A challenge for urologic nurses and nurse educators is how to present information to staff, students, and patients in a way that will capture their interest and engage them in the learning process. The use of adult-learning principles and innovative teaching strategies can make the learning experience dynamic, and encourage learners to take a more active role in their own learning. Games are a creative, fun, and interactive way to assist in the emphasis, review, reinforcement, and retention of information for urology nurses.

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Note: CE Objectives and Evaluation Form appear on page 385.

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Games

A game is an interactive process that lends itself to the acquisition and appreciation of knowledge by reviewing and reinforcing information that has already been learned. Games not only teach but are also fun (Billings & Halstead, 2005; Hayes & Childress, 2000; Herrman, 2002; Lowenstein & Bradshaw, 2002; Karnes, 1999; McKeachie, 2003). This is particularly true for learning content that is viewed as dry, tedious, and boring. Games encourage increased...
retention of information, add variety to both the teaching and learning experience, and keep the learner interested and focused (Batscha, 2002; Karnes, 1999; Hayes & Childress, 2000; Lowenstein & Brashaw, 2004; McKeachie, 2003; Ward & O’Brien, 2005). Games can be utilized with all levels of learners from novice to expert, and can work well with individuals or with large groups (Batscha, 2002; Gaberson & Oermann, 1999; Herrman, 2002; Ward & O’Brien, 2005). Games promote collaboration, and allow for immediate feedback.

Games can be quick, simple, and easy, or more complex and elaborate. Different types of gaming options include crossword puzzles, word finds, board games, computer games, and simulations. The use of overhead transparencies, pen and paper, or computer programs can all be utilized. The content type and amount, setting, time, targeted audience (students, patients, new graduates, new orientees, or staff nurses) and group size all affect the type of game utilized (Gaberson & Oermann, 1999; Herrman, 2002; Ward & O’Brien, 2005).

An educational game is a structured competition that has rules, goals, and activities for the participants to perform. It not only teaches but does so in a fun new way. The use of games is not intended to present new content, but rather to complement and reinforce existing knowledge. The goals and objectives for the game should be clearly defined prior to its development so that the game highlights and emphasizes the content needed to meet the desired learning objectives (Billings & Halstead, 2005; Gaberson & Oermann, 1999; Hayes & Childress, 2000; McKeachie, 2003).

There are many advantages to using games as well as several disadvantages, and these should be considered when contemplating the use of a game for teaching. The advantages of games are an increase in learning, reinforcement of concepts and information, improvement in retention of information, enhancement of learner motivation, and assistance in connecting theory to practice. Other advantages to the use of game playing in a teaching environment are the interactive participation, collaboration, immediate feedback, encouragement of creative “outside the box” thinking, and the fun and exciting environment created while playing the game. Content can also be easily changed and updated to reflect current information if using PowerPoint® or other computer software.

The disadvantages of gaming include the time and costs required to purchase supplies, time needed to develop and prepare the game; the need for specific guidelines so that the game does not get out of control and become threatening or too stressful; increased time needed to play the game; and possible space constraints. Additionally, participants may feel threatened, experience unusual stress, or have difficulty learning when involved in a teaching-learning situation that proclaims “winners versus losers” which can increase the stress for some learners (see Table 1) (Billings & Halstead, 2005; Hayes & Childress, 2000; McKeachie, 2003; Ward & O’Brien, 2005). Awareness of these advantages and disadvantages can assist in developing a game where all participants are winners in the learning game.
Game Development for OAB And BPH

The first step in developing the presentations for overactive bladder (OAB) and later, benign prostatic hyperplasia (BPH), was the formation of the concept. The initial question was: How often could urologic nurses hear the same information on these two subjects and still learn something new? These specific topics were chosen for different reasons. The OAB game was designed for staff nurses at an educational dinner to offer repetitive information on OAB in a new and exciting format. The BPH game was developed for nursing students taking a men’s health class (but this could also be useful for a dinner educational meeting).

The evaluations from previous men’s health classes revealed the information on BPH to be dry and boring so the game design was utilized to make the information “come alive.” The goals for the OAB presentation were to encourage group participation, utilize adult-learner principles, present repetitive information in a novel new way, increase learning, and have fun. The solution for both of these dilemmas was the development of games.

Any content can be developed utilizing the format of a marketed board game or an adapted game show (Herrman, 2002). The first game developed, OAB, was based on the title of the television game show Who Wants To Be A Millionaire? The name easily translated into the Who Wants To Be Incontinent? game. For the second game, the title from the television show Survivor easily became Survivor: BPH. Both versions of the games were developed on PowerPoint to facilitate changes or updates as needed and for ease of use with a large group.

PowerPoint slides are utilized with the question on the first slide and the answer on the second slide. The game questions are based on journal articles, medication package inserts, and patient educational materials. Figures 1 and 2 show examples of the questions asked during each of the games. The questions as well as the answers range in the level of their complexity. Some of the questions have only one correct answer while others have more than one answer. The games have 15 to 20 questions in total. This allows the game to run approximately 30 to 45 minutes, depending on the amount of discussion and questions from the participants. It also keeps the attention span of the group with
the time interval staying under an hour, and is ideal for both classroom presentations and dinner meetings.

