REVIEW

Educational Games as a Teaching Tool in Pharmacy Curriculum

Mona Hassan Aburahma, PhD, Heba Moustafa Mohamed, PhD

Faculty of Pharmacy, Cairo University, Cairo, Egypt

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The shift in the pharmacist’s role from simply dispensing medications to effective delivery of pharmaceutical care interventions and drug therapy management has influenced pharmacy education.1-3 The educational focus has shifted from basic sciences to clinical and integrated courses that require incorporating active-learning strategies to provide pharmacy graduates with higher levels of competencies and specialized skills. As opposed to passive didactic lectures, active-learning strategies address the educational content in an interactive learning environment to develop interpersonal, communication, and problem-solving skills needed by pharmacists to function effectively in their new roles.4-6 One such strategy is using educational games. The aim of this paper is to review educational games adopted in different pharmacy schools and to aid educators in replicating the successfully implemented games and overcoming deficiencies in educational games. This review also highlights the main pitfalls within this research area.

Keywords: Educational games, pharmacy education, students’ feedback, pharmacy students, active learning

INTRODUCTION

Games designed for serious purposes rather than just entertainment are gaining worldwide attention as they allow players to learn new skills and knowledge, stimulate physical activities, or enhance social-emotional development.7-9 These games are widely applied within the educational field to facilitate students’ learning through the integration of information in a competitive active environment.10,11 An educational game is defined as an instructional method that requires the learner to participate in a competitive activity with preset rules.12 It can support higher-level discussions that assist in enhancing students’ communication, social collaboration, and critical-thinking skills, all of which are abilities essential to the pharmacist.13,14 Further, educational games allow educators to create real-life scenarios within safe environment without real-life consequences.15 Despite of the advantages of games in the health care field, the evidence of their pedagogical effectiveness is still in question.16 Also, potential difficulties arise with the strategy as some students may find the competition among peers threatening or anxiety-causing.17

Even though a large number of studies have investigated using different active-learning approaches such as team-based learning,18-23 case-based learning,24-27 problem-based learning,28-31 and simulations in pharmacy schools,32-35 fewer studies have examined the usefulness of games in that context.36-48 Additionally, there is no review to date that summarizes and validates the positive outcomes associated with educational games used in pharmacy schools.

We conducted a comprehensive electronic search to uncover all research articles relating to this topic in peer-reviewed journals. Databases, search engines, and specific academic journals were systematically searched up until January 2014. The following combinations of search terms were used: “educational games and pharmacist,” “educational games and pharmacy,” “games in pharmacy education,” and “serious games in pharmacy education.” Titles and abstracts resulting from the initial online searches were screened for relevance and eligibility for full-text retrieval. Additional articles were searched through citation by checking the reference sections of the sourced articles. Eligible articles were original, experimental full-text research articles published in English in which the intervention of interest was described as an educational game by the study author and in which pharmacy students were study participants. We excluded poster presentations and studies in which educational games occurred outside the discipline of pharmacy. Also excluded were role-plays not called games by the study author(s), and did not include a fun/excitement component (dice, game piece, game board, playing cards) or a specific gaming format (competitive activity with preset rules).
FINDINGS

Title and abstract screening identified 17 potentially eligible articles. After complete text readings of the articles, 4 were excluded because they did not meet the criteria. Two articles were excluded as the impact of the games on student performance was not yet investigated because the games were still under development. One study presented 4 medication-related educational board games but the study sample were community pharmacy patrons not pharmacy students. Another was excluded because it was a descriptive report about the adaptation of 3 popular television game shows to pharmacy classes. The remaining 13 papers were included regardless of their quality.

To facilitate comparisons, the following data were extracted and are presented in Tables 1 and 2: (1) types of game platforms; (2) number of students participating; (3) year of the students in professional pharmacy school; (4) courses in which games were taught; (5) awards, if any; (6) presence of facilitators/moderators; and (7) evaluation tool used.

