


2021

# There's No Escaping Education

Using an Escape Room activity to engage learners



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## Acknowledgement and Disclosure



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The opinions, findings, conclusions, and recommendations expressed in this presentation are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women or the International Association of Forensic Nurses.

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# Introduction



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**Introduction**

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Children's Hospital Colorado North Campus  
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2020 DAISY Award Recipient  
2020-2022 IAFN CO Chapter Secretary  
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**Objectives**



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**By the end of this presentation, participants should be able to:**

- 1 Define gamification and escape rooms
- 2 Describe escape room planning process
- 3 Identify learning objectives and suitable games
- 4 Describe post-education data collection
- 5 Interpret post-education data

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**What is Gamification  
What the Science Says**



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**Landers, et al**  
2019 Study Concluded:

- Increased student engagement can improve critical thinking performance
- Increased motivation to learn can lead to improved skill acquisition
- Gamification is likely to increase learning motivation if they include game elements such as: points, badges, team rankings/leaderboards, quests, etc. as they fulfill a player's need for success and have a goal-setting function



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**Fotaris and Mastoras**  
2019 Systematic Review Concluded:

- Educational escape rooms promoted teamwork and collaboration (41.2%), produced high levels of enjoyment (38.3%) and engagement (32.4%)
- Students reported learning gain (30.9%) and increased motivation (29.4%) as they found learning through play more interesting.
- Another common advantage was social interaction and communication (27.9%); the escape room activity reinforced and strengthened social relationships, which helped establish a sense of belonging.
- Improved analytical skills such as critical thinking problem-solving (16.2%) and creativity (10.3%)



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**Hermanns, et al**

2017 Study Offered These Lessons Learned:

- Start planning well in advance.
- Test the puzzles to determine time involved.
- Re-review and refine the instructions.
- Engage other faculty to assist on the day of the event so that adequate support is provided to students.
- Create a fun scenario for the activity.
- Ensure positivity as well as short and specific goals.
- Tell the students, in advance, that the activity may be challenging



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**What is an Escape Room**



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An Escape Room is a group activity that utilizes:

- Games
- Puzzles
- Locks
- Ciphers
- Mechanical Puzzles
- Logical Deduction
- Problem Solving

With a specific end-goal or "escape" condition



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A Digital Escape Room is an activity that utilizes technology (phones, tablets, or computers) to access puzzles, games, locks, and ciphers

May use online applications like:

- Social media
- Maps
- Search engine results
- QR codes

May be group or individual

With a specific end-goal or "escape" condition



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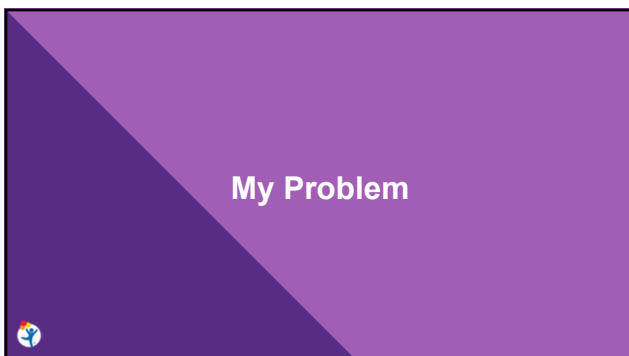
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My Problem



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**Identified a Problem**

- Pediatric Network of Care expansion from urgent care to emergency care
- New expectations with expanded license beginning March 2020
- Organization policy prohibited SANE practice at network of care locations
- Bedside RNs role and lack of training
- Doctors role and lack of training

Essentially, bedside RNs had a lot to learn and have verbalized their reluctance due to subject matter



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**Whoopie Cushion Problem**



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**Identify a Problem**

- Organization requiring increased team comradery
- New policy outlines expectation that team members must prank a co-worker once per week beginning January 2022
- Organization policy prohibits court jesters being utilized
- Team members lack training and experience
- Team leaders lack training and experience

