An Experiential Learning Simulation Exercise for Healthcare Management Students

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Abstract
Preparing competent administrators to work in today’s dynamic healthcare environment is a challenging task for contemporary educators. Experiential exercises in the classroom can contribute significantly to student training. This paper reviews the benefits to students of actively participating in simulations and role-plays, as well as the challenges in running such exercises. A simulation designed specifically for healthcare administration students is presented with details and implementation instructions. The intent of this article is to impart to other educators the learning experiences in running this particular simulation to inspire dialogue and program improvement. Readers are encouraged to create simulation exercises with optimum relevance for their students. Information to obtain email versions of the simulation is also provided.

Introduction
Healthcare administration is one of the most dynamic and unstable fields in today’s workplace, and has also been classified as one of the most challenging for its leaders (Gilkey 1999). The latest round of government reductions and subsequent changes to the delivery system, using the vehicle of the Balanced Budget Act of 1997, has so taxed providers that Congress was forced

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to extend some type of minor relief (Hallam 1999). More regulations are sure to come with both federal and state legislation soliciting bipartisan support of managed care restrictions. Internal restraints continue on hospitals, long-term care facilities, outpatient/medical groups, and HMOs to drastically reduce operating expenses (Coile 1999). These pressures force administrators in all sectors of the health industry to continually evaluate their managerial processes in order to remain current.

Thus, the healthcare industry needs academia to produce managers who are ready, upon graduation, to utilize effective business techniques. To address this need, a simulation exercise has been developed involving the students’ active participation in the day to day management of an integrated healthcare delivery system. The present article reviews the literature on the benefits of experiential methods in the classroom, details of the simulation, and instructions for implementation. Information for obtaining an authorized electronic version of the simulation is provided in the concluding comments.

Education has typically focused on theories and ignored experiential learning (Lewis and Williams 1994). One reason cited as to why educators suppress any type of experiential approach to learning is academia’s desire to avoid a chaotic classroom environment (Hopkins 1994). Healthcare administration programs fall prey to the same bias by focusing on theory rather than application. Health administration students were expected to obtain professional experience through their formalized internship and residency programs, which occur at the end of the course and are external to the school environment. With today’s rapidly changing industry, this is inadequate. Steps must be taken to create a continual, active, interesting learning environment that will offer students the class time to practice the theories learned (Cowan 1998). This article attempts to take a few of these steps. Namely, a discussion of the benefits and challenges of teaching methods that require high levels of interaction and involvement is presented. Additionally, a specific example is provided with the introduction of a simulation exercise created by the authors and its classroom results.

CLASSROOM APPLICATION

Teaching methods that incorporate practice into the curriculum enhance the education of adult learners (Jackson and Caffarella 1994). Case studies are perceived as the most effective teaching method within the classroom setting by health administration program directors (Hilberman, Davidson, Anderson, and Nakazono 2000). Case teaching, when done properly, is discussion-based and experiential. To be successful, it is important that the students are active participants in the case study learning experience (Lynn 1999).
Active, participatory practices embedded in the class structure will produce better-prepared managers. Using a variety of techniques will keep the student focused on learning by providing a more stimulating and engaging experience. Students will obtain a double benefit when quality information is being transmitted. They will learn from the factual information and learning points presented, as well as gain participatory practice from observing the individual and group dynamics that occur.

Various attempts have been made to create in-class simulated work scenarios rather than just utilizing case studies. These teaching exercises are usually adapted from a generalized business perspective and do not necessarily relate specifically to healthcare administration. Healthcare employees are sensitive to the distinction of their challenges in the business world. Frequent comments are made as to how their work is unique and cannot be compared to other industries. The majority of healthcare administration students also feel this way due to their prior experience in the field. The separation that comes with a dedicated, specialized college program also contributes to this feeling of distinctiveness.

How are healthcare administration instructors able to bring relevancy into practice so as to create better-prepared healthcare administration students? How will non-traditional classroom formats be accepted? Can a newly designed teaching tool be used effectively to help meet the challenge of producing a “ready to manage” workforce? How do we keep students engaged in activities that satisfy the need to apply theory? These questions framed our development of a simulation exercise called “Lakeview Health Systems.”