Educational games are considered experiential learning methods that may contribute positively to students learning. Research in this area explores the impact of these games on pharmacy students’ satisfaction, knowledge, attitude change, and participation. The 13 studies that met the inclusion criteria were published between 1995 and 2013 from pharmacy schools in the United States. Fewer studies on games in pharmacy education than those in other health related disciplines, such as medical and nursing fields, are available.

Depending on class size and subject matter, different game formats were reported. Patel and Barclay et al implemented diverse educational games to reinforce students’ knowledge in pharmacotherapeutics, and most participating students reported the games contributed positively to their learning. To develop empathy among pharmacists, several research groups implemented experiential

Table 1. Year of Candidature, Course, Study Sample, and Evaluation Criteria of Studies Where Educational Game Interventions were Implemented

<table>
<thead>
<tr>
<th>Year of Candidature/ Course</th>
<th>Study Sample</th>
<th>Evaluation Criteria</th>
<th>Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PY3/Principles of Human Disorders Pharmacotherapeutics Clinical Case Studies I and II</td>
<td>128</td>
<td>Postgame questionnaire (15 items including open ended questions)</td>
<td>36</td>
</tr>
<tr>
<td>Students enrolled in advanced pharmacy practice experience (APPE)</td>
<td>45</td>
<td>Preassessment and postassessment test (90 questions)</td>
<td>37</td>
</tr>
<tr>
<td>PY3/Professional Communication</td>
<td>48</td>
<td>Postgame questionnaire (23 MCQ + 6 open-ended questions)</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>15 control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PY1/Professional Communication</td>
<td>102</td>
<td>Pregame and postgame questionnaire (9 semantic questions with 6-point scale + 4 questions with 6-point Likert scale)</td>
<td>39</td>
</tr>
<tr>
<td>PY1/Pharmacy Practice Skills Lab</td>
<td>624</td>
<td>Pregame and postgame questionnaire (12 statements with 5-point Likert scale + free-text answers)</td>
<td>40</td>
</tr>
<tr>
<td>PY1-PY4/Geriatrics Electives</td>
<td>47</td>
<td>Guided open-ended reflection questions</td>
<td>41</td>
</tr>
<tr>
<td>PY3/Early Pharmacy Practice Experience (EPPE)</td>
<td>Not stated</td>
<td>Postgame survey (5 point Likert scale + open-ended questions)</td>
<td>42</td>
</tr>
<tr>
<td>PY3/Advanced Elective Psychiatric Year not stated/Gastrointestinal Integrated Sequence</td>
<td>160</td>
<td>Questionnaire + open-ended question</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>82 (2008)</td>
<td></td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>90 (2009)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PY1/Metabolism of Carbohydrates, Lipids, and Amino Acids</td>
<td>92</td>
<td>Survey instrument (10 items + written students comments)</td>
<td>45</td>
</tr>
<tr>
<td>PY2/Medication History Interviews at Ambulatory Clinic Sites (Preparation For IPPE)</td>
<td>200</td>
<td>Posttest (MCQ)</td>
<td>46</td>
</tr>
<tr>
<td>PY1/Introduction to Clinical Pharmacy Skills</td>
<td>130 (Fall Semester)</td>
<td>Survey instrument (8 statements with 5-point Likert scale + additional comment if desired)</td>
<td>47</td>
</tr>
<tr>
<td>PY2/ Foundations in Pharmacokinetics Course and Applied Pharmacokinetics Course</td>
<td>116 (Spring Semester)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>132</td>
<td>Pretest and posttest (30 MCQ)</td>
<td>48</td>
</tr>
</tbody>
</table>

PY1=first professional year; PY2=second professional year; PY3=third professional year; PY4=fourth professional year; MCQ=multiple-choice questions
Table 2. Description of Educational Games Presented in Different Pharmacy Schools