Your team leaders don't know how to assess success of pranks, and team members think it is a waste of time



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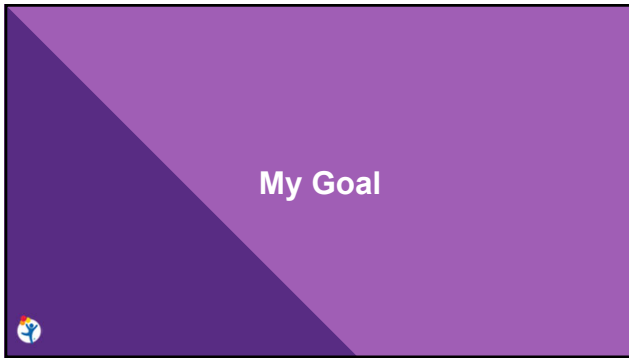
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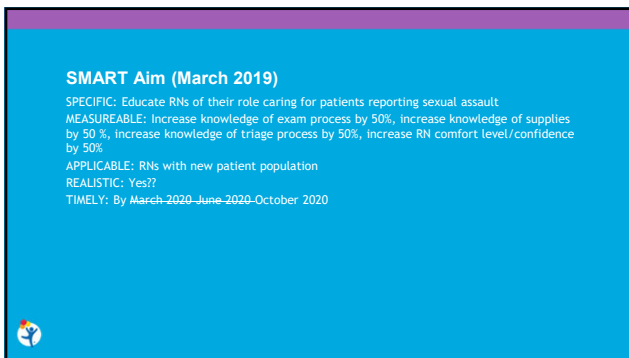
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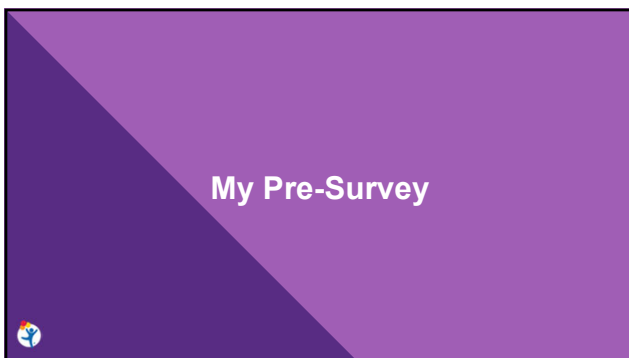
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Pre-Survey



A bar chart where the height of each bar is represented by a colored pencil. The pencils are arranged in a row, with their heights increasing from left to right, forming a curve that rises and then levels off. The colors of the pencils include white, black, blue, green, yellow, orange, red, and purple. A small globe icon is in the bottom left corner.

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Anecdotal Data



A bar chart where the height of each bar is represented by a colored pencil. The pencils are arranged in a row, with their heights increasing from left to right, forming a curve that rises and then levels off. The colors of the pencils include white, black, blue, green, yellow, orange, red, and purple. A small globe icon is in the bottom left corner.

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My Objectives



A purple gradient background with a globe icon in the bottom left corner. The text "My Objectives" is centered in white.

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**My Objectives – SA related**

- Mandatory Reporting policy applicable
- Interdisciplinary staff's roles
- RN role
- Provider role
- Introduction and define new terms
- Call to action (why they need to know)
- Remove stereotyping of SA patients
- Identify which patients should be considered for SA exam
- Explain trauma informed care
- Identify triage info necessary vs unnecessary
- Emphasize cares that should be done vs deferred
- CHARTING DOs and DON'Ts
- Labs likely to be ordered
- Medications likely to be ordered
- Exam and evidence collection process including photos
- Maintaining chain of custody
- Use of locking cart
- Interacting with law enforcement
- Understanding court process/subpoena
- How to use OB bed
- Process after exam
- Who supports patient after discharge
- Explain forms in SIRCHIE kit
- Identify where to find additional resources




