Using Monopoly as a Simulation Tool to Teach Poverty and Privilege in Healthcare

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Rationale/Need

We know from data gathered by the Association of American Medical Colleges (AAMC) that the perceived median income and level of education of medical students is overwhelmingly from the upper echelon.

- 58% or more of students attending medical school in the United States have been from the top quintile (families in the top fifth by income)
- More than 70% of medical students come from families in the top two quintiles of family income.
- In contrast, patients who often present to academic teaching facilities are often from lower socioeconomic backgrounds.

Sociologists have used games or simulations to stimulate critical thinking and to introduce social stratification.

These sort of simulation games may help learners understand previously misunderstood attitudes and behaviors of those on opposite sides of the socioeconomic continuum.

The board game Monopoly (licensed by Parker Brothers in 1935), is modified and used to:

- Increase understanding of the concepts of poverty and privilege
- To challenge learners to consider how socioeconomic resource can impact health and healthcare behaviors.

Methods/Description

Program Preparation

Several regular Monopoly games are obtained and the following modifications are made:

- Additional money is added to support more realistic incomes
- The cost of the property cards is changed to reflect more reasonable prices
- Community Chest and Chance cards are replaced with Life of Luxury and what am I Going to Do? cards
- The GO square becomes the Income square with varying pay per amounts collected by each player each time the player passes this square
- Family one and income cards are created (these can vary for each small group)

Prior to the game, small group facilitators who serve as the “bankers” are trained.

A Life of Luxury table is prepared with snacks, drinks, and small prizes. Participants can also get their picture taken with fun hats, hula skirts and the like to capture their fun!

100% (n=25) “agreed” or “strongly agreed” that the simulation game reflected how socioeconomic inequality can impact health and healthcare decisions.

We have shown that stratified Monopoly can be successfully used to highlight the financial and healthcare challenges faced by typical patients who present for care in teaching facilities. All participants have an opportunity to recognize how inequality impacts health and healthcare behaviors by playing a popular game which has been re-designed to teach these lessons in a simulated environment. The lessons learned and the feelings which accompanied this learning experience are readily recalled 2 years later.

EVALUATION PLAN

Survey results of participants in the simulation (n=25):
- 72% (n=18) evaluated the learning activity as an “enjoyable” or “very enjoyable” activity
- 92% (n=23) evaluated the learning activity as a “valuable” or “very valuable” activity

The next cycle of evaluation plan will compare:

- The socioeconomic status of the participant with the response of how much the activity was enjoyed
- Participant experience in clinical environment (patient care activities) of each participant and how much the activity was valued

Our hypothesis is that the “wealthier” participant will enjoy the activity more and the more clinically experienced participant will value the activity more.

Impact/Lessons Learned

A challenge for medical education is teaching future physicians the fundamentals of professionalism and interpersonal communication. As residents physicians they will be expected to respect patients and to communicate effectively with patients, families, and the public. In addition, across a broad range of socioeconomic backgrounds, effective physicians of the future should see beyond stereotypes and identify the social barriers faced by their patients living in poverty and communicate with vulnerable patients.

This simulation exercise provides a safe environment for resident physicians who often come from very different, and frequently more privileged socioeconomic backgrounds (culture) from their patients, to experience the frustration, helplessness, and anger often found in poverty as well as the power, enjoyment, and sense of self-determination that comes with financial privilege.

Benefits:

- Experiential and interactive learners enjoy playing a game
- Follows general didactic instruction related to poverty and health disparities
- File in a 90 min - 2 hour block of time

Limitations:

- Time required to prepare the game (the pre-game set up) as well as the time to play and debrief
- Small group facilitators must receive some training before the game
- Using a modified simple game to teach a complex phenomenon can misrepresent and minimize struggles experienced in reality.
- Continuing discussion about poverty in healthcare must continue outside the boundaries of a simulation game.

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