Lakeview Health Systems is a fictitious integrated delivery system comprised of an acute care hospital, its associated ambulatory clinic and home health agency, and a convalescent (skilled nursing) facility. The various components are fully staffed in a hierarchical structure similar to today’s healthcare environment. The simulation embeds practical challenges in an integrated healthcare system within a case structure. The roles provided are most suitable to graduate level management classes, but can be used in undergraduate courses as well. We have discovered that some prior work experience adds to the “realistic” feel of the simulation. It seems that the “problems” presented are so commonplace in the healthcare industry that the experienced students have an easier time performing their roles.

**LITERATURE REVIEW**

Educators have long supported the use of intragroup activities to enhance teaching. In a properly controlled classroom environment, students learn
from each other in a creative, stimulating way. Experts agree that students interacting in learning exercises will produce better educational results than when they participate in a more traditional approach to teaching (Bredemeier and Greenblat 1981; Draves 1997). Role-playing is one method that is commonly used whereby class members act out a hypothetical situation. This activity will allow the student to gain new insight on how a particular set of problems can be addressed.

Healthcare administration, unlike other disciplines, has not had the wealth of formalized teaching tools that utilize the role-playing technique. Some new innovative models using computer technology have been successful (Leonard and Kelly 1998). Business and medicine seem to be the two disciplines utilizing computers to create meaningful simulation exercises for their students. Computer simulations can have significant advantages: they produce an active learning experience, enable the student to use critical thinking skills over complex problems, and allow the student to be involved without strict time constraints. Even though the hardware and software have grown in sophistication and friendliness, professors have been slow to change and do not always embrace the technology (Wolfe 1994). The cost of the programs, as well as a lack of the proper resources, are contributing factors to why schools do not regularly use computer simulation exercises. In addition, student actions are confined to quantitative descriptions and comparisons on an individual basis (Laurillard 1993) and do not encourage group interaction. Since healthcare administration is a field in which interpersonal and group involvement is critical to the management process, students should be offered experiences that include various group processes.

Experiential learning can serve as a link between theory and practice. Various researchers have explained how this teaching method is valid by examining the cycle of gaining knowledge through observation, reflection, and experience (Knowles 1984; Kolb 1984; Pfeiffer & Goodstein 1982; Walker 1998). McGill and Beaty (1995) explain that the experiential approach can promote management development in three ways: through the development of the individual manager in the organization; via systems of management development to meet particular individual manager needs; and as a contribution to the development of the organization as a whole.

The adult student brings a variety of work and life experiences that should be incorporated into lessons plans. Burnard (1989) states that “experiential learning is an attempt to make use of human experience as part of the learning process.” Having students contribute to the learning environment with their own ideas about management and supervision will better prepare them for encounters with a variety of people during their careers. With the instability
of the healthcare industry, students need an opportunity to apply administrative functions in a non-threatening environment. This allows the students to test out certain techniques that may not be comfortable for them to do without practice.

Management processes can be taught through role-playing. Kolb and Lewis (1986) have reviewed various methods of teaching and found management role-play to be one of the strongest contributors to the experiential learning process. However, many available healthcare management case analyses in use place the learner as an observer only. In addition, other simulations that do have active participation by the students are not healthcare oriented. The students have difficulty relating to foreign industry nuances. Therefore, the authors created an experiential role-playing exercise to facilitate student development in healthcare administration.

We believe this fictitious healthcare system satisfies the need for a relevant role-playing exercise. The students are able to embrace the Lakeview simulation exercise as a welcome application of management process theories reviewed in class. This is evident in the quotes from participants that appear at the end of this article. In addition, a recent movement is underway by the Carnegie Academy for the Scholarship of Teaching and Learning (CASTL) to recognize the scholarship of teaching. Their goals are to foster significant, long-lasting learning for all students, advance the practice and profession of teaching, and bring to teaching the recognition afforded to other forms of scholarly work (Hutchings and Shulman 1999). This last goal hopes to broaden the traditional term of scholarship to include application (Boyer 1990). This simulation exercise would then be a good example of a teaching tool worthy of scholarly consideration.