<table>
<thead>
<tr>
<th>Game Name and Description</th>
<th>Availability of Prizes/ Rewards</th>
<th>Facilitators/ Moderator</th>
<th>Ref No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who Wants To Be A Med Chem Millionaire?</strong></td>
<td>Money donated to charity named by winning team</td>
<td>Faculty members (each for one hour play)</td>
<td>42</td>
</tr>
<tr>
<td>Six teams (each of 6 members) sit in front of the classroom while nonplaying students remain in the classroom as “studio audience.” Game questions are projected on screens and teams ring a bell to answer a question. Play time is 45 minutes. The team with the most Med Chem Moolah (play money) at the end of their session wins.</td>
<td>Candy prizes</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td><strong>Who Wants To be a Millionaire?</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Five multiple-choice questions are presented to students using PowerPoint. The first student to raise his/her hand is selected by the instructor to answer the question. Students can be assisted by a friend in the room, or by audience help via a poll. Game time is approximately 5 minutes and is followed by a lecture.</td>
<td>Extra credit point to group with highest score</td>
<td>Two moderators</td>
<td>43</td>
</tr>
<tr>
<td><strong>Jeopardy.</strong></td>
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<tr>
<td>The class is randomly assigned to 16 teams, each of approximately 10 students. The teams sit in assigned areas in the classroom. A student from the audience selects a question to display on a PowerPoint projection overhead. Any group can participate by raising hand to answer the question. Correct answers are awarded the appropriate points, and that team selects the next question. If a group answers incorrectly, a second team attempts to answer and earn the points. Game time is approximately 30 minutes, followed by a 45-minute lecture.</td>
<td></td>
<td>One moderator</td>
<td>43</td>
</tr>
<tr>
<td><strong>Survivor.</strong></td>
<td></td>
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<tr>
<td>Teams of 20 students are asked 3 major questions. They take 5 minutes to discuss the question within their groups. One member of each team writes the answers on a whiteboard at the front of the lecture hall. The team with the largest number of correct answers proceeds to the next question. This cycle is repeated for all 3 questions. Game time is 1.5 hours.</td>
<td></td>
<td>One moderator</td>
<td>43</td>
</tr>
<tr>
<td><strong>Crossword puzzle.</strong></td>
<td></td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>The whole class participates in solving a 5-minute crossword puzzle containing information presented in the lecture.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Race to Glucose.</strong></td>
<td></td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>Students in groups of 5 or 6 roll a die and move game pieces along the gluconeogenesis pathway while addressing questions and changes in physiological conditions. The team who finishes the pathway first wins. Game time is approximately 2 hours on 2 consecutive days.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Table 2. (Continued)