For the sudden death round in both games, two to four additional questions can be developed. For the pharmaceutical-sponsored dinner meeting for OAB, one of the questions for the sudden death round was “What is the name of the representative sponsoring this dinner?” The entire representative’s name was required for this answer. Another question was “What company sponsored this meeting?” For the BPH game, one of the sudden death questions was “In which group of men is BPH more common?” (The answer is surprising.)

**Game Rules**

The same rules and design apply for both the Who Wants To Be Incontinent? and Survivor: BPH games. The objective of each game is to answer the questions correctly, and points are awarded for correct answers and deducted for incorrect answers. The team receiving the most points at the end of the game “wins” but because learning is enhanced for everyone, everyone “wins.” In the event of a tie, there is a sudden death round. Inexpensive prizes are awarded to the winning team.

The participants are divided into four to eight groups, depending on the group size and room layout. The tables are numbered and markers and paper placed on each table. One participant at each table is designated as the recorder and another as the spokesperson. When a question is revealed, the teams are given 15 seconds to discuss and answer the question quietly among themselves and the recorder writes the answer on the paper. When the timer goes off (a food timer), each table spokesperson shares his or her answer with the entire group by holding up his or her paper. Each team is awarded 100 points for each correct answer or has 100 points deducted for each incorrect answer. The totals are kept on a flipchart at the front of the room. There are no maximum or minimum scores in the game, just the highest total number of points at the end of the game.

The benefit of using the team approach versus individual responses is the interactive participation and collaboration working within a team. It also allows individuals to get to know each other and to have fun.

**Nursing Implications**

The goal for any urology nurse educator is to make the educational content come alive for the participants. This can be done by delivering content in a fun, memorable way that increases the possibility of retaining information (Herrman, 2002; Lowenstein & Bradshaw, 2004). Games are an excellent strategy for accomplishing this and can enhance the quality of any educational offering by creating an element of fun.

The format of these two urology games can be easily incorporated or adapted to many other urology topics with a minimum of time, once the initial basic game structure is developed. Using PowerPoint or other similar presentation software allows for easy updating, as new information becomes available. Games should be utilized to augment other teaching tools and methods, such as lectures, and utilized in a variety of situations and offerings. Unit team building, unit inservices, orientation, mandatory training sessions for safety, infection control, and biohazard topics, as well as CPR are topics that all lend themselves to the use of games (Glendon & Ulrich, 2004; Hayes & Childress, 2000; Peterson, 2002). Games provide a fresh new learning experience for the participants that make learning fun, interactive, and enjoyable.

**Alternative Gaming Options**

Other options of the gaming format include crossword puzzles, word finds, or board games. Crossword puzzles can be developed by the presenter or are available with computer programs to develop individualized puzzles. The crossword puzzles and word finds work well for teaching and reinforcing terminology, definitions, or medications (Glendon & Ulrich, 2004). The use of overhead transparencies makes it easy to make changes to a developed board game if content must be made frequently or if the use of PowerPoint is not available. The use of a game board (either original or based on a popular board game), pen and paper crossword puzzles, or word finds are all fun and easy alternatives to implementing this gaming strategy and worth the time and effort to develop and use.

**Conclusion**

The use of games can make the learning experience more dynamic and informative, not only for the participants but also for the presenter. By utilizing an innovative teaching strategy to teach urologic nursing content, interest is stimulated, key concepts are reinforced, active learning is achieved, and learning comes alive as participants acquire knowledge that will enhance their ability to provide informed, quality patient care.

**References**


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It has been said that success can be measured by counting the number of times one has been told “it can’t be done.”

There are many potential stakeholders in seeing that the above messages become well known to the American public (for example, Society of Urologic Nurses and Associates; American Urogynecological Society; American Urological Association; Association of Rehabilitation Nurses; American Geriatrics Society; American College of Obstetricians and Gynecologists; Wound, Ostomy, Continence Nurses; Interstitial Cystitis Association). The broad ultimate aims are ones we all share.

- Increase, on the individual consumer level, knowledge of the bladder and its attendant issues, such as incontinence, overactive bladder, bladder cancer, interstitial cystitis, and urinary tract infections.
- Increase knowledge, on both the consumer and the provider levels, of current products and treatment options.
- Build the capacity of health care professionals to respond compassionately and with appropriate knowledge to patients presenting with bladder-related symptoms.
- Increase public awareness of incontinence as a serious, but treatable health issue and help reduce the stigma associated with bladder conditions.

Looking to the Future

Some of the very first supporters to contact the Simon Foundation for Continence in 2003 when the BHM concept was announced continue to ask “Where is it?”, perhaps impatient because they are unaware that building this project was expected to span a decade. The answer is, “It’s in the minds and the hearts of an ever-increasing number of very committed individuals who care about reaching out to people with misbehaving bladders, defeating stigma, and turning lives around.” “It has been said that success can be measured by counting the number of times one has been told “it can’t be done.” If that is indeed the case, then we are so close to the “tipping point” that the Bladder Health Mobile should be coming to your community sooner than you might imagine.

References


Games

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