**The Simulation**

**Learning Objectives**

Using a simulation exercise in the classroom is considered by the authors to be a valuable and comprehensive learning experience. Students will have a unique experience, based on their personality traits, current skills, and past practices, as well as knowledge and psychological sophistication about self and groups. The simulation described here, Lakeview Health Systems, is the type of exercise where the more students put into it, the more valuable the experience will be for them. The following is a list of primary learning objectives and opportunities for the participants:

1. To gain greater clarity and understanding on their formal and informal role(s) in work groups.
2. To reflect on their thought processes and how it affects their interpersonal exchanges.
3. To observe their behaviors, thoughts, and feelings in a “safe” yet challenging setting.
4. To observe their behavior and gain clarity on their ability with respect to dealing with ambiguous situations.
5. To observe and experience group dynamics, and the influence of specific behaviors on group processes and decision making.

SIMULATION TASKS

The actual simulation is comprised of hard copy (folders with paper documents) and a few specific tasks that the CEO and the class must accomplish by the end of the time allotted. The tasks are:
1. Selecting the CEO
2. Selecting the other roles
3. Running the simulation
4. Delivering the CEO state of the organization address
5. Debriefing

Once the CEO is selected, that person staffs the rest of the organization by filling out the organizational chart with the other participants’ names. Then the specific job position folders are handed out, and students begin familiarizing themselves with their roles. Each participant gets a folder specific to the role they have been assigned. In each folder are several documents that would be in be a typical “in basket” for the position the student has been assigned. Each folder contains at least a two-page cover letter introducing Lakeview Health Systems as an organization, an organizational chart, relevant job descriptions, and several memos or other paper documents pertaining to the particular role of the student.

The other specified tasks for the CEO are to start the simulation, lead the organization through the exercise, and five minutes before completion, give a “state of the organization” address to all members of the system and the board of directors (facilitators). The task for the other students is to try to address the various situations present in the information at hand and advance the organization through the use of management processes. All the participants are to observe and learn as much as they can about management processes, group dynamics and themselves in their roles.

EDUCATIONAL PREPARATION

To maximize learning, class members should be introduced to basic principles of intrapersonal processes and group dynamics prior to running the
simulation. Specifically, on the intrapersonal side, participants can benefit from an understanding of their own thought processes and the influence of cognitions on behavioral patterns (Miller and Rice 1975). Students should also have exposure to role theory with respect to group development and discussion, and reflection on the stages of group processes. A reference list of some of the group dynamic literature is provided in the Appendix. This list is only a small sample of what is available. It is recommended that facilitators take into consideration the particular needs of their own classrooms and feel free to create and/or use models and theories that are most appropriate for their unique set of participants.

Prior education and experience in-group dynamics and role theory will facilitate learning for the individuals as well as the group as a whole. With this type of preparation, participants are better able to observe dynamics and behaviors with greater awareness on the intra-personal, interpersonal, small group, and large group levels. For example, by being aware of themselves and the group simultaneously, students can observe the different role functions they pick up throughout the progressive stages of a group’s life (in this case the ‘group lifetime’ is bounded by the class time of the simulation).

RUNNING THE SIMULATION
TIME REQUIREMENTS

Optimally, the exercise occurs over two sessions with the first session explaining the teaching method, introducing the organization, having the class select the Chief Executive Officer, and handing out the various packets (40 minutes to 1.5 hours). The second session is used to run the exercise and to conduct the debriefing (2-3 hours). One long class session could be used to complete the whole exercise if necessary (3-4 hours). Allow a minimum of 2 hours and a maximum of 3 hours for the simulation run and a minimum of 30 minutes for the debriefing. There is no suggested maximum to the debriefing as the instructor can gauge the continued learning benefit.

