving feedback: *"It will come into play primarily in my feedback to students"* (Quote #3). All those experiences can tie back to SPs' Standards of Best Practice (Lewis et al., 2017).

Finally, in the follow-up poverty simulation survey, we asked SPs to share their "final thoughts or feelings" about their experiences. They appreciated this eye-opening/thought-provoking simulation experience, *"I encourage all SPs to participate in seminar. It was eye-opening and thoughtfully given"* (Quote #4), *"Very thought provoking in regards to the experiences lower income families must navigate through life!"* (Quote #5). Some of them reflected on having more sessions on this with more nuanced information, *"I would want to do another one to add to this one. Poverty is a real thing and it needs to be addressed in simulation and studied"* (Quote #6), *"This was an excellent experience. I would find it helpful to have a second session that could be a little more nuanced"* (Quote #7).

Sustainability

This pilot work was well received by our SPs and the preliminary results from the study inspired our CHIPS team (especially our SP educators) to sustain this line of work/research. Our Assistant Director of Education for SP, Jamie Pitt, and our SP educators, Tim Dotson and Amy Rush, will continue to incorporate this poverty simulation into their standard SP training process. We will continue to collect more data and improve some of our measures accordingly. We believe this will help to improve the quality of patient simulation and create a more inclusive educational environment for our learners.

Publications

Please see detailed information about our conference presentation below:

Xing, K., Pitt, J., Bradford, J., Mosher, S., Britt, T., & Epps, C. (February, 2021). Developing standardized/simulated patients (SPs) to better portray the social determinants of health (SDoH). International Meeting on Simulation in Healthcare (IMSH) 2021 Delivers, Research abstracts (*Research in progress*).

Program budget

Please see below a breakdown for the project budget:

- Budget awarded \$2,500.00
- SP Wages Day 1 \$1,072.60 (20 SPs X \$53.63 daily wages)
- SP Wages Day 2 \$1,089.00 (22 SPs X \$49.50 daily wages)
- Benefits \$ 183.89

Total Costs \$2,345.49

Accordingly, we will return the difference (\$154.51) back to OIED.

Acknowledgement

This work is dedicated to Dr. Chad Epps, inaugural Executive Director at CHIPS, who passed away unexpectedly in December 2020. We also thank our team members Katie Porcaro and Anthony Correale for their technical support during the simulation sessions.

Thanks to our CHIPS program administrator, Venus Claxton who managed our budget and documented the budget actuals for this project.

References

- Lewis, K. L., Bohnert, C. A., Gammon, W. L., Holzer, H., Lyman, L., Smith, C., Thompson T. M., Wallace, A., & Gliva-McConvey, G. (2017). The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP). *Advances in Simulation*, 2, 10.
- Todd, M. E., Guzman, M. R., & Zhang, X. (2011). Using poverty simulation for college students: A mixed-methods evaluation. *Journal of Youth Development*, 6, 72-77.
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Appendix A

Lend a Book "LAB" Expenses

Date	Course	Book Title	Cost	# purchased	
7/28/2020	Blood Bank	Modern Blood Banking & Transfusion Practices	\$78.00	3	\$234
10/19/2020	Clinical Chemist	Clinical Chemistry: Principles, Techniques, Correlations	127.74	4	\$510.96
12/4/2020	Hematology	Anderson's Atlas of Hematology	82.95	3	\$248.85
12/4/2020	Hematology	Rodak's Hematology	92.11	2	184.22
12/4/2020	Microbiology	Textbook of Diagnostic Microbiology	101.95	3	305.85
2/25/2021	Molecular	Molecular Diagnostics: Fundamentals, Methods and Clinical Applications	61.02	5	306
2/26/2021	Board review	BOC Study Guide; Enhanced Edition: Clinical Laboratory Examination	69	5	345
4/6/2021	Immunology	Clinical Immunology and Serology: A laboratory Perspective	92.95	3	278.85
4/6/2021	Urinalysis	Urinalysis and Body Fluids	78.95	8	631.6
					3045.33