<table>
<thead>
<tr>
<th>Game Name and Description</th>
<th>Availability of Prizes/ Rewards</th>
<th>Facilitators/ Moderator</th>
<th>Ref No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Mysteries Infinite Case Tool (MMICT). During a 2-hour laboratory session, groups of 3 students are provided with the MMICT packet containing a game board, decks of drug, confusion, and personality cards, a 6-sided die, instruction sheet, patient demographic sheets, and an evaluation rubric. Each student assumes a role: patient, pharmacist, or evaluator.</td>
<td>At least one facilitator</td>
<td>46</td>
<td></td>
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<tr>
<td><strong>Bingo Game.</strong> The game is composed of a 5x5 grid with total of 25 squares, each containing an activity to encourage students to review course material (online self- quizzes), to motivate students to perform better on graded activities (examinations and competencies), to appeal to students with different learning styles (posters, computer animations, videos, crossword puzzles), and to encourage close attention to required material (identify errors in textbook or class). Students who achieve bingo (5 squares in a row vertically, horizontally, or corner-to-corner) earn a 5-point (5%) bonus added to the final course grade.</td>
<td>5 percent added to final course grade</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td><strong>PK Poker.</strong> The class is divided into 13 groups of approximately 10 students. Each group start with a $500 bankroll and place a bet on their ability to answer a question correctly. Students have 2 minutes to respond to each question. Game time is 50 minutes for 2 class periods.</td>
<td>Bonus points added to the total points of the course.</td>
<td>Two instructors</td>
<td>48</td>
</tr>
<tr>
<td><strong>Pharmacy Scene Investigation (PSI).</strong> The class is divided into 6 groups of approximately 22 students with 2 members acting as lead detectives. The game presents an unsolved death scenario about an individual found dead with initial indications of suicide and multiple potential murderer suspects. The game is presented divided into one 50-minute class to play and one 50-minute class to debrief.</td>
<td>One faculty member</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clue Game (CG).</strong> Game is based on a murder mystery. Each student in a 5-member group researches 4 different drugs from the Top 300 drugs, then teaches them to other group members. Students received clues to determine the murderer (eg, physician who prescribed a medication with severe adverse effects), weapon used, and location. If the student answers correctly, the group successfully completes the game. If the student does not, the team is disqualified. Game time is one 50-minute class period to play and one 50-minute class to debrief.</td>
<td>Three instructors and 2 faculty members</td>
<td></td>
<td></td>
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</tbody>
</table>
role play games related to older adults. The authors considered them educational games based on the presence of fun components and preset rules (students’ progress was based on correct answers or appropriate performance). In addition, they were competitive in nature as they encompassed winning criteria and prizes.38-41 Other researchers used The Geriatric Medication Game to allow students to temporarily experience the changes in physical abilities older adults encounter.38-40 After participating in this game, some students showed increased understanding of geriatric needs. Likewise, Kennedy et al reported that The Age Game, a similar interactive simulation board game, enhanced student empathy toward older adults.41 Some researchers adapted games from popular TV shows, such as Roche, who employed Who Wants to Be a Med Chem Millionaire in an Early Pharmacy Practice Experience course and Grady et al, who adopted Who Wants to Be a Millionaire, Jeopardy, and Survivor to promote learning in an Advanced Psychiatric Pharmacy elective course.42,43 Students positively perceived the Crossword Puzzles used by Shah et al during didactic lectures to restart the students’ attention clock.44,54 Also, the Race to Glucose board game developed by Rose was helpful for learning some aspects of the metabolic pathways.45 Sando et al reported the usefulness of Medication Mysteries Infinite Case Tool (MMICT) in preparing students for conduct medication history interviews.46 To increase students’ interaction with course material, Tietze developed an extra-credit bingo game with different educational activities that helped students review course material.47 Further, Persky et al presented 3 different games, PK Poker, Pharmacy Scene Investigation (PSI), and Clue Game to promote students’ learning in pharmacokinetics.48 Students found these games to be valuable as supplementary learning tools rather than replacements for traditional lectures.

In the 13 studies, games assisted in teaching students course material throughout the pharmacy curriculum starting from the first year of the pharmacy degree and continue until the fourth year and in pharmacy practice experiences.37,42,46 Basically, the use of games in pharmacy schools was not intended to present new content, but to review or reinforce existing knowledge.36,44,48

In 10 studies, moderators or other faculty members assisted in game setup and introduction, guiding students through different stations and helping in the debriefing session. Sando et al presented the feedback of faculty members involved in facilitating the MMICT as well as preceptors’ satisfaction with students’ performance during the ambulatory clinic introductory pharmacy practice experiences (IPPE).46 Faculty members stated that the MMICT game was easily facilitated and students actively participated.46

Rewards in Educational Games

The use of rewards in educational settings to improve student motivation is controversial.55 Some argue that rewards are detrimental because student motivation is undermined if rewards are removed.56,57 Other researchers claim that rewards contribute to increasing motivation and performance.55,58 Five studies involved rewards to motivate students.36,40,42,43,47 Two studies reported rewarding students by adding extra marks to their grades, while one study included candy prizes for winning teams.43,47 Instead of giving the winning team a reward, Roche et al asked the winning team to select a health-related charity to which a faculty member would donate if that team won. Students involved in that study claimed to be highly motivated knowing that money would be donated to a good cause.