PREPARATIONS

Check to see that all the materials are in order. Specifically, each role should have an accompanying folder with a job description and memos that have been sent and received by the job position. There should be enough opening letters and organizational charts to give to each of the students involved in the simulation. Lakeview Health Systems has 27 job positions (Table 1).

If there are less then 29 people in the class (27 positions and at least 2 observers), decide which positions will be left out of the simulation (a minimum of 15 participants is recommended). It is advised that positions
**Table 1: Lakeview Health Systems Job Positions**

<table>
<thead>
<tr>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chief Executive Officer</td>
<td>Lakeview Health Systems</td>
</tr>
<tr>
<td>2. Chief Financial Officer</td>
<td>Lakeview Health Systems</td>
</tr>
<tr>
<td>3. Director of Human Resources</td>
<td>Lakeview Health Systems</td>
</tr>
<tr>
<td>4. Administrator</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>5. Chief of Staff</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>6. Controller</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>7. Chief Operating Officer</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>8. Director of Business Development</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>9. Director of Performance Improvement</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>10. Home Health Administrator</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>11. Rehabilitation Administrator</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>12. Director of Nursing</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>13. Medical/Surgical Supervisor</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>14. Operating Room Supervisor</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>15. Pediatric Clinical Director</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>16. Maternity Clinical Director</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>17. Administrator</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>18. Medical Director</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>19. Director of Nursing</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>20. Head Nurse</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>21. Controller</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>22. Administrator</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>23. Medical Director</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>24. Director of Marketing</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>25. Director of Nursing</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>26. Assistant Administrator</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>27. Business Office Manager</td>
<td>Lakeview Convalescent</td>
</tr>
</tbody>
</table>

lower in the hierarchical structure of the organization be left out as these positions tend to have less formal responsibility and, hence, less need for others to interact with them. When the positions are assigned, let the supervisors of those positions know that their employees will be effectively “out of town” for that day. Give the supervisors the folders of their subordinates so they can be informed of what is going on in their department. Another way of accommodating a smaller class size is to combine positions whereby one participant handles two jobs (as often occurs in healthcare today).

**EXPLAINING THE SIMULATION**

The facilitator should take care to not over-explain the exercise. Dealing with the tension that arises from the ambiguity of the situation is a valuable learning
point for the students. Just the simple basics are introduced in the preparation phases. The class should be informed of several points. They will be involved in a simulation exercise that involves an integrated delivery system. Explain that the first task is for the group to select a CEO. This can be done in one of several ways (see “selecting the CEO” below). The CEO will then staff the organization by matching each class member with one of the remaining 26 job positions. Each position has a folder that contains a job description and several memos that he or she has recently sent and received which describe facility-specific situations (Table 2). It is the task of each participant to pick up the position and “play” the role as if it were really his or her job.

Table 2: Lakeview Health Systems Situations

<table>
<thead>
<tr>
<th>Situation</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality improvement effort</td>
<td>System-wide</td>
</tr>
<tr>
<td>2. Net revenue drop</td>
<td>System-wide</td>
</tr>
<tr>
<td>3. Rumors about sale</td>
<td>System-wide</td>
</tr>
<tr>
<td>4. Payer mix change</td>
<td>System-wide</td>
</tr>
<tr>
<td>5. Length of stay increase</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>6. Home health self referrals</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>7. Inconsistent budget reporting</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>8. Fiscal accountability lacking</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>9. Poor information reports</td>
<td>Lakeview Memorial Hospital</td>
</tr>
<tr>
<td>10. Surgery competition</td>
<td>Lakeview Memorial Hospital/Clinic</td>
</tr>
<tr>
<td>11. Conflict over rehab patients</td>
<td>Lakeview Memorial Hospital/Convalescent</td>
</tr>
<tr>
<td>12. Pay scale discrepancies</td>
<td>Lakeview Memorial Hospital/Convalescent</td>
</tr>
<tr>
<td>13. Possible clinic divestiture</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>14. Staffing problems</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>15. Sexual harassment</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>16. Medical waste disposal</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>17. Drop in referrals</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>18. Upcoding</td>
<td>Lakeview Clinic</td>
</tr>
<tr>
<td>19. Poor reputation/image</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>20. Health code violations</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>21. Nursing care deficiencies</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>22. Admissions decline</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>23. Upgrading of facility</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>24. Unanticipated deaths</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>25. Recruitment of nurses</td>
<td>Lakeview Convalescent</td>
</tr>
<tr>
<td>26. Assisted living competition</td>
<td>Lakeview Convalescent</td>
</tr>
</tbody>
</table>
Remind the students of what they have learned in their readings about roles and group dynamics. It is recommended that instructors encourage students to clarify and write down their own learning goals. Ask them to take what they know about themselves and create a learning intention in the area or skill where they could use the most development. As previously stated, emphasis should be placed on the phenomena that the more participants become involved in their roles, the greater their learning experiences will be. It is up to each person to maximize the learning opportunity of the simulation through his or her active participation.

