

# It's not all fun and games: Building multiplayer worlds to explore, learn and expand

Benjamin Green

Prof. Georgina Moulton

Victoria Turner

University of Manchester

# Who is Benjamin Green?

- Registered Nurse
- Coder & Business Analyst
- Supporter of PPI events
- Supported and led a range of games related projects

Before we go on - A key principle

**Games don't have to be fun!**

# What is a Megagame

- Large scale
- Semi-formalised
- Complex system simulations
- Asymmetric player roles/interactions

# What is a Megagame

- Large scale  
20+ players
- Semi-formalised  
Rules can be modified
- Complex system simulations  
Any system where the outcome of a given input can't be directly computed or known
- Asymmetric player roles/interactions  
Players ability to influence the gamestate is different by role

# Megagames in context

- Originally military and political instruments for testing strategy in predicted imperfect information scenarios

Such as the actions of Iraq in Gulf War 1 or the 'Operation Sealion' enactment

- Still used these areas as well as in industry to test corporate strategy
- They are run regularly by hobbyists, often to simulate pop culture or fantasy situations

# What did we do?



*en*TRUST*ed*  
+

Fictional Hospital Simulation

Take the role of a key hospital decision maker to see if **YOU** can look after an NHS Hospital Trust

Test and improve your leadership and management skills in this new and innovative learning experience

28<sup>th</sup> - 29<sup>th</sup> November  
Manchester

Overnight accommodation and meals included  
*more info: [bit.ly/entrusted\\_game](http://bit.ly/entrusted_game)*

# Team Structure

## BOARD

Chief Executive  
Chief Medical Officer  
Chief Nursing Officer  
Chief Information Officer

## Directorate titles

Data Auditing  
Staffing  
Planning  
Patient flow  
Medical  
Surgical  
Anaesthetics  
Admissions  
Waiting list

## Directorate (4-6)

Titles (responsibilities) allocated by **board**  
Implement hospital improvement interventions

## Medical

Prioritising patients  
from A&E to:  
Wards, ICU, Surgery

## Nursing

Staffing patient routes

## Surgical

Prioritising patients  
to conduct surgery and  
manage a waiting list

## Wards & ICU

Staff Management  
Skill Matching  
Bed Management

## Accident & Emergency

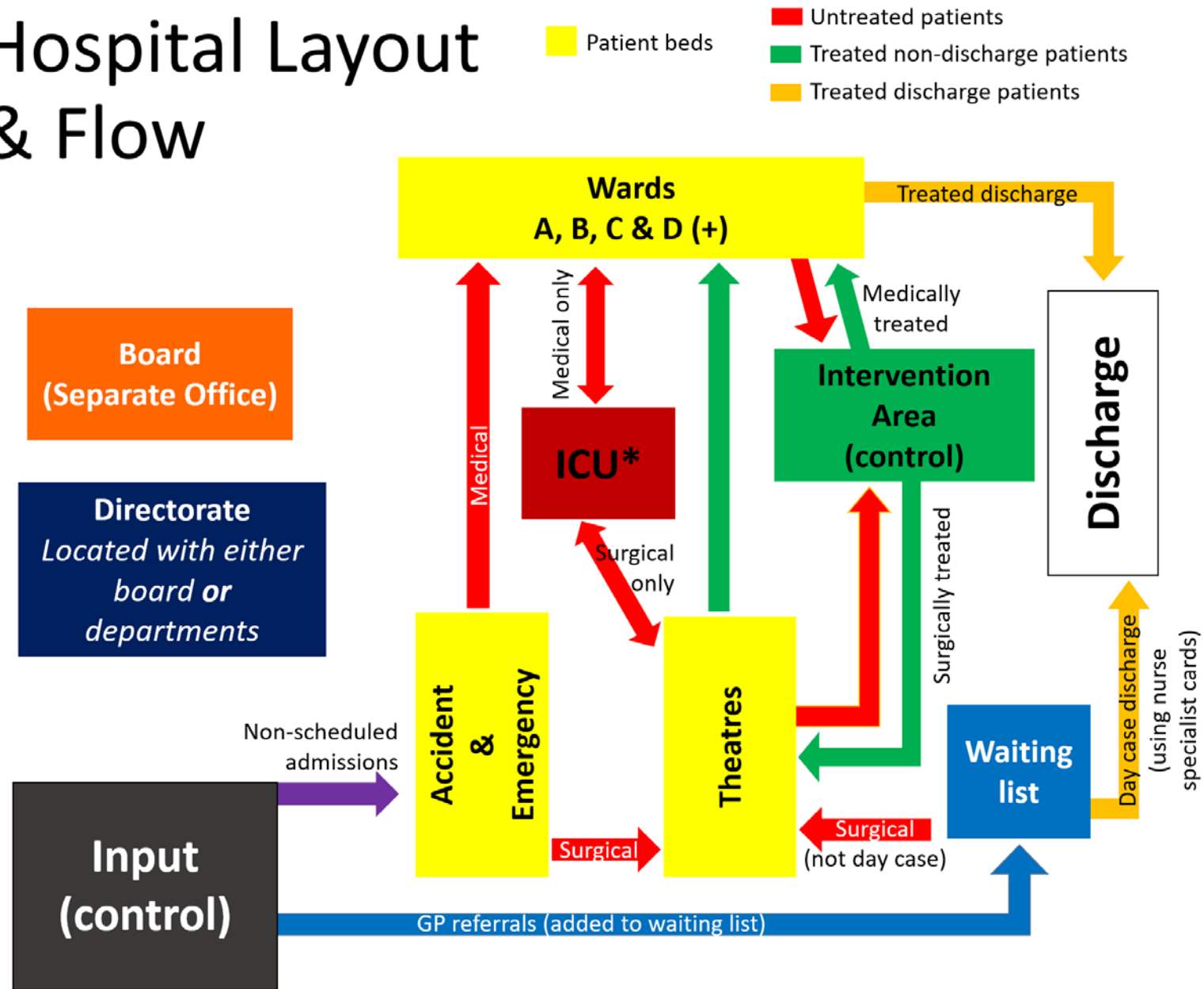
Staff Management  
Skill Matching

## Scheduled Appointments

Staff and Patient Management  
Skill Matching



# Hospital Layout & Flow



\*ICU gives success extension to patients

# The design process

- *Situation observation*
- *Abstract representation*
- *Hypothetical Testing*
- *Micro runs of each system and role*
- Run a game
- Review and revise

# The magic (how to make a game run well)

- Controllers
- Casting
- Great quality components
- Live editing rules based on player innovation
- Throttling of challenge
- Consistency/inconsistency
- A key event
- A time based finish

# Was it valuable?

- I saw behaviours in the game that I'd witnessed in reality
- Players felt that the experience was formatively beneficial
- Players all came away with an abstract understanding of the situation presented

# Points to consider

- There is a risk in using these games as performance management tools
- Not everyone experiences every aspect of the game
- Some people won't enjoy parts of the experience and player conflict can happen!
- Inconsistency of control decisions can cause significant experiential dissonance

Video (if there is time – 5min)

- <https://vimeo.com/295407891>

- Or if there is not time:

- <https://www.herc.ac.uk/2018/10/15/nhs-themed-megagame/>

# Thanks and Questions