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**My Objectives – Other**

- Where to access paper charts during downtime
- Introduce downtime lab requisitions
- Increase familiarity with downtime order forms
- Increase familiarity with downtime RN triage and assessment forms
- Limitations of new bed scale and infant scale




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**Your Goal**




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**SMART Aim (March 2021)**


**SPECIFIC:** Educate team members how to use whoopie cushions to increase pranking to once weekly by January 2022

**MEASURABLE:** Increase knowledge of policy by 50%, increase knowledge of whoopie cushions by 50 %, increase team member comfort level/confidence by 50%

**APPLICABLE:** Team members

**REALISTIC:** Absolutely!

**TIMELY:** January 2022



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**Your Objectives**



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**Whoopie Cushion Objectives**

- Mandatory policy applicable
- Team member role
- Team leader role
- Introduce and define new terms
- Call to action (why they need to do this)
- Remove stereotyping of pranking
- Introduce how whoopie cushions work
- Hands-on practice with whoopie cushions



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**Statements and Theories**

Where no interaction is necessary:

- Policies
- Data
- Statements
- Clinical photos
- Not time sensitive
- Pictures of objects that cannot be used in an escape room
- Videos of procedures that cannot be reproduced in an escape room
- Theoretical info that cannot be demonstrate



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### Finite Solutions

- Presenter can control puzzles/solutions
- Technology is available and reliable
- Ideal for fixed data points
- Linear puzzles (solve one before you can move on to the next one)



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### What is Best for Physical Escape Rooms



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### Physical Puzzles and Interaction

- Jigsaw-type puzzles
- Puzzles with tactile pieces
- Introduction of supplies/equipment
- Practice with supplies/equipment
- Way-finding in workspace
- Process with pre-determined outcome
- Contributions from multiple sources
- Games that require interacting with environment
- Can be linear or indiscriminate (multiple puzzles can be solved at the same time)



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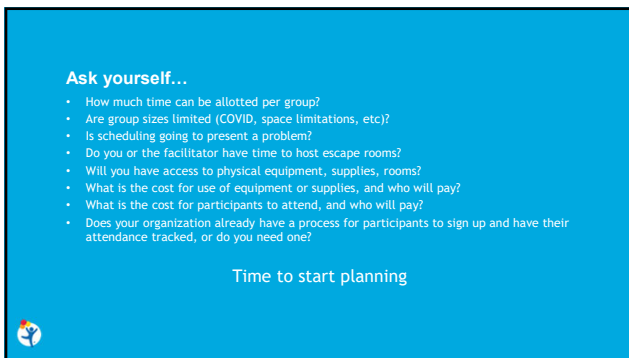
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**Ask yourself...**

- How much time can be allotted per group?
- Are group sizes limited (COVID, space limitations, etc)?
- Is scheduling going to present a problem?
- Do you or the facilitator have time to host escape rooms?
- Will you have access to physical equipment, supplies, rooms?
- What is the cost for use of equipment or supplies, and who will pay?
- What is the cost for participants to attend, and who will pay?
- Does your organization already have a process for participants to sign up and have their attendance tracked, or do you need one?

Time to start planning

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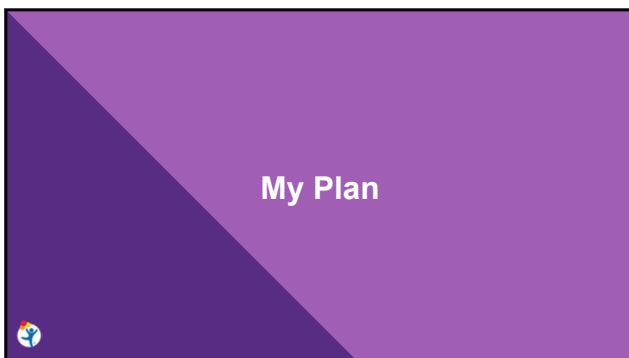
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**Power Point**