Preparing Observers
It is recommended that observers are appointed and briefed before the selection of the CEO, as that process is part of the learning experience. Furthermore, observers will be able to begin observation in the opening stages of the simulation process. From the moment the class convenes, the observers are given the task of attempting to objectively focus on the roles and stages of the group processes for the expressed purpose of giving feedback to the participants at the end of the simulation. This debriefing process could be a potential powder keg if it turns into an “attack” session. A suggestion we have found useful is to ask the observers to follow two primary rules when delivering their feedback: (1) Focus on behaviors and facts, rather than personalities and assumptions; and (2) be considerate of others’ feelings and do your best to communicate in a way that is least likely to be interpreted as insulting. Prepare checklists and forms for the observers in advance, based on the theory that was presented in class. Specifically, the facilitator should create a form that identifies roles and processes that have been previously reviewed in class. Also, provide ample room on the observer sheets for notes and comments as the exercise progresses.

Selecting the CEO
Selecting the CEO can be done in one of several ways depending on time available and the specific learning goals of the course. If selection is one of the key learning agendas of the class, facilitators might want to take the time to set up an assessment center and have two or more class members apply for the job as CEO. An assessment center, in this case, is a type of expanded in-basket exercise, where potential candidates are given the opportunity to demonstrate their skills at a variety of tasks the CEO would be likely to perform. For example, running a meeting, giving a strategic plan presentation, analyzing key industry reports, and providing analysis on them, and demonstrating creative problem solving abilities, to name a few of the possible tasks. The
remainder of the class will then serve as the selection board. The facilitator could provide the “assessment” center materials or the selection board (class members) might be asked to come up with its own criteria and tasks. If an assessment center is used then at least one additional hour or more should be allotted for this process.

If the class has less time, they will most likely use a variation of nominations, volunteers, and voting. An interesting way to handle the CEO selection is to let the class decide spontaneously how they will choose a leader. When the group realizes this, they must go back a step and figure out (as a group) how they are going to accomplish it. This exercise in group dynamics can be achieved in a variety of ways (nomination, elections, volunteers, competition, testing expertise). The time boundary provided by the facilitator can range from 10 minutes to 30 minutes or more depending on what one wants to accomplish. In our experience, most classes take no longer than 15 minutes to move through this phase. There is usually an informal leader or two that the group will try to elect or nominate. If the leader picks up the formal role, the simulation usually moves on quickly from there. If the informal leader rejects the formal position, confusion from the group ensues and the process might take a bit longer. The primary learning benefit from this method is that the participants are able to observe how the group, as a whole, and the students, as individuals, deal with the ambiguity of the situation. Once a CEO is selected, he/she is asked to staff the organization as they see fit.

Assigning Positions

The simulation facilitator can ask the CEO to choose a specific strategy for assigning the roles or not. An example of an assignment strategy would be to place students in roles they are not familiar with to expand their experience. Another choice would be to place students in roles they are experienced in, so they can focus more on how they think and behave in familiar situations. Either option is viable. Each approach has its unique benefit. The facilitator might want to leave this decision entirely up to the CEO, which would then provide an opportunity for that person to choose a strategy (consciously or unconsciously) and be able to observe the consequences.

