

AN OVERVIEW OF SIMULATION GAMES AND  
COMMENTS ON THEIR USE IN BACCALAUREATE  
NURSING EDUCATION  
: A RESPONSE

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The author correctly identifies simulation-gaming as a promising strategy for nursing education and points out that one of the difficulties underlying the more extensive use of this method is the lack of research concerning its effectiveness. I think, though, that the situation is not quite so gloomy as Becker suggests. She reports a total of only four articles concerning the use of simulations in nursing education between 1975 and 1977, whereas I have been able to locate over twenty journal articles, reports and books. This is still a pitifully small number but, if combined with the literature in other related areas, it begins to provide a reasonable background for practice.

Becker indicates several possible uses of simulations in nursing education: teaching management, teaching political skills, providing a transition between lab and clinical experience, practice in interpersonal skills, and exploration of other cultures. To these I would add patient clinical management (primary care), and the provision of repeatable situations which can be used for student evaluation. Corbett and Beveridge (1979) have developed several paper-and-pencil simulations which could be used by senior students to consolidate clinical knowledge and provide practice in patient-assessment and problem-solving. Others might be designed on this model by instructors wishing to provide a repeatable and scoreable means for evaluating student skills in these areas.

Another area which Becker omits from discussion is the use of "simulated patients" (sometimes called "programmed patients"). This teaching technique was largely developed at McMaster University for the teaching of medical students, but could have many applications to baccalaureate nursing education, particularly as we face the dilemma of teaching advanced clinical skills to increasing numbers of students whilst at the same time facing more restricted access to clinical facilities.

One of the classics in simulations, *You are Barbara Jordan*, has frequently provided the stimulus for instructors to develop their own materials for teaching beginning nursing administrators the art of

coping with too much to do. It is interesting to speculate how many of these home-made materials are hiding in desk drawers except for occasional use. If these were developed, shared and tested, a good deal of information about appropriate and effective use of simulations in nursing education would become available. Is the lack of a strong publishing tradition in nursing holding back development in this area?

As Becker points out, the lack of evaluation of existing material is a distinct handicap to the more widespread use and development of simulation/gaming as a strategy in nursing education. While I would not want to be thought to be anti-evaluation, I think it would be regrettable if trial use of simulations were delayed on this account. Every day nurse educators select teaching strategies, often *not* on the basis of soundly researched information, but on the basis of their experience as teachers, the availability of materials, here-say reports of others, the need for variety or other similarly non-research criteria. We should be careful not to let a lack of evidence in support of a new teaching strategy provide us with excuses for sticking with other strategies which may be equally unjustified but more comfortable for us as teachers because of our own habits. When was the last time you really reviewed the evidence on the effectiveness of lecturing as a teaching strategy before you decided to lecture?

One further reason might be raised for deliberately introducing simulation/gaming as a teaching strategy into baccalaureate nursing education: there does seem to be a good deal of evidence that people tend to teach as they are taught. Since our baccalaureate grads may frequently be expected to be involved in patient-education, community health or in-service education programs, if not academic teaching, it might be argued that they should have some experience of this method so that they will have at least a beginning idea of whether this strategy may be appropriate to their future needs.

#### REFERENCES

- Corbett, N. A., & Beveridge, P. *Clinical simulations in nursing practice*. Philadelphia: W. B. Saunders, 1979.
- You are Barbara Jordan: An in-basket exercise on nursing service administration*. Chicago: Hosp. Res. & Educ., 1970.