- Introduction and define new terms
- Stats that explain why RNs need to learn about caring for SA patients
- SA patients can be any age, sex, gender
- SA patients' response to trauma may be very broad
- Injury rarely present - does not mean it didn't happen
- Necessary vs unnecessary triage/assessments
- Charting "in quotes"
- Providing comfort items except food/drink
- Collect first urine, leave in room (until chain of custody is applicable)
- Mandatory Reporting policy applicable
- Preparing for exam
- Interdisciplinary staff's roles
- RN role
- Provider role
- Exam and evidence collection process including photos
- Maintaining chain of custody
- Interacting with law enforcement
- Understanding court process/subpoena
- How to use OB bed
- Process after exam
- Who supports patient after discharge



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**Escape Room**

- Comradery with choosing team name
- Application of new terms
  - Assess, consent, DCA, SANE, CPT, Acute Assault and age ranges, Non-Acute Assault and age ranges
- Which rooms appropriate for SA exam and why
- Identify which patients should be considered for SA exam
- Where to find patient/paper chart
- Use of security settings on digital chart
- Determining which nursing assessments are appropriate on downtime forms
- Anticipation of correct orders (lab studies, consultations, medications) and use of downtime forms
- Accessing locked SA cart
- Finding necessary supplies for exam
- Limitations of bed scale and infant scale (new equipment)
- Identifying applicable forms from SIRCHIE kit
- Downtime discharge form
- ESCAPE CONDITION MET



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**Points System**



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**Points Awarded For...**

- Choose correct patient
- Beehive puzzle
- Find paper chart
- Verbalize "Break the Glass"
- Choose correct assessments
- Find correct orders
- Open cart
- Find all supplies
- Weigh supplies on infant scale
- Complete highlighted areas of evidence envelope
- Choose correct SIRCHIE forms
- Time



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**Your Plan**



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**Power Point**

- Introduce and define new terms
- Mandatory policy applicable
- Team member role
- Team leader role
- Call to action (why they need to do this)
- Remove stereotyping of pranking



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**Escape Room**

- Identify who should be pranked
- Identify appropriate time to prank
- Where to find whoopee cushions
- Introduce how whoopee cushions work
- Hands-on practice with whoopee cushions
- Documentation of pranking
- How team leaders access pranking record



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**Testing Escape Room**



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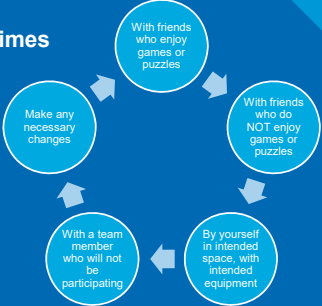
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**Many, MANY Times**



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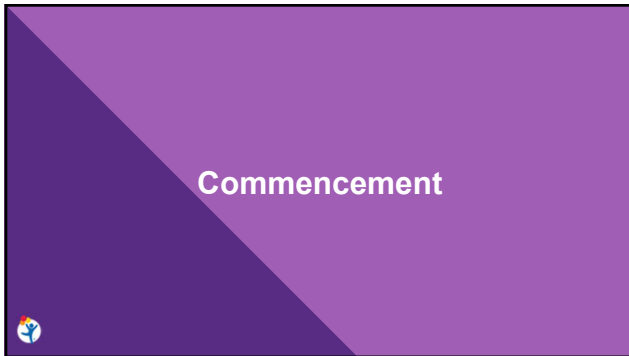
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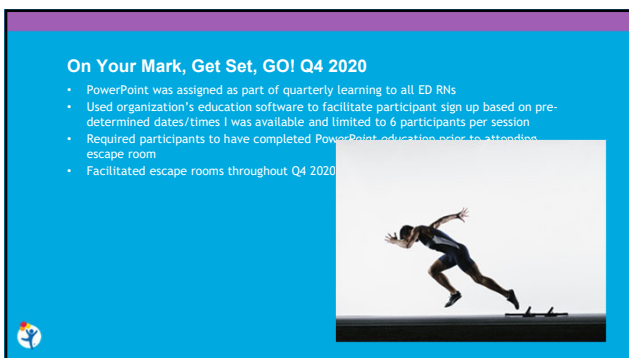
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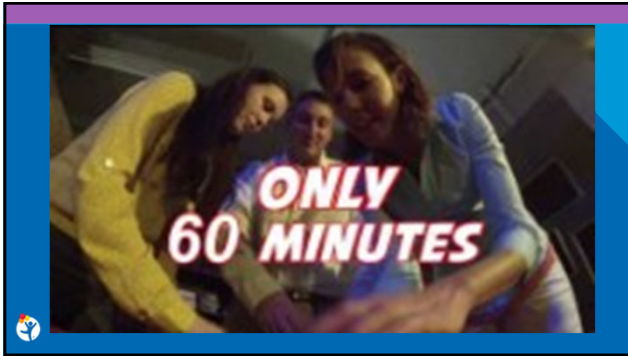
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**My Favorite Part**