Debriefing or Reflecting Sessions

Debriefing is a critical component in the educational process. Debriefing includes reflecting and assimilating activities into a learner’s cognition to foster long-lasting learning.59 To enable students to develop strategies for enhancing future performance, debriefing involves a 2-way communication between student and teacher.60,61 In PSI and Clue Game, a 50-minute debrief session was presented in the class period following the game.43 Some authors reported the presence of discussion session after the game to reinforce the information presented during game play. The games presented by Patel were 1 hour in length followed by and additional hour for discussion and questions.36 Also, in the Geriatric Medication Games, the third phase included a facilitator-led discussion or reflection phase so players could discuss their experiences and emotions during the game.38-40 Being presented directly after the game, phase 3 reinforced the lessons acquired from the game and allowed the facilitator to correct any misperceptions or stereotyping toward the elderly.38-40

DISCUSSION

Advantages and Disadvantages of Educational Games

The main advantages of games include interactive participation of the students and their excitement while playing.48 Oblinger described millennial students (born between 1980 and 1991) as participatory learners who prefer assembling information from a variety of sources.62 Thus, games perfectly suit millennials because games generate enthusiasm and stimulation throughout the educational process, as noted in the positive feedback from students. Educational games also foster a less stressful environment for students—an advantage because anxiety often hinders full engagement in discussions.36
A noted strength of games is their ability to promote student-to-student interaction and peer learning. For example, Persky et al assigned students with different grades and gender to groups to achieve balanced distribution and to promote interaction between individuals who might not usually associate in the class. Further, some games, such as the Geriatric Medication Game, allowed students to apply what they learned in lectures to realistic situations. In addition, preceptors or faculty members who assisted in games reported that games accomplished their goals based on the observed improvement in students’ confidence and performance.

The majority of studies reported students were highly satisfied with games and found them enjoyable, interactive and stimulating. However, in some studies, students felt games weren’t beneficial and did not improve their test scores. Even though games are reported to be less stressful, some students may feel overwhelmed because they need to learn to play the game in addition to recalling the educational material. Hence, games may be ineffective for learners who struggle to process information or who do not enjoy playing games. In addition, students reported that the games were not helpful in learning certain topics or aspects such as reactions. In an attempt to decrease students’ anxiety and improve participation during the game, Persky et al devised a scoring scheme where the students didn’t lose points for incorrect answers. Other disadvantages were found in games where only small percentage of the class participated while the remaining students were the game’s audience, thus failing to engage the entire class. Also, the large number of students in some games decreased the game’s speed, causing students frustration. Moreover, it was hard to maintain control in classes with large number of students.

Pharmacy educators are still reluctant to implement educational games as the design can pose challenges. The common shortcomings shared by different games include the time spent by students learning the game and the extensive time invested by faculty members in game development. Once prepared, however, the game material can be reused with minimal time commitment. The cost of purchasing the game supplies was one of the key hindrances reported in the geriatrics-related games. Moderate and implementing some games also required assistance of other faculty members or facilitators, which increased their workload.

Assessing the impact of educational games is crucial to identify their strengths and weaknesses and perform the necessary revisions and modifications. In all the reported studies, the authors used questionnaires (student surveys) to determine student interest level and satisfaction with the game experience. Complementary to the questionnaire, open-ended questions or free-text responses were included in 10 articles to determine students’ perceived value of the games. Shah et al relied on students’ posttest scores for objective measurement of the games success. The more effective approach for assessing game impact was to compare students’ posttest scores, after games introduction, to their pretest scores. In most of the studies, the pretest and posttest were conducted before and after the teaching session so the impact of the game intervention on information retention was not investigated. To minimize response-shift bias that might occur using traditional pretest/posttest survey design, Sando et al utilized a retrospective pretest-posttest design. Persky et al compared the postgame examination score to the examination scores of students from the previous year. While each year contained 2 different populations of students, the author claimed that the similar admissions criteria and grades for students supported the assumption that the student populations were similar. Oliver et al’s study did compare responses of students who participated in the game to those of a student control group who attended class without games.