We have found benefit in selecting the CEO, staffing the organization, and handing out the class packets in the class session before the run. This gives participants time to read the information in their folders, set priorities, and make plans for the simulation. It is important to inform the students not to discuss the material with each other until the formal simulation. If they do, there is a good possibility that decisions and group dynamics will take place outside of the classroom and not be observed in the formal learning setting.
If this happens, classroom learning can still take place. However, this situation is not preferred because the observers will miss some of the early stages of the group process which are critical to group development and make for interesting discussions in the debrief.

**Simulation Run**

During the simulation run, it is important for the facilitator to do as little as possible. Instruct the class in advance that you will not be available to answer any questions and will be observing “as a fly on the wall.” The same is true for the observers. Basically, your job is to stay out of the way, watch what happens and take notes that will be useful during the debrief. Trusting the process is the facilitator’s learning opportunity. It will also be interesting to observe your own thoughts, feelings, and behaviors with respect to the group interactions.

**Debrief Discussion Points**

We have found it a useful exercise to have the students write down their thoughts, feelings and learning points immediately following the completion of the simulation. This assignment allows the students to reflect on their experience while it is still fresh in their minds. In addition, having their thoughts and learning points on paper provides students with their personal context and data for the debrief discussion. From this juncture a facilitator should make a choice based on the specific needs of the class, what happened during the simulation, and what the overall learning objectives of the course are as to what is most important for the students to focus on next. Mentioned here are several discussion frameworks and points we have found useful in debrief sessions.

Have students first reflect on what they observed on the four levels of analysis (intrapersonal, interpersonal, group, organization) and then discuss as a group what happened at each level. Potential topics at each level are: Intrapersonal - thoughts, feelings, judgments, and how they affected your behavior and personal decision making, personal roles; Interpersonal - dynamics between individuals, personalities, communication styles with formal and informal authority figures and subordinates; Group - effects of time on group processes (group developmental stages), effects of type of task on group processes, roles in the group; Organization - culture, climate, organizational norms and norm formation, how do these elements affect behavior (individual and group) and decision making processes.

Depending on what has occurred during the simulation, other interesting observation and discussion issues might be: the use of humor, the use of
information and resources, what happened in down time, delegation and division of labor, different personal and group styles, i.e., joking verses serious, comfort level with the ambiguity, disappointment or satisfaction with the experience, and observed patterns of behavior and influence on the group processes. This list is intended as a potential jumping off point, and a way to stimulate ideas. The primary suggestion to the facilitator is to use your intuition, experience, and learning objectives for the class as a guide to support individual and group learning.

RESULTS

EVALUATION METHODS

The Lakeview Health Systems simulation exercise has been conducted in several healthcare administration courses and at various colleges. The objective for the class that relates to the simulation exercise can be adapted for the individual course content. For example, a leadership class might state one of its objectives as “describe, apply, and critique selected leadership skills through problem solving, role-playing, and simulations relevant to health organizations.” A hospital administration class might have as one of its objectives “enable students to apply theory to contemporary hospital management.” A managerial process class might state an objective as “to understand the managerial processes involved in healthcare organizations.”

The number of students has varied from 8 (a graduate leadership seminar whereby only the top-level roles were utilized) to 30 (maximum class enrollment number). There are several ways to evaluate the students’ performance during the exercise. Some that have been utilized are grading a follow-up memorandum submitted by the student, assessing the participation level of each individual student during the exercise and the debriefing, and requiring a written reflection report. Even if some grading mechanism is not used for this particular teaching method, the student comments from the course evaluations will demonstrate the value of the simulation exercise.

Some suggested improvements that have been submitted by the participating students and have been incorporated into future running of the exercise include enhancing the selection process for the Chief Executive Officer, making certain scenarios clearer, and allowing more time.

PARTICIPANT QUALITATIVE EVALUATION

As a method of evaluating the exercise, we have asked the students to write down, “What did you learn?” and/or “What was the most interesting thing you observed?” as stimulation for discussion. We find these quotes both informative and rewarding and, hence, provide them for your consideration.
“This simulation exercise felt real. I learned that I work well under pressure or, rather, I come up with ideas or solutions if there is a short time limit. I enjoyed the exercise because it taught me that all situations can be handled if you sit down and try to work on it together.”