- Discussed all the puzzles and why their solutions were correct
- Demonstrated where to find additional resources
- Open discussion about why I am a SANE
- Reiterate the importance of ASSENT during these exams
- Reiterate our role as advocates for our patients
- Answer any other questions



A photograph showing a hospital bed with a blue sheet. Several papers, including what appears to be a consent form and other medical documents, are scattered across the bed. The background shows a typical hospital room setting.

A small circular logo with a stylized figure is located in the bottom-left corner of the slide frame.

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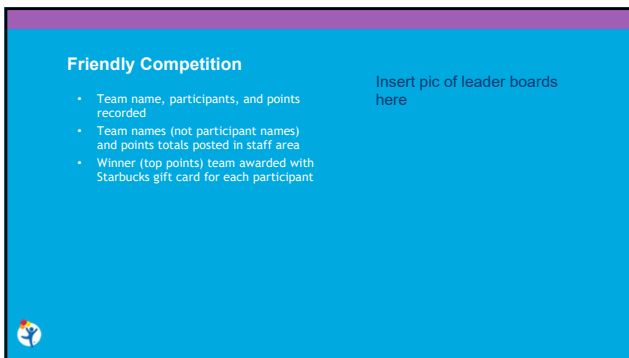
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Post-Survey



A bar chart where the height of each bar is represented by a colored pencil. The pencils are arranged in a row, with their heights increasing from left to right, forming a curve that rises and then levels off. The colors of the pencils include white, black, blue, green, yellow, orange, red, and purple.



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Anecdotal Data



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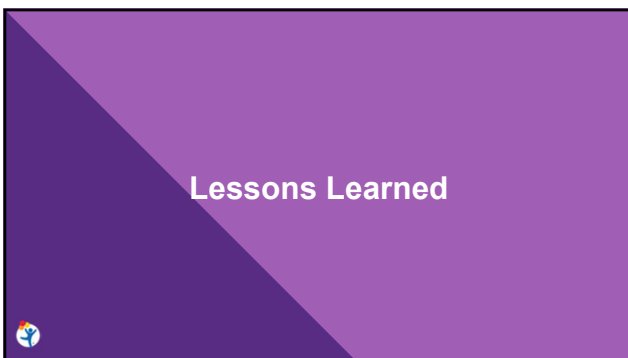
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Lessons Learned



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**Good, Bad, and Ugly**

Participants like the cooperative puzzles, and the friendly team competition

Use of color-coded items can be confusing, especially if colors are reused for different puzzles that are not related

Velcro is very useful in jigsaw-type puzzles

Laminate EVERYTHING

Use recordings for audio puzzles/clues to ensure everyone gets the same experience

Some people don't like games or puzzles (or fun?)



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**REFERENCES**

Hermanns, M., Deal, B., Campbell, A. M., Hillhouse, S., Opella, J. B., Faigle, C., & Campbell IV, R. H. (2017). Using an "escape room" toolbox approach to enhance pharmacology education. *Journal of Nursing Education and Practice, 8*(4), 89. <https://doi.org/10.5430/jnep.v8n4p89>

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