Limitations of the Included Studies

The reviewed studies differed in how they reported methodological and study design limitations. Nearly half of the studies did not mention limitations while the rest (n = 7) reported some limitations including too small a sample size to ensure results validity, a small number of received responses to questionnaires, the absence of control group or pretest performance, and a lack of a definite magnitude between grades of Likert scale. Chen et al reported students might have felt obligated to respond favorably to the questionnaire. In addition, Kennedy et al used a postgame survey that collected student opinion but did not evaluate whether a change in behavior occurred.

Designing an Effective Educational Game

Effective games should share certain criteria to guarantee successful impact on student learning. Primarily, their objectives and expected educational outcomes should be clearly defined. Balance between the entertainment and educational components needs to be considered. The more enjoyable an educational game is, the more likely students will persist in playing it. Yet, the instructor must ensure that educational information is not lost in the excitement and competition of the game. Further, the difficulty level of the game should be moderate as difficult games discourage students from participating. Another important consideration in game design...
is a group size adequate to ensure active participation by all students. The competitive element of the game should be sensible to encourage motivation without promoting conflict between students or discourage individuals with insufficient knowledge or low self-esteem. Game rewards should be matched with the difficulty of learning tasks. Clear instructions should be developed and provided to students prior to starting the game to help them prepare. Games should not serve as the only means of relaying information to students but should reinforce and assess students’ understanding of certain information. To maintain a high level of engagement, timely and appropriate feedback pertinent to progress and performance level should be given to students. In addition, feedback is needed to allow students to determine the gap between current knowledge and that required for completion of the game’s task. Students debriefing is essential to reinforce concepts and clarify key information conveyed in the game. Games should be continuously updated and modified based on student feedback. Considering the advancement of the computer gaming technology and the passion among millennial students for it, there is a need for designing computer-based educational games that cater to pharmacy students. Descriptive steps for designing proper educational games are illustrated in Figure 1.

Implications for Future Evaluations

This review revealed the absence of randomized controlled studies with solid evidence of the educational benefits of games in pharmacy education. Yet, the positive feedback noted in the literature, as expressed by pharmacy students and authors, indicate that games may be a promising learning modality once properly designed. In order to obtain unequivocal proof for game benefits, appropriate educational research should be conducted to validate games as effective teaching tools. Dissemination of educational pharmacy games to a broader population of pharmacy students in countries other than the United States is important for demographic evaluation of their impact on students. Comparing randomized studies on lecture formats or other teaching techniques to those on games should be conducted to evaluate games’ effect on learning relative to other teaching modalities. Although educational games are effective in engaging students, determining the impact of games on improving examination scores requires proper assessment instead of focus on student perception of gaming activity. This requires the establishment of criteria for competency-based performance assessment. Future studies should consider whether associations exist between educational games and students’ ability to retain information.

Limitations of the Review

Even though rigorous attempts were made to ensure this review covered all articles on educational games in the pharmacy curriculum to date, some papers may not have been identified. Nevertheless, this limitation does not influence the reporting of popular game formats, advantages and disadvantages of games, student feedback on games, and the main shortcomings within this research area.

CONCLUSION

Adequate evidence that educational games foster learning in pharmacy schools is lacking. What does exist is the potential of a positive impact of properly designed educational games on learning. Educational games can help complement and reinforce taught material by promoting students’ participation and engagement in an interactive, enjoyable, and motivational learning environment. The major barriers to the wide spread use of educational games are mainly time consumed, cost, and the absence of validated, well designed games. Collaboration between educators and designers is crucial to ensure proper design of educational games that balance educational and entertainment components. Moreover, quality research using proper methodological design is strongly recommended in this area to gain firm conclusions regarding the impact of educational games on pharmacy student performance.

REFERENCES