“The most interesting thing I observed was the actual role playing. People took their positions seriously and it actually felt like a real hospital/clinic/SNF. The ideas were great, and the role playing seemed real.”

“I learned the overwhelming responsibility one has atop a hierarchy such as this.”

“The most interesting thing I observed was the chain reaction of so many people from just one word, ‘upcoding.’ Everyone had an opinion on who was responsible and why. Most pointed the finger back up the hill and at the system (how things were run).”

“The most interesting thing I observed was listening to others speak and coming up with amazing ideas that I never thought of. From my experience, I feel people at high level positions very seldom listen effectively to what their subordinates say.”

“I tried to control the situations the minute the problem was read from the memo. I said, such and such needs to be done, and I believe we approach the problem in this manner. But then I controlled myself and I let the others speak.”

“This was a very interesting exercise. It gives you a sense of how each position interacts and influences the other. The hierarchical structure of the health system has a big influence on the lower levels. The decisions made by the lower levels of staff sometimes do not get to the upper administration level.”

“I learned I need to be a better listener. Because the needs of people you work with or employ need to be fulfilled so they can do a better job.”

“When things got confusing or mixed up, I kind of pulled myself out of the situation and looked at what was going on. Then I moved in and took control of the situation, which sometimes could have been too late for certain circumstances.”

“What I learned about myself is that I am not outspoken and I do not like to face problems and bring to others attention that I think there
is a problem. I am more of an observer and like to see what others have to say, but would not express my concerns and ideas.”

“I feel I need to develop my leadership skills to a point where I will feel more at ease when under the pressure of making important decisions.”

**CHALLENGES**

The primary challenge in running a simulation of this nature is for the instructor to set a good learning stage in a previous class session by assigning reading and having discussions about group dynamics and roles. In addition, students are often uncomfortable about the inherent ambiguities in the game. For example, when the “group” has to decide collectively how to select a CEO. Facilitators often find it a challenge to deal with their own level of comfort with the tension in the classroom. At times like these, it helps to remember that for the students to work out and resolve these tensions without your assistance can provide great opportunities for insight. The primary challenge for the students is to remain vigilant and self-reflective while playing their role as fully as possible. To maximize learning, we suggest that the students use their observation skills on the four levels of analysis previously discussed (intrapersonal, interpersonal, group, and organization). Thus, a third challenge for the instructor becomes preparing the students for this task and communicating it to them in a way that maximizes their understanding.

**CONTRIBUTIONS AND SIGNIFICANCE**

The intended contribution of this article is two-fold. The primary motivation is to promote the use of experiential education and specifically organizational simulations in healthcare administration classrooms. The second intention is to inspire creativity with respect to deeper learning experiences for students. Perhaps some readers will not use this simulation itself, but will keep their eyes open for new and dynamic course possibilities. The significance of this article is reflected in the learning notes of the students. Their text comments detail the richness of the experience this type of “hands on” role-play can provide. With a review of the adult learning and other practical theory, an outline of the benefits of experiential education and the specific example provided (Lakeview Health Systems), the reader is encouraged to use, expand, and/or revisit some of these classroom techniques. It has been our experience that to do so not only increases the depth and incidence of relevant learning, but also contributes to a positive atmosphere and fuller participation.
HEALTHCARE SIMULATION AVAILABILITY

Since it is the authors’ intention to contribute to management development in the field of healthcare administration, the Lakeview Health Systems simulation is available by email. There is no charge for its use for training purposes in academic institutions. Unauthorized distribution is prohibited. Please address correspondence and requests for transcripts to Louis Rubino, Ph.D., FACHE, Assistant Professor, Department of Health Sciences, California State University, Northridge, Northridge, CA 91330-8285. To obtain an authorized electronic version of the simulation exercise, contact louis.g.rubino@csun.edu.

REFERENCES


Appendix

Resources for background material


