**Toy Closet: A Growth and Development Game for Nursing Students**

Interactive games, a learner-centered teaching strategy, have been introduced at various levels of nursing education over the past decade (Strickland & Kaylor, 2016). This article describes a competitive game designed to (a) review and apply content from prerequisite courses, and (b) transition students from maternity nursing to pediatric nursing, during the remaining class time following a rigorous maternity examination. During the classroom game Toy Closet, nursing students use critical thinking and kinesthetic learning in the selection of safe, age-appropriate play activities for children hospitalized in an acute care environment.

Most suited to a class size of 40 students or fewer, Toy Closet begins with students choosing a partner. Each pair of students self-selects as the patient or the nurse on a pediatric unit. The “nurses” all leave the room and wait in the hallway as the “patients” are assigned an age and a diagnosis. Given that students may not have prepared for pediatric content while studying for the maternity examination, pertinent information associated with some patients’ diagnoses is provided to the patient e.g., bed rest has been prescribed for a 4-year-old boy with Kawasaki disease.

Without knowing the gender, age, or diagnosis of their patient, the nurses in the hallway select a toy from an assortment. Prior to the game, faculty prepared the toy assortment ensuring each toy was most suitable for only one patient. No extra toys are provided. The nurse returns to the classroom, meets the patient and discovers the gender, age, and diagnosis. Relying on previously learned knowledge of the stages of growth and development, and concepts of patient safety, the student partners determine whether the toy selected is the most developmentally appropriate and safe toy for their patient. Students are directed to exchange toys with other students until the right toy is matched to their patient. Faculty encourage active pursuit of the right toy from students throughout the classroom to enhance kinesthetic learning, a strategy that improves student engagement and interest in the content. After all toys are exchanged, each student pair presents their patient and toy to the class. Students are prompted by faculty to explain why the toy is appropriate from a growth and development and a safety perspective, as well as other features of the toy that correlate with the patient’s diagnosis. For example, plastic blocks are most appropriate for the 16-month-old with diarrhea because they are easily manipulated with gross motor skills and are easily cleaned. A handheld computer game wrapped in a plastic bag is more appropriate for an elementary school student with a contagious rash than a book is. Students choosing between a preschool puzzle and a motorized police car with sirens conclude the puzzle is more appropriate for the child with Kawasaki disease and the car for an active child with suspicious bruises. A diagnosis of new onset acute leukemia is a factor in the choice between a haircut magazine and a jewelry craft for an adolescent female patient. Students’ life experiences contribute to the success of the game because students who are parents or older siblings identify appropriate toys more quickly and readily defend their choices. Their comments add meaning to the game for the students who have less experience with children. A cohesive class engages with the game more readily and enjoys the competition more.

Faculty debrief after each student’s short presentation to ensure essential points of the growth and developmental stage are addressed. If the right toy is not presented, faculty identifies and clarifies the rationale for the right toy. Following debriefing, faculty employ storytelling about each patient to illuminate so-sociocultural aspects of pediatric nursing care, focus on learning competencies, or provide insight to planning nursing interventions. Difficult patient situations, life-threatening traumas, and chronic illness in the pediatric population are presented. Certain stories shock students, such as a teen with hematuria who fell down a flight of stairs after being stabbed in the thigh by his mother in a fight over cigarettes, others elicit feelings of sadness or compassion. Overall, stories from pediatric practice resonate with students and emphasize that new knowledge, skills, and attitudes are needed in the upcoming unit (Adamson & Dewar, 2015).

Integrating active learner-centered teaching strategies such as games into the classroom, enhances nursing students’ engagement in content and fosters critical thinking skills. During Toy Closet, nursing students apply previously learned knowledge of growth and development stages to nursing practice with pediatric patients, and they appreciate patient safety with certain nursing interventions. Faculty’s stories of practice evoke emotional responses and prompt reflection on the experiences of families during a challenging health experience in a pediatric unit in contrast to the experience of a joyful maternity event during the previous unit. Both kinesthetic learning in the active game segment and storytelling during debriefing engage students and instill motivation for the pediatric content.

